

Greater Glasgow NHS Board

Board Meeting

16 March 2004

Board Paper No 04/16

Head of Board Administration

**PARTNERSHIP FOR CARE –
TRANSITIONAL ARRANGEMENTS TOWARDS
SINGLE SYSTEM WORKING**

Recommendation:

The NHS Board is asked to:

- 1 agree the recommendations highlighted in bold in the paper to allow the business of the NHS Board to continue during the transitional period
- 2 receive a revised Scheme of Delegation at the April NHS Board Meeting
- 3 receive recommendations at a future NHS Board meeting on a committee structure to be effective from 1 October 2004

1 Background

The NHS Board considered at its February meeting a draft Scheme of Delegation which it agreed should be further developed in discussion with staff partnership and other key interests with a final scheme being considered by the NHS Board in April 2004.

Members raised a number of issues which have since been discussed by the Corporate Management Team and formed part of an initial discussion with the Area Partnership Forum at its meeting on 1 March 2004. It was agreed to hold further discussions in a workshop session to consider the main principles underpinning the Scheme of Delegation, particularly how it affects employment matters.

2 Transitional Arrangements

The NHS Board asked that a paper be submitted to the NHS Board meeting in March 2004 which sets out the transitional arrangements in the move towards single system working on 1 April 2004.

This paper describes the key steps in moving to single system working on 1 April 2004, recognising that processes will be required to finalise the approval and adoption of the Annual Accounts 2003/04 and the remuneration arrangements for managers on executive pay for the financial year 2003/04.

(a) **Dissolution of NHS Trusts**

Preparations are underway to introduce the necessary Statutory Instruments for Scottish Ministers to dissolve the 4 NHS Trusts within NHS Greater Glasgow on 1 April 2004. The Statutory Instrument is likely to be made on the third week of March and to come into force on 1 April 2004.

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On that day, Greater Glasgow Health Board will become the single legal entity and the implications of this are set out at later stages of this paper.

On 1 April 2004, the 4 Divisions of the NHS Board will be known as

- (i) North Glasgow University Hospitals Division
- (ii) South Glasgow University Hospitals Division
- (iii) Yorkhill Division
- (iv) Primary Care Division

The NHS Board Chairman has written to all Non-Executive Directors about the appointments process for the Chairs of each Division and has sought expressions of interest for these positions so that the positions can be filled at or close to the commencement of single system working.

(b) **New NHS Board Members**

The Minister for Health and Community Care announced the outcome of the process to appoint new Non-Executive Directors to Greater Glasgow NHS Board from 1 April 2004. The Minister has re-appointed

- (i) Mr Ronnie Cleland
- (ii) Mrs Sally Kuenssberg CBE
- (iii) Mr Andrew O Robertson OBE
- (iv) Mrs Elinor Smith

all 4 having served on the NHS Board as Chairs of the NHS Trusts.

In addition, the Minister has appointed

- (i) Mr John Bannon MBE
- (ii) Mrs Agnes Stewart MBE

both of whom have served for a number of years as Trustees on the North and South Trusts respectively.

The Minister has also appointed 4 new Non-Executive Directors to the NHS Board, namely

- (i) Ms Rani Dhir MBE
- (ii) Mr Gerald McLaughlin
- (iii) Mrs Jessica Murray
- (iv) Miss Amanda Paul

The NHS Board Chairman has written to all the new members welcoming them to the NHS Board and arranging briefing sessions to introduce them to the working of the Board, the issues it faces and the challenges ahead. The new members will also be attending the national training event for Non-Executive Members entitled 'On Board' on 22nd March 2004.

The Minister has also appointed Professor Stephen Smith, Executive Dean of the Faculty of Medicine, University of Glasgow as a Non-Executive Director of the NHS Board from 16 February 2004. Professor Smith fills the vacancy created by Professor Michael Farthing's departure.

The terms of office for 6 Trustees on NHS Trusts now come to an end on 31 March 2004 namely:-

EMBARGOED UNTIL DATE OF MEETING.

- (i) Mr Charles Scott – Primary Care Trust
- (ii) Mr Bob Winter – Primary Care Trust
- (iii) Mr Ian Irvine – North Glasgow Trust
- (iv) Ms Maire Whitehead – South Glasgow Trust
- (v) Mrs Hazel Brooke – Yorkhill Trust
- (vi) Mr Asif Habeeb – Yorkhill Trust

The NHS Board is asked to formally record its thanks and appreciation of the work and commitment each Trustee has given over, in some cases, many years to the working of the Trusts and NHS Greater Glasgow.

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

The Standing Orders for the NHS Board were substantially revised in the move to unified working in September 2001 and as a result of the Health Boards (Membership and Procedures) (Scotland) Regulations 2001.

The revisions, shown on the attached Standing Orders, take account of single system working, national guidance (including the Ethical Standards in Public Life etc (Scotland) Act 2000) and some textual changes. The Audit Committee reviewed the changes at its meeting on 9 March and were content with the changes.

The NHS Board is asked to approve these Standing Orders for implementation on 1 April 2004. As has been the case for many years, the Standing Orders will be reviewed annually, or earlier if required.

The Audit Committee also reviewed the Standing Financial Instructions (SFIs) and agreed that they be submitted to the April NHS Board as part of the Scheme of Delegation.

(d) **Process to Approve Annual Accounts 2003/04**

The Audit Committee at its meeting on 9 March 2004 discussed a preferred process to lead to the approval and adoption of the Annual Accounts 2003/04 at the NHS Board meeting on 20 July 2004. The internal and external auditors had input into the discussion and were content with the format endorsed by the Audit Committee.

Each Division would hold an Audit Committee meeting in the period May/June 2004 to endorse the former NHS Trusts' Accounts. The NHS Board will then submit the Trusts' and NHS Board's Annual Accounts to the NHS Greater Glasgow Audit Committee on 6 July 2004 for consideration with the intention of making a recommendation to the NHS Board to approve and adopt the Annual Accounts at its meeting on 20 July 2004 and approve the actions to comply with the external auditors' letter to NHS Board Members.

The NHS Trust Annual Accounts will have been completed by 30 June 2004 for the normal Trust submission timetable to the Scottish Executive Health Department. However, the Scottish Executive Health Department – Finance Directorate has agreed that in receiving former Trusts' draft Accounts (unsigned but endorsed by their Audit Committees) they would then await the submission of the signed NHS Board's Accounts by the normal due date of 31 July before submitting the finalised Accounts to Parliament.

The NHS Board is asked to authorise that the Chairman, in conjunction with the Head of Board Administration, appoint Non-Executive Directors of the NHS Board and co-opted members as appropriate to the Divisional Audit Committees and NHS Greater Glasgow Audit Committee to complete the above process (including Chairs for each).

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This recognises that the majority of the current Trustees will not be Non-Executive Directors of the NHS Board on 1 April 2004. However a number of Trustees whose terms of office expire on 31 March 2004 have expressed a willingness to continue to be involved in the audit process of the Annual Accounts and this is most welcome in ensuring the involvement of those who have been aware of the issues discussed during the financial year in question.

These Trustees will be appointed as co-opted members of the respective Audit Committees for the transitional period.

(e) **Process to Complete Appraisals of Senior Managers on Executive Pay Arrangements**

It is suggested that arrangements similar to those for approving the Annual Accounts be adopted to complete the approval process of considering the performance related pay of managers on Executive Pay Arrangements for 2003/04.

The Divisions would hold Remuneration Group meetings in late spring/early summer to consider the outcome of the appraisal process. The Remuneration Subcommittee would meet after the approval and adoption of the Annual Accounts and outcome of the Accountability Review process with the Scottish Executive Health Department to assess performance against the Corporate Objectives 2003/04 and the performance of the Executive Directors of the NHS Board (as well as reviewing the overall appraisal arrangements in NHS Greater Glasgow).

The NHS Board is asked to authorise the Board Chairman, in conjunction with the Head of Board Administration, to appoint the appropriate number of Non Executive Directors to Remuneration Groups to allow this process to be completed for 2003/04 performance plans. These Groups will be Chaired by the Divisional Chairs.

(f) **Committee Arrangements**

During the transitional period from now until the end of September 2004, the NHS Board asked at the February meeting that current arrangements stay in place. This is helpful in that the development of the new Governance Forums at Divisional level and the role of the Divisional Management Teams and their possible reporting arrangements to the Corporate Management Team (and the formalising it as a possible Committee of the NHS Board) would be best worked through with Chairs of the Divisions (once appointed) and then with the NHS Board Members.

The attached diagram shows the interim arrangements. The changes that are required as a result of moving to one NHS Board are set out below.

- (i) Pharmacy Practices Committee (determines applications to join the Board's Pharmaceutical List and related matters) – during the transitional period this becomes a Committee of the NHS Board and its decisions require to be notified to the NHS Board.

The Board is asked to agree that the Chair of the Primary Care Division chairs the Pharmacy Practices Committee and a Non-Executive Director is appointed as Deputy (to attend only in the absence of the Chair).

- (ii) Reference Committee (determines possible disciplinary action against Family Health Service contractors, GPs, Dentists, Pharmacists and Opticians, including referral to the NHS Tribunal and FHS Disciplinary Committees)) – this Committee has an NHS Board Member sitting on it (a requirement) – Rosslyn Crocket – and will continue to report to the Divisional Management Team.

EMBARGOED UNTIL DATE OF MEETING.

- (iii) Audit, Clinical Governance Committees and Remuneration Groups – until the review of future arrangements and formation of the Governance Forums is complete, these Divisional Committees/Groups will continue until the new arrangements commence on 1st October 2004.

The NHS Board is asked to delegate to the NHS Board Chairman the authority to appoint as appropriate Non-Executive Directors (and Co-opted Members) to these Divisional Committees/Groups to ensure they are able to conduct the business required of them.

- (iv) FHS Disciplinary Committees – **the NHS Board is asked to agree that, in line with current arrangements, the Primary Care Division be delegated the authority to appoint the required lay and professional members to serve on these Committees.**
- (v) Employee Appeals – in line with employment practice, where Divisional disciplinary and grievance procedures require the presence of a Non-Executive Director, a Non-Executive Director of the NHS Board will be involved.

The NHS Board is asked to agree that all Non-Executive Directors be authorised to represent the NHS Board on such appeals panels/committees. Requests would be received by the Head of Board Administration/Divisional Directors of Human Resources (or authorised nominee) for the involvement of a Non-Executive Director. Contact would be made with members to confirm availability.

- (vi) Endowment Committee – a separate process has been established with Non-Executive involvement to recommend future working and greater transparency to the management of endowment funds. Recommendations will be submitted to the NHS Board.
- (vii) Complaints – the introduction of the new NHS Complaints Procedure will not now be for a few months and therefore arrangements will require to be made to appoint a Convener or Conveners to augment the work of the Associate Conveners at Divisional level.

The NHS Board is asked to either appoint one Convener for the Board's area, recognising that the majority of the work is carried out by the Associate Conveners at Divisional level, or appoint the Chair of each Division as Convener.

Any Independent Review Panel established becomes a Committee of the NHS Board from 1 April 2004.

The NHS Board is also asked to agree the continuation of the arrangement that all Non-Executive Directors be available as “third panel” members of Independent Review Panels and the Head of Board Administration will continue to contact Members to check availability when required.

(g) **Remaining Corporate Governance Documentation**

- (i) Code of Conduct for NHS Board Members

Under the Ethical Standards (Scotland) Act 2000 the NHS Board Members will, from 1 April 2004, be required to operate under a single Code of Conduct. As this Code has been developed nationally, the only changes to the Code relate to the organisation's name.

A copy is attached for formal NHS Board approval.

This will also lead to a single Register of Interests for NHS Board Members held by the Head of Board Administration at the NHS Board.

EMBARGOED UNTIL DATE OF MEETING.

(ii) Fraud and Corruption Plan

A single Fraud and Corruption Plan is currently being developed for NHS Greater Glasgow. It will take account of the issues affecting Family Health Services (GPs, Dentists, Pharmacists and Opticians) and the recently expanded role of the Scottish Executive Health Department Counter Fraud Service.

(iii) Other Documentation

The remaining corporate governance documentation ie Standards of Conduct for NHS Staff, Register of Gifts and Hospitality, Register of Staff Interests are being harmonised across NHS Greater Glasgow.

(h) **Other Matters Affecting the Dissolution of Trusts Order**

Following the submission to the Minister for Health and Community Care of the NHS Board's recommendation to dissolve the 4 NHS Trusts, steps are underway at the Scottish Executive Health Department to transfer the necessary rights and liabilities from the NHS Trusts to the NHS Board. This process will cover the transfer of staff to a new employer; all property (excluding heritable property which requires to be transferred from NHS Trusts to Scottish Ministers and then administered by the NHS Board and appropriate Divisions) and, lastly, the transfer of all rights and liabilities of the NHS Trusts to the NHS Board.

Continuing Responsibilities

The move to a single legal entity has an impact on a number of other areas.

(i) Data Protection Act

The NHS Board will become the sole "Data Controller" and registration, under the Data Protection Act 1998, with the Information Commissioner's Office will be on a single named basis. The process to achieve this is almost complete.

(ii) Legal Claims

All future claims will be lodged in the NHS Board's name, however, the following arrangements will apply:

- all pre-NHS Trust claims will continue to be handled by the NHS Board
- all claims submitted during an NHS Trust's existence will continue to be handled by the equivalent Division
- all future claims against the NHS Board will be handled by the appropriate Division

The NHS Board will be notified of all legal claims for risk purposes and determining the financial compensation levels to be handled. The Scheme of Delegation for the Divisions, which harmonises the authority levels necessary to settle claims, has been agreed with the Medical Directors.

(iii) Health and Safety

The Chief Executive is registered as the officer with overall responsibility for health and safety matters in NHS Greater Glasgow and delegates this function to the Chief Executives of each Division. The current arrangements for effective management of health and safety matters remains a Divisional responsibility.

(iv) Contracts (including Contracts of Employment)

The current arrangements, which are controlled by SFIs and more detailed local procedures, will continue to apply for the signing limits for legal contracts, purchase orders and issuing of contracts of employment under the SFIs currently operated by NHS Trusts until the revised set of SFIs is approved by the NHS Board in April 2004 as part of the Scheme of Delegation. The Payroll Manager is taking the necessary steps to complete the Tax Office, Superannuation and other related payroll matters associated with the move to a single employer on 1st April 2004.

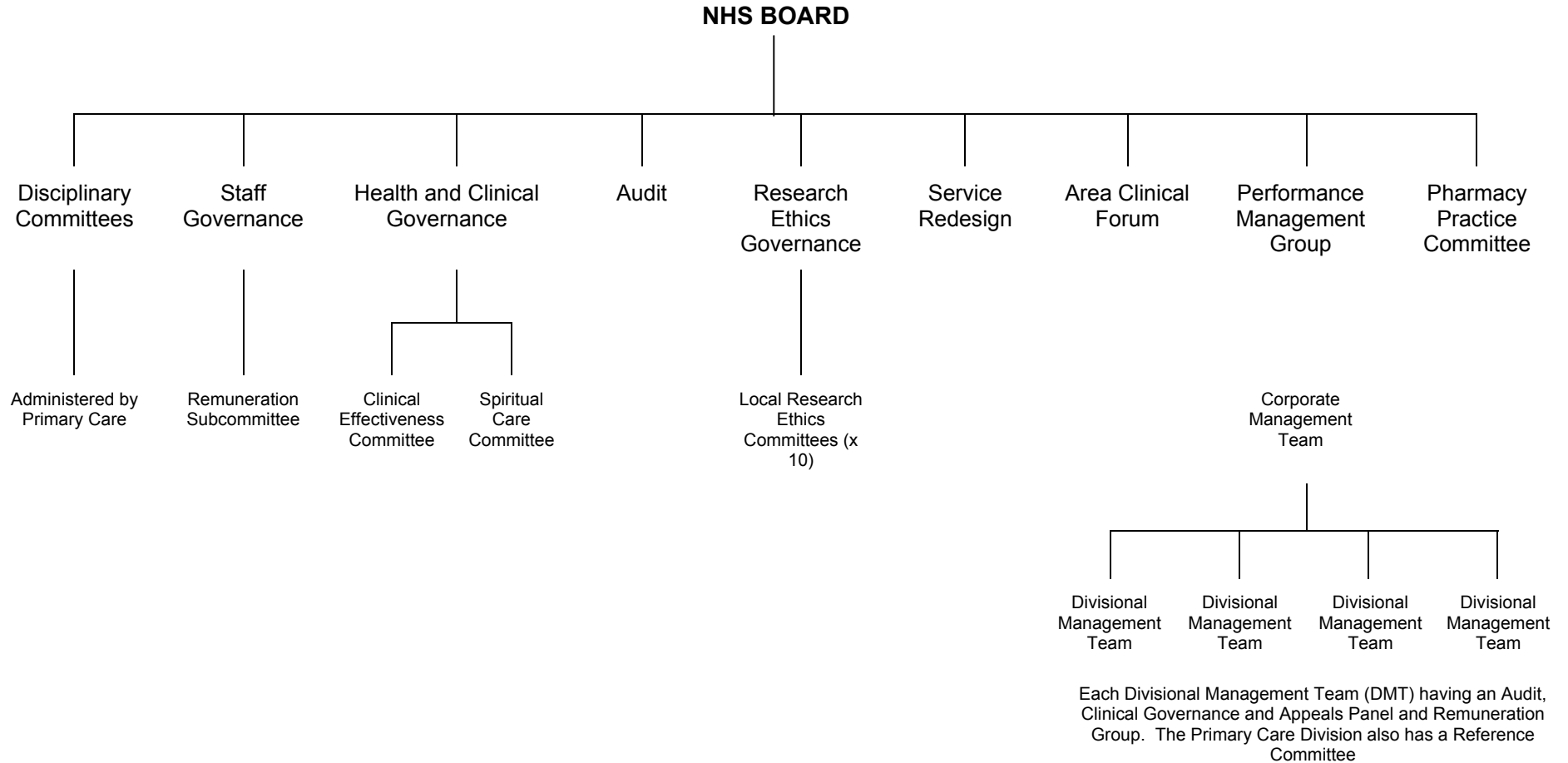
The Chief Executive and Employee Director are writing to all NHS Trust staff about the transfer of their employment from their respective NHS Trusts to Greater Glasgow Health Board on their existing contracts and terms of service.

3 Conclusion

This paper has set out the transitional arrangements for the period 1 April-30 September 2004, the programme of work to complete the Scheme of Delegation and the requirement to bring back to the NHS Board finalised committee arrangements for single system working and the roles of the Governance Forums. The NHS Board is asked to approve the recommendations highlighted against each relevant section.

John C Hamilton
Head of Board Administration
JCH/AMMcC

GREATER GLASGOW NHS BOARD (TRANSITIONAL ARRANGEMENTS)



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 and 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, 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 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) 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.
- (4) Lack of service of the notice on any Member shall not affect the validity of a meeting.
- (5) 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 adopted by the Board in April 2004.
- (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. The Divisional Chief Executives shall nominate an officer to draw up the Minutes of Divisional meetings.

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).
- (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. Common Seal and Execution of Documents

- (1) The Common Seal of the Board shall be kept in a safe place by the Head of Board Administration who shall be responsible for its safe custody and for recording its use.
- (2) Any document or proceeding requiring authentication by the Board by affixation of its Common Seal 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).
- (5) 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.
- (6) 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.
- (7) 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. 
- (8) 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 Committees and Sub-Committees, their quora and reporting arrangements shall be reviewed annually by the Board. The Convenor of a Divisional Management Team shall be a Non-Executive Director of 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 June 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 for 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) Minutes of the Divisional Management Teams shall be drawn up by an officer of the Division nominated by the Divisional Chief Executive and shall be submitted to the Corporate Management Team.
 - (h) 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.

NHS GREATER GLASGOW

Decisions Reserved for the Board

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

Strategy for Health Improvement

- i) Improving the Health of the Population
- ii) Strategic development and direction
- iii) Development and Implementation of Local Health Plan
- iv) Performance Management of NHS Greater Glasgow through Performance Assessment Framework (including areas like monitoring waiting time targets and handling of complaints)
- v) Accountability Review Process
- vi) Public Involvement

Governance

- i) Resource Allocation and Financial Monitoring (for both capital and revenue resource allocation)
- ii) Approval of Annual Accounts
- iii) Scrutiny of Public Private Partnerships
- iv) Appointment of Directors
- v) NHS Statutory Approvals

vi) Corporate Governance Framework including

- Standing Orders
- Establishment, Remit and Reporting Arrangements of all Board Committees and Subcommittees
- Standing Financial Instructions and Scheme of Delegation

March 2004

NHS GREATER GLASGOW

Code of Conduct
for
Members of NHS Bodies

APPENDIX III

MODEL CODE OF CONDUCT

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties for Greater Glasgow NHS Board. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for new Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland to oversee the new framework and deal with alleged breaches of the codes.
- 1.3 This Code covers members of Greater Glasgow NHS Board. As a member of Greater Glasgow NHS Board, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct.

Guidance on the Code of Conduct

- 1.4 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review

regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

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

Enforcement

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

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

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

Public Service

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability and Stewardship

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

Openness

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

Honesty

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

Leadership

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

Respect

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

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

SECTION 3: GENERAL CONDUCT

Relationship with Employees of Greater Glasgow NHS Board

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

Allowances

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

Gifts and Hospitality

- 3.3 You must never canvass or seek gifts or hospitality.
- 3.4 You are responsible for your decisions connected with the offer or acceptance of gifts or hospitality and for avoiding the risk of damage to public confidence in Greater Glasgow NHS Board. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character or inexpensive seasonal gifts such as a calendar or diary, or other simple items of office equipment of modest value;
 - (b) normal hospitality associated with your duties and which would reasonably be regarded as inappropriate to refuse; or

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

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions, or provision of services at a cost below that generally charged to members of the public. You must not accept repeated hospitality from the same source.
- 3.6 You must record details of any gifts and hospitality received and the record must be made available for public inspection.
- 3.7 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision Greater Glasgow NHS Board may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit to inspect equipment, vehicles, land or

property, then as a general rule you should ensure that Greater Glasgow NHS Board pays for the costs of these visits.

Confidentiality Requirements

- 3.8 There may be times when you will be required to treat discussions, documents or other information relating to the work of Greater Glasgow NHS Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. There are provisions in legislation on the categories of confidential and exempt information and you must always respect and comply with the requirement to keep such information private.
- 3.9 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purpose of personal or financial gain, or used in such a way as to bring Greater Glasgow NHS Board into disrepute.

Use of Public Body Facilities

- 3.10 Members of Greater Glasgow NHS Board must not misuse facilities, equipment, stationery, telephony and services, or use them for party political or campaigning activities. Use of such equipment and

services, etc must be in accordance with Greater Glasgow NHS Board policy and rules on their usage.

Appointment to Partner Organisations

- 3.11 You may be appointed, or nominated by Greater Glasgow NHS Board, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.12 Although unlikely in the NHS due to current legislation, members who become directors of companies as nominees of their NHS body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the NHS body. It is your responsibility to take advice on your responsibilities to the NHS body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

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| <p>4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Greater Glasgow NHS Board Register.</p> <p>4.2 This Code sets out the categories of interests which you must register. Annex B contains key definitions to help you decide what is required when registering your interests under any particular category. These categories are listed below with explanatory notes designed to help you decide what is required when registering your interests under any particular category.</p> <p>Category One: Remuneration</p> <p>4.3 You have a Registerable Interest where you receive remuneration by virtue of being:</p> <ul style="list-style-type: none"> • employed; • self-employed; • the holder of an office; • a director of an undertaking; • a partner in a firm; or • undertaking a trade, profession or vocation or any other work. <p>4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a Member does not have to be registered.</p> | <p>4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.</p> <p>4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.</p> <p>4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.</p> <p>4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.</p> <p>4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.</p> <p>4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.</p> |
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4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

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

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

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

- you are a director of a board of an undertaking and receive remuneration – declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

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

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

(ii) which has not been fully discharged.

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

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of Greater Glasgow NHS Board.

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

Category Five: Shares and Securities

4.19 You have a registerable interest where you have an interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of Greater Glasgow NHS Board. You are not required to register the value of such interests.

- 4.20 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in shares and securities could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

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

Category Six: Non-Financial Interests

- 4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of Greater Glasgow NHS Board. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
- 4.22 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making. If in doubt, you may consult with the Standards Commission.

SECTION 5: DECLARATION OF INTERESTS

Introduction

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of Greater Glasgow NHS Board. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.
- 5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in Greater Glasgow NHS Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must keep in mind that the test is whether a member of the public, acting reasonably, might think that a particular interest could influence you.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be

perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. You may also seek advice from the Standards Commission.

Interests which Require Declaration

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

Financial Interests

- 5.6 Any financial interest which is registerable must be declared. If, under category one or category six of section 4 of this Code, in respect of non-financial interests, you have registered an interest
- (a) as an employee of the Board; or
 - (b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;

you do not, for that reason alone, have to declare that interest.

Shares and Securities

- 5.7 You may have to declare interests in shares and securities, over and above those registerable under category five of Section 4 of this Code. You may, for example, in the course of employment or self-employment, be engaged in providing professional advice to a person whose interests are a component of a matter to be dealt with by a board.
- 5.8 You have a declarable interest where an interest becomes of direct relevance to a matter before the body on which you serve and you have shares comprised in the share capital of a company or other body and the nominal value of the shares is:
- (i) greater than 1% of the issued share capital of the company or other body; or
 - (ii) greater than £25,000.
- 5.9 You are required to declare the name of the company only, not the size or nature of the holding.

Houses, Land and Buildings

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

Non-Financial Interests

- 5.11 If you have a registered non-financial interest under category six of Section 4 of this Code you have recognised that it is significant. There is therefore a very strong presumption that this interest will be declared where there is any link between a matter which requires your attention as a member of Greater Glasgow NHS Board and the registered interest. Non-financial interests include membership or holding office in other public bodies, clubs, societies, trade unions and organisations including voluntary organisations. They become declarable if and when members of the public might reasonably think they could influence your actions, speeches or votes in the decisions of Greater Glasgow NHS Board.
- 5.12 You may serve on other bodies as a result of express nomination or appointment by Greater Glasgow NHS Board or otherwise by virtue of being a member of Greater Glasgow NHS Board. You must always remember the public interest points towards transparency particularly where there is a possible divergence of interest between different public authorities.
- 5.13 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of Greater Glasgow NHS Board. In the context of any particular matter you will have to decide whether to declare a non-financial interest. You should declare an interest

unless you believe that, in the particular circumstances, the interest is irrelevant or without significance. In reaching a view you should consider whether the interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member as opposed to the interest of an ordinary member of the public.

Interests of Other Persons

- 5.14 The Code requires only your interests to be registered. You may, however, have to consider whether you should declare an interest in regard to the financial interests of your spouse or cohabitee which are known to you. You may have to give similar consideration to any known non-financial interest of a spouse or cohabitee. You have to ask yourself whether a member of the public acting reasonably would regard these interests as effectively the same as your interests in the sense of potential effect on your responsibilities as a member of Greater Glasgow NHS Board.
- 5.15 The interests known to you, both financial and non-financial, of relatives and close friends may have to be declared. This Code does not attempt the task of defining "relative" or "friend". The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your

responsibilities as a member of Greater Glasgow NHS Board.

Making a Declaration

- 5.16 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.17 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Effect of Declaration

- 5.18 Declaring a financial interest has the effect of prohibiting any participation in discussion and voting. A declaration of a non-financial interest involves a further exercise of judgement on your part. You must consider the relationship between the interests which have been declared and the particular matter to be considered and relevant individual circumstances surrounding the particular matter.

5.19 In the final analysis the conclusive test is whether, in the particular circumstances of the item of business, and knowing all the relevant facts, a member of the public acting reasonably would consider that you might be influenced by the interest in your role as a member of Greater Glasgow NHS Board and that it would therefore be wrong to take part in any discussion or decision-making. If you, in conscience, believe that your continued presence would not fall foul of this objective test, then declaring an interest will not preclude your involvement in discussion or voting. If you are not confident about the application of this objective yardstick, you must play no part in discussion and must leave the meeting room until discussion of the particular item is concluded.

Dispensations

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

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

- 6.1 In order for Greater Glasgow NHS Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which Greater Glasgow NHS Board conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.
- Rules and Guidance**
- 6.3 You must not, in relation to contact with any person or organisation who lobbies, do anything which contravenes this Code of Conduct or any other relevant rule of the public body or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon Greater Glasgow NHS Board.
- 6.5 The public must be assured that no person or organisation will gain better access to, or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of Greater Glasgow NHS Board.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation who is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work
- (a) which would involve you lobbying on behalf of any

person or organisation or any clients of a person or organisation.

- (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence Greater Glasgow NHS Board and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of Greater Glasgow NHS Board, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of Greater Glasgow NHS Board.

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of Greater Glasgow NHS Board;
 - ii) all meetings of one or more committees or sub-committees of Greater Glasgow NHS Board;
 - iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) disqualification – removing the member from membership of Greater Glasgow NHS Board for a period of no more than five years.

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

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

- (a) where the member of Greater Glasgow NHS Board is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from Greater Glasgow NHS Board and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

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

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

DEFINITIONS

1. **“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.
2. **“Undertaking”** means:
 - a) a body corporate or partnership; or
 - b) an unincorporated association carrying on a trade or business, with or without a view to a profit.
3. **“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.
4. **“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the voting rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the voting rights in the undertaking.
5. **“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262(1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.
6. **“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000.
7. **“A person”** means a single individual or legal person and includes a group of companies.
8. **“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.
9. **“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.
10. **“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.