

NHS Greater Glasgow and Clyde

NHS Board Meeting

20 April, 2010

Board Paper No. 10/17

Head of Board Administration

NHS Greater Glasgow and Clyde – Annual Review of Governance Arrangements

Recommendation

The NHS Board is asked to:

- i) approve the Standing Orders for the Proceedings and Business of the NHS Board and the Decisions Reserved for the NHS Board (Appendix 1);
- ii) approve the revisions to the Standing Financial Instructions.
- iii) approve the remits of the following Standing Committees – Audit Committee (Appendix 2), Clinical Governance Committee (Appendix 3), Staff Governance Committee (Appendix 4), Performance Review Group (Appendix 5), Involving People Committee (Appendix 6), Research Ethics Governance Committee (Appendix 7), Pharmacy Practices Committee (Appendix 8) and Area Clinical Forum (Appendix 9).
- iv) approve the memberships of the Standing and Partnership Committees (Appendix 10);
- v) approve the membership of the Adults with Incapacity Supervisory Body (Appendix 11);
- vi) approve the list of authorised officers to sign Healthcare Agreements and related contracts (Appendix 12).

A. Introduction

In February 2005 the NHS Board approved the new organisational arrangements to implement the White Paper – ‘Partnership for Care’. Subsequently two significant reviews of the governance arrangements took place as the moves to single system working and integration of Clyde were carried out and, as a result, the NHS Board approved in December 2006 a detailed set of new governance arrangements to support the new organisation. This was further endorsed by approval of the Annual Review of Governance Arrangements in April 2007, the subsequent approval in August 2007 of the membership of Committees following the changes which resulted from the outcome of the Council elections in May 2007 and the subsequent approval of the formal Annual Reviews of Governance Arrangements in April 2008 and April 2009.

As has been the case in previous years, each Standing Committee of the NHS Board is asked every two years to formally discuss and review its remit and ensure that it is fit for purpose and meets the Committee's needs in having delegated powers for its own area of responsibility. Each Committee carried out its formal review last year (2009) and this year the review concentrates on those changes/amendments which the Standing Committees of the Board have made during the last 12 months. The outcome is covered in Section C of the paper.

Due to the postponement of the Audit Committee meeting in March, the Audit Committee Members considered the draft annual review of the corporate governance documentation via email and Members were content with its submission to the NHS Board.

B. Governance Documentation

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

Attached as Appendix 1 are the Standing Orders for the Proceedings and Business of the NHS Board.

There are no proposed changes to the Standing Orders.

Under the Ethical Standards in Public Life etc. Act 2000, the Register of Interests for NHS Board Members has been sent to all Members for updating and is extant as of 1 April 2010. The updated Register has been submitted to the external and internal auditors, the website updated and a hard copy made available in the Reception of Dalian House for members of the public to access. It is Members' responsibility to notify any changes to the Head of Board Administration within 4 weeks of that change. The last training session for NHS Board Members on ethical standards was delivered at the April 2009 NHS Board Seminar and the next session is planned for later in the year. Lastly, the internal auditors are commencing a review of Board members Register of Interests, Expenses, Gifts and Hospitality-Process, Procedure and Guidance to ensure there are robust, comprehensive and clear policies and procedures and controls are in place and operating as intended.

With the launch of the revised Freedom of Information Publication Scheme in June 2010, information on NHS Board Member's expenses will be made available online on the NHS Board's website.

- Decisions Reserved for the NHS Board

No changes proposed.

- Standing Financial Instructions (SFIs)

A number of amendments to SFIs are required to provide clarification or to reflect operational or internal control needs. The full set of Standing Financial Instructions have not been enclosed with the papers but are available on request. The additions are shown shaded below and a description of the changes is also given:-

Section 1 – Introduction and Code of Conduct for Staff

Under the section headed "Terminology", the following addition is required to reflect the Supervisory Body established under the Adults with Incapacity (Scotland) Act 2000.

"Supervisory Body" means a committee established by the Board with delegated authority to discharge the Board's responsibilities under the Adults with Incapacity (Scotland) Act 2000.

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Under the section headed “Responsibilities and Delegations”, the following should be added for the avoidance of doubt and to reflect Standing Orders.

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

Section 5 – Banking Arrangements

References to the Office of Paymaster General to be amended to the Government Banking Service.

Section 8 - Payroll Expenditure

Insert new paragraph 8.5.2 to reflect lessons learned from cases of fraud/attempted fraud.

8.5 Authorisation

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

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

8.5.3 In no circumstances should officers authorise/approve their own payroll input or expenses.

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

Section 12 – Capital Investment

Review of this section is ongoing to ensure it adequately reflects the governance arrangements for the new South Glasgow Hospital.

Section 14 – Financial Information Management

Minor amendment to reflect latest guidance.

14.5 Retention of Records

14.5.1 Records should be retained in accordance with the guidance contained in:-

- HDL (2006) 28 - The Management, Retention and Disposal of Administrative Records;
- Public Records (Scotland) Act 1937;
- Data Protection Act 1998;

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- Freedom of Information (Scotland) Act 2002;
- Caldicott Review of Patient Identifiable Information 1997;
- **CEL (2008) 28 – Records Management: NHS Code of Practice**

or any other relevant laws or regulations and subsequent instructions/guidance issued by the SGHD.

14.5.2 The Head of Board Administration will issue guidance on this matter as required and in cases of doubt his advice should be obtained.

Section 15 – Endowment Funds

Will be amended to reflect the contents of CEL 40 (2009) – Guidance for NHS Boards on accepting charitable donations. This Guidance sets out specific circumstances where donations should be refused.

Section 19 – Patients’ Private Funds and Property

An addition is required to reflect the role of the Supervisory Body recently established under the Adults with Incapacity Act (Scotland) 2000 (the Act).

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

The following change is also required to better reflect the Act

19.1.9 In the case of patients incapable of handling their own affairs, and unless their affairs are managed under legal authority by some other party, their affairs will be managed in accordance with **be supervised by a hospital Multi-disciplinary Review Team, following the guidance of the 1985 Report of the Working Party on Incapax Patients' Funds and in accordance with the Adults with Incapacity (Scotland) Act 2000 and the associated policies approved by the Board's Supervisory Body.**

▪ **Fraud Policy**

The Fraud Policy was incorporated into the Code of Conduct for Staff which was launched in January 2009.

A full report on the Board's counter fraud arrangements will be included in the Annual Fraud Report which forms part of the Audit Committee's annual review of the system of internal control and submitted to the NHS Board in June 2010 as part of the process of considering and approving the Annual Accounts.

▪ **Risk Management Strategy**

The Risk Management Steering Group reviewed the Risk Management Strategy, supporting documentation and the Corporate Risk Register prior to the submission of the Corporate Risk Register to the Audit Committee in January 2010 where it was approved.

The Risk Management Strategy was issued for consultation to key staff groups and once the outcome has been completed, will be considered by the Risk Management Steering Group and then submitted to the Audit Committee for approval.

Quality Improvement Scotland (QIS) submitted a Report in January 2010 into their review of the Clinical Governance and Risk Management arrangements within NHSGG&C.

National standards for Clinical Governance and Risk Management were published in October 2005. These standards are used to assess the quality of services provided by NHS Scotland, and were first reviewed during 2006/07 with a review every three years thereafter.

The full Report was considered by the Clinical Governance Committee and the Risk Management element considered by the Audit Committee.

NHSGG&C's score has moved from a 6 in 2006/07 (a 2 for each of the 3 standards) to a 9 in 2009/10 (a 3 in each of the standards) and this recognises the progress made in these issues since QIS' last visit three years ago.

The review team has also recommended that the NHS Board should:

- Ensure that there is a documented, planned and systematic approach to evaluation demonstrating that changes made to arrangements are as a result of a co-ordinated review of current arrangements; and
 - Ensure that the training needs of employees are identified and responded to, particularly with reference to equality and diversity.
- Standards of Business Conduct

NHS Board Members are required to adhere to the NHS Code of Conduct which is incorporated into the Board's Standing Orders.

A single Code of Conduct for Staff was launched in early 2009 – it takes account of the extant national guidance on the Standards of Business Conduct, detailed NHSGG&C guidance supporting the Standards of Business Conduct, the Working With Clinical Suppliers requirements and the Whistleblowing Policy and the Fraud Policy. An on-line registration system for staff's interests is used by staff. The Code of Conduct for Staff and on-line registration arrangements will be reviewed at the end of the current calendar year.

C Standing Committees of NHS Board

The single system for the Standing Committees has been effective from 1 January 2006.

i) Audit (Appendix 2)

The Audit Committee Remit was significantly revised last year to reflect guidance contained within the recently issued Scottish Government Audit Committee Handbook. No changes are proposed this year.

ii) Clinical Governance (Appendix 3)

No changes proposed this year.

iii) Staff Governance (Appendix 4)

No changes proposed this year.

iv) Performance Review Group (Appendix 5)

No changes proposed this year.

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v) Involving People Committee (Appendix 6)

No changes proposed this year.

vi) Research Ethics Governance Committee (Appendix 7)

The Committee was reconstituted from March 2009 to take account of the new West of Scotland Research Ethics Service and therefore some further terminology within the remit has been altered to take on board this expanded area of responsibility.

vii) Pharmacy Practices Committee (Appendix 8)

No changes proposed this year.

viii) Area Clinical Forum (Appendix 9)

No changes are proposed at this stage: however, the Chair of the Area Clinical Forum has invited the Chair of the Psychology Advisory Committee to attend all meetings with Observer status.

The Scottish Government Health Directorate (SGHD) has issued a consultation document on the development and support to Area Clinical Forums (ACF).

SGHD recognises the benefits to NHS Scotland of ensuring the ACF Chairs are supported and developed through their participation on the National ACF Chairs Group and contribute to policy development and implementation. The Cabinet Secretary for Health and Wellbeing attends these meetings on a regular basis.

NHS Boards are being encouraged to continually develop their local professional advisory structure, encourage clinical input and involvement in these structures, consider training and development needs of those involved and prepare a Communication Strategy to support the work of the ACF and the professional advisory structure. NHS GG&C has fully functioning professional advisory Committees as follows:

- i. Area Medical Committee;
- ii. Area Nursing and Midwifery Committee;
- iii. Area Dental Committee;
- iv. Area Pharmaceutical Committee;
- v. Area Allied Health Professions and Healthcare Scientists Committee; and
- vi. Area Optometric Committee.

All six have regular programmed meetings and attendance of Board officers and the Chairs of each receive the NHS Board papers and are invited to attend NHS Board meetings as observers.

ix) Community Health (Care) Partnerships (CH(C)Ps/Mental Health Partnership

The CH(C)P Committees have all had their Standing Orders for the Proceedings and Business of the CH(C)P approved by the NHS Board. No changes have been submitted by any CHCP/CHP or Mental Health Partnership to their previously approved Standing Orders.

x) Discipline Committees

The Family Health Service disciplinary process has been partially centralised under the arrangements which came into force on 26 November 2008. These Committees deal with discipline matters in relation to General Practitioners, General Dental Practitioners, Community Pharmacists and Opticians.

When an NHS Board or its Reference Committee considers that a Practitioner should be referred to an FHS Discipline Committee, it advises the new Central Discipline Unit (CDU) and the Central Legal Office (CLO), both in NHS National Services. The CDU will undertake the administrative task so that a case can proceed and the CLO will draw up a Statement of Case and represent the referring Board at hearings.

NHS Boards remain responsible for maintaining their own Disciplinary Committees. NHS Greater Glasgow and Clyde has assumed the lead role in the West Consortium.

D Membership of Standing Committees of the NHS Board

Attached is the revised membership of the Standing Committees of the NHS Board (Appendix 10). The NHS Board is asked to approve the membership of the Standing Committees and Partnership Committees, recognising that there are currently two vacancies for NHS Board Members which are in the process of being filled.

Research Ethics Committees (RECs)

Research Ethics Committees consider applications for research and consider the ethical implications of each application. The governance arrangements of the five West of Scotland Committees are monitored by the NHSGG&C Research Ethics Governance Committee.

The NHS Board retains the responsibility to appoint the Chairs of the five RECs and recommendation for each REC is given below (to serve until April 2013):-

Dr J Hunter	Chair	West of Scotland REC. 1
Dr S Langridge	Chair	West of Scotland REC. 2
Dr P Fleming	Chair	West of Scotland REC. 3
Dr J B Neilly	Chair	West of Scotland REC. 4
Dr G Ofili	Chair	West of Scotland REC. 5

E Supervisory Body Function

The NHS Board approved, at its April 2007 meeting, the establishment of the Supervisory Body to monitor and review the management of the affairs of patients. The Supervisory Body oversees the Health Board's responsibilities under Part IV of the Adults with Incapacity (Scotland) Act 2000 for regulating the financial affairs of an adult who had impaired capacity and who is resident within an authorised establishment under the control of the Health Board.

Appendix 11 sets out the membership of the Supervisory Body for the NHS Board's approval.

F Authorised Signatories

SFIs require that the NHS Board approves a list of officers with authority to sign agreements for the purchase and provision of healthcare and related contracts. Appendix 12 lists the posts and names of postholders. The arrangements for authorised nominees are that those officers who directly report to the postholders named in Appendix 12 will also have that authority to sign healthcare agreements and related contracts on their behalf.

The Financial Governance and Audit Manager is developing a Scheme of Financial Delegation supported by a detailed list of authorised signatories which will extend levels of more limited authorisations throughout the organisation. This will be submitted to the Audit Committee for review.

In terms of authorisation by Scottish Ministers to officers of NHS Greater Glasgow and Clyde in relation to signing matters relating to the acquisition, management and disposal of land, the following positions have been authorised to sign on behalf of Ministers:-

Chief Executive
Director of Finance – Corporate and Partnerships
Director of Corporate Planning and Policy
Chief Operating Officer – Acute Services Division

G NHS Board Development

A National Engagement Event focusing on exploring the development needs of NHS Boards took place in the Beardmore Hotel on 19 May 2008. A National Board Development Diagnostic tool was subsequently developed.

Locally, a proposal outlining a structured approach for development of NHS Greater Glasgow and Clyde Board Members was submitted in June 2009 highlighting three main areas of focus:-

1. Induction for New Members
2. Development for Individual Members
3. Collective Board Development

1. Induction for New Board Members

A comprehensive extranet site was designed for NHS Board Members covering a wide range of information and papers on meetings, processes, policies etc. New Members are provided with log-in and password details and directed to this site in order to complete a comprehensive checklist which then drives their induction activities.

Existing Members also have access to all of the information contained on the site and it is regularly updated.

2. Development of Individual Members

A web-based development needs analysis was issued to Board Members on 5 May 2009 designed to collate input on support needed to develop better understanding of activities for new and existing Members.

The majority of Members responded that a better understanding of some areas of organisational activity were highlighted as a need.

Four development sessions were therefore arranged in response. Three were focused on understanding NHSGG&C internal processes and practices impacting on Board Member activities and these covered:-

- Supporting Discipline and Grievance Appeals (August 2009)
- Understanding Financial, Audit and Risk Processes (September 2009)
- Understanding the Corporate Planning System (September 2009)

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A session on Emotional Intelligence (November 2009) was designed to support developing a better understanding of behaviours, relationships and interactions.

34 Board Members in total attended the above sessions.

The ongoing development of individual Members will be informed by national diagnostic findings and the Chairman-led annual appraisals.

3. Collective Board Development

A majority of NHS Board Members have completed the National On-line Diagnostic for Board Development. A full diagnostic report is now being analysed with findings scheduled to be presented to Board Members in the summer. Recommendations on potential development activities to support diagnostic findings for Members will be offered as part of the report.

H Audit Scotland – The Role of Boards

Lastly, Audit Scotland has carried out a study to assess the role and effectiveness of Boards of public bodies and colleges, with the aim to provide assurance to the Scottish Parliament and the public that such Boards are operating effectively. Audit Scotland hope to identify areas for improvement, best practice and sharing of good practice. Members were asked to complete an anonymous survey and Audit Scotland hope to publish the National Report in May 2010.

Conclusion

The NHS Board is asked to give consideration to the recommendations on Page 1 of this report.

John C Hamilton, Head of Board Administration
April 2010
0141-201-4608

NHS GREATER GLASGOW AND CLYDE

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF NHS GREATER GLASGOW AND CLYDE

1. General

(1) These Standing Orders for regulation of the conduct and proceedings of NHS Greater Glasgow and Clyde (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:-

- the NHS Greater Glasgow Code of Conduct made under the Ethical Standards in Public Life etc (Scotland) Act 2000,

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 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 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 for a 4-year term.
- (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 NHS Greater Glasgow and Clyde 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. 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 (with the exception of the Partnership Committees) 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
Revised April 2007
Reviewed April 2008
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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.

SECTION 4: REGISTRATION OF INTERESTS

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

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

Category One: Remuneration

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

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

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

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

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

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

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

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

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

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

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

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

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

Category Three: Contracts

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

- (i) under which goods or services are to be provided, or works are to be executed; and
- (ii) which has not been fully discharged.

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

Category Four: Houses, Land and Buildings

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

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

Category Five: Shares and Securities

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

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

Category Six: Non-Financial Interests

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

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

SECTION 5: DECLARATION OF INTERESTS

Introduction

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

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

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

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

Interests which Require Declaration

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

Financial Interests

5.6 Any financial interest which is registerable must be declared. If, under category one of section 4 of this Code, 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.

6.9 The members Model Code should be read in conjunction with Standing Financial Instructions 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.

NHS GREATER GLASGOW AND CLYDE

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/Local Delivery Plan
- iv) Monitoring of waiting times and handling of complaints.

Governance

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

- vi) Corporate Governance Framework including

- Standing Orders
- Establishment, Remit, Membership and Reporting Arrangements of all Board Committees
- Standing Financial Instructions

Dec 2005

Revised April 2007

Reviewed April 2008

Reviewed April 2009

Reviewed April 2010

NHS GREATER GLASGOW AND CLYDE**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.

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

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

At least one member of the Audit Committee should have recent and relevant financial experience.

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, Chief Executive and Director of Finance shall normally attend all meetings.

The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit Committee.

The external auditor and internal auditor shall meet on at least one occasion each year with the Committee without the Director of Finance, other Executive Directors or Board staff being present. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such

NHS GREATER GLASGOW AND CLYDE

AUDIT COMMITTEE

meeting.

The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of specific matters. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such discussions.

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

The minutes of meetings will be submitted to the Board. Minutes will be publicly available.

The Audit Committee will provide the Board and the Accountable Officer with an annual report on the Board's system of internal control, timed to support finalisation of the Statement of Accounts and the Statement on Internal Control. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

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, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board, based on the annual report of the Internal Auditors and other appropriate sources of assurance.
3. Reviewing the assurances given in the Statement on Internal Control. The Audit Committee shall constructively challenge
 - Assurance providers as to whether the scope of their activity meets the assurance need of the Board and the Accountable Officer;
 - The actual assurance to test that they are founded on sufficient, reliable evidence and that the conclusions are reasonable in the context of the evidence.

The Audit Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review and in seeking assurance that any weaknesses identified by reviews that have been concluded are remedied.

4. Critically reviewing the process by which management decisions are taken and effected throughout the Health Board, including risk assessment.

NHS GREATER GLASGOW AND CLYDE**AUDIT COMMITTEE**

5. Monitoring the effectiveness of arrangements to manage risk and to review regularly and at least annually, the Corporate Risk Register.
6. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
7. Monitoring the effectiveness of the Board's arrangements for whistleblowing.
8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.

(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 receiving reports on their subsequent achievement.
4. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
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.
9. Receiving and approving the internal auditors' report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Executive in accordance with the NHS Scotland Property Transactions Handbook.

NHS GREATER GLASGOW AND CLYDE

AUDIT COMMITTEE

(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 Convener 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.

Revised: April 2007

Reviewed: April 2008

Revised: April 2009

Reviewed: April 2010

NHS GREATER GLASGOW AND CLYDE**CLINICAL GOVERNANCE COMMITTEE****1. Objectives**

The purpose of the Clinical Governance Committee is to assist the NHS Board to deliver its statutory responsibility for the quality of healthcare that it provides. In particular, the Committee will seek to provide assurance to the Board that an appropriate system for monitoring and development is in place, which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care. This includes affirming that NHS Greater Glasgow and Clyde

- has established clear lines of responsibility and accountability for the overall quality of care that it provides or commissions
- has in place a soundly based clinical governance framework including strategy and local development plans
- has in place reporting arrangements which ensure that the Board and Clinical Governance Committee are fully informed on the development of clinical governance
- is taking all reasonable steps to prevent, detect and rectify irregularities or deficiencies in the quality of care provided or in the clinical governance framework
- is doing its reasonable best to meet its objectives of improving health and tackling inequalities whilst protecting patients, staff, the public and other stakeholders against risks of all kinds.

2. Membership And Conduct Of Business

The membership and remit of the Committee shall be approved by the full Board. The Committee shall comprise:

Chair

Deputy Chair

8 Non Executive Board Members

2 Lay Members

The Chair and Deputy Chair of the Committee will be designated by the Chairman of the Board. At least three voting members of the Committee must be present in order to form a quorum. There will be a minimum of six meetings per annum with provision for additional meetings as required.

In order to bring together the professional support required for the Committee to perform its functions the Board Medical Director, Director of Nursing, Director of Public Health, Infection Control Manager, Head of Clinical Governance and a Consultant in Public Health Medical from Clyde. shall be ex-officio Members of the Committee (without voting rights). The Committee shall be able to require the attendance of any Director or member of staff. The Chief Executive shall have the right to attend meetings.

The minutes of meetings will go to the Board and will be made publicly available. In addition to any specific reports the Committee Chairman will also provide to the Board a formal annual report and a controls assurance statement covering the performance and development of the Clinical Governance Framework. The Head of Board Administration (or authorised nominee) shall perform the function of Secretary to the Committee.

3. Remit

The Clinical Governance Committee should provide an independent judgement on how the Board as a whole is managing the issues of strategy, performance and stewardship of public resources as they relate to the safety and quality of clinical care.

The Clinical Governance Committee will operate as necessary in order that it is confident that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care. This will include

- endorsing the clinical governance strategy and development plan prior to approval from the NHS Board
- critically reviewing information from services or functions of clinical governance
- critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates as they relate to the assurance on the effectiveness of clinical risk management and quality improvement
- ensuring that recommendations made by the Scottish Public Services Ombudsman are implemented, in the interests of effective and safe care delivered to the population, including those recommendations applicable to independent practitioners
- requiring the presentation of reports, including the commissioning of independent reviews, in order to supplement or validate information
- being actively involved in strategy formulation from the earliest stages
- making judgements about, and helping to regulate, the scale and pace of change that takes account of the organisation's capacity and the need to minimise bureaucracy
- ensuring there is evidence of openness and transparency in decisions and use of resources in providing good quality of care
- striving for public good, setting aside personal interests, and ensuring NHS Greater Glasgow and Clyde is improving health and tackling inequalities
- promoting good relationships within the organisation, with the public and service users and with other organisations.
- providing oversight, on behalf of the Board, to key organisational structures in compliance with Scottish Government Health Directorates' directions, including the Infection Control Committee, the Organ Donation Committee and the Reference Committee.

Revised April 2007

Revised April 2008

Revised February 2009

Reviewed April 2010

NHS GREATER GLASGOW AND CLYDE

STAFF GOVERNANCE COMMITTEE

1. Objectives

- 1.1 The purpose of the Staff Governance Committee is to provide assurance to the Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard.
- 1.2 In particular, the Committee will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for progress towards achievement of the Standard.

2. Membership and Conduct of Business

- 2.1 The Committee membership shall be appointed by the NHS Board and given a remit, including providing advice to the Board on the conduct of its business.
- 2.2 The Board shall nominate the membership from the Non-Executive Directors of the NHS Board to include the Chair of the Board and the Employee Director. The Committee will be co-chaired by the Employee Director and a Non-Executive Director appointed by the Board from the membership of the Committee.
- 2.3 At least three Members of the Committee must be present in order to form a quorum.
- 2.4 Members of the Area Partnership Forum listed below shall be ex-officio Members of the Committee (without voting rights):
 - Director of Human Resources
 - Associate Director of Human Resources (Acute)
 - Director (representing CHCPs)
 - Director (representing Acute)
 - Head of Staff Governance
 - Areas Partnership Forum Staff Side Secretaries (2)
 - Area Partnership Forum Acute Division Joint Trade Union representative
 - Area Partnership Forum CH(C)Ps Joint Trade Union representative
 - Area Partnership Forum Mental Health Partnership Joint Trade Union representative.

The Committee may invite to attend other senior managers and trade union representatives.

- 2.5 The Head of Board Administration (or authorised nominee) shall provide secretariat support.
- 2.6 There should be four meetings per annum with provision for additional meetings as required.
- 2.7 The minutes of meetings will be submitted to the Board. A Joint Chair of the Committee 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.

3. Remit

- 3.1 The Committee shall support the creation of a culture within the health system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde and this is built upon partnership and co-operation.

- 3.2 The Committee shall act for the Board in ensuring that structures and processes to ensure staff are:
- Well informed
 - Appropriately trained
 - Involved in decisions which affect them
 - Treated fairly and consistently
 - Provided with an improved and safe working environment.
- 3.3 The Committee shall monitor and evaluate progress through the approval of local human resource strategies and implementation plans.
- 3.4 The Committee shall be authorised by the Board to support any policy amendment, funding or resource submission to achieve the Staff Governance Standard.
- 3.5 The Committee shall oversee the timely submission of all the staff governance data required as part of the Annual Review.
- 3.6 The Remuneration Subcommittee will be a subcommittee of the Staff Governance Committee and will consider the remuneration of the Executive and Senior Management cohorts of the NHS Board.

June 2006

Reviewed – April 2007

Reviewed – April 2008

Reviewed – February 2009

Reviewed – April 2010

NHS GREATER GLASGOW AND CLYDE

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;
- iv) property matters.

2. Remit

Organisational Performance

- i) Maintaining an overview of NHS Board performance.
- ii) Ensuring a co-ordinated approach to the management of performance improvement across all aspects of the Board's responsibilities, activities and partnerships consistent with the Board's corporate objectives and priorities.
- iii) Ensuring consistency in arrangements for performance scrutiny, accountability and reporting across the Board recognising the existing responsibilities of the Governance Committees and, in particular, the Staff Governance Committee and Clinical Governance Committee
- iv) Reviewing preparation and implementation of the NHS Board's Local Delivery Plan.
- v) Monitoring and scrutinising progress against key national and local performance targets.
- vi) Overseeing preparations for and actions arising from the NHS Board's Annual Review with the Minister for Health and Community Care.

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 delivery plan/health planning process.
- ii) Considering and providing advice to the NHS Board on annual financial allocations and investment plans as part of the Local Delivery Plan.
- iii) Monitoring in-year financial performance across NHS Greater Glasgow and Clyde.
- iv) Providing recommendations to the NHS Board on the annual Capital Plan.
- v) Carrying delegated authority from the NHS Board for individual schemes within the approved Capital Plan as follows:

- a) Approval of individual schemes covering the value of £1.5M - £5M – a short business case would be required to be submitted for approval.
 - b) Approval of individual schemes covering the value of £5M - £10M – a business case would be required to be submitted for approval.
 - c) Approval of individual IM&T Schemes covering the value of £500,000 - £1M – a business case would be required to be submitted 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 where business cases are to be submitted to SEHD for approval, 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;
 - d) approving the performance framework and accompanying management scrutiny and reporting arrangementswith 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. Property Matters

- i) Oversee the management and acquisition/disposal of the NHS Board's property holdings, including leases.
- ii) Delegate to a Property Sub-Committee the responsibility to manage the Board's and Endowments property holdings to include:-
 - development and maintenance of a Property Strategy
 - approve all property transactions (acquisitions, disposals – including leases as follows:-
 - a) Where the annual lease/rental charge is £250,000 or above, up to a maximum of £500,000.
 - b) Property disposals/acquisitions where the sum is in excess of £500,000, up to a maximum of £1.5m.

- appointment of property agents and consultants
 - approval of the Board's strategy for investment in GP practices.
- iii) Approve any lease/rental of over £500,000 p.a.
- iv) approve any acquisition/disposal expected to be in excess of £1.5m.

4. Composition

- i) The Performance Review Group will comprise 10 Non Executive Directors of the NHS Board.
- ii) The Group will normally 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 discussions at the 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 shall be one-third of the membership.
- vi) The Chair and Vice-Chair of the NHS Board and Chief Executive have delegated responsibility to collectively deal with urgent matters between meetings which are covered by the Performance Review Group remit and to report to the next available meeting such matters dealt with using this delegation and seek the Group's endorsement to the action/decisions taken.
- vii) The Performance Review Group's powers do not take away the responsibilities of the NHS Board for executive action.

5. Reporting Arrangements

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

John C Hamilton
March, 2006
June 2007
Reviewed – April 2008
Revised – March 2009
Reviewed – April 2010

NHS GREATER GLASGOW AND CLYDE**INVOLVING PEOPLE COMMITTEE*****Objectives***

1. To ensure the mainstream integration of the principles of Patient Focus and Public Involvement in planning, delivering and sustaining services.
2. To scrutinise NHS Greater Glasgow and Clyde services on a continuous basis to ensure implementation of best practice in achieving Patient Focus and Public Involvement.
3. Leading the development of a sustainable NHS Greater Glasgow and Clyde Involving People Framework and ensuring that it is delivered via approved strategies and action plans across the totality of service provision.
4. Encouraging and promoting the skills required deliver effective Patient Focus Public Involvement among NHS Staff and patient and local community representatives.
5. To ensure that delivery of Patient Focus Public Involvement across NHS Greater Glasgow and Clyde is co-ordinated, consistent and linked to the work of partner organisations, including Community Planning structures.
6. Reviewing, interpreting and supporting the implementation of national Patient Focus and Public Involvement objectives and priorities at the local level.
7. Driving the development, introduction and maintenance of corporate initiatives and structures to support the effective delivery of Patient Focus and Public Involvement.
8. Promoting dialogue with patients and public regarding progress with Patient Focus and Public Involvement.
9. Linking with the new Scottish Health Council and supporting NHS Greater Glasgow and Clyde's day-to-day relationship with its officers and advisory council members.
10. Facilitating continuous and formal annual accountability and quality assurance reviews as part of the accountability review process.
11. 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.

Composition

1. The Committee shall comprise 7 non-executive Members from Greater Glasgow and Clyde NHS Board, a representative of the Employee Director of the NHS Board, the Director of Communications for NHS Greater Glasgow and Clyde (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 and Clyde NHS Board.
2. Executive Members of the Board and senior management and clinical staff will be invited to attend meetings with regard to specific agenda items.
3. The quorum of meetings of the Involving People Committee shall be 4 voting Members.

Remit

Greater Glasgow and Clyde-Wide

1. To ensure that NHS Greater Glasgow and Clyde 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.

GGCNHS Board Staff

2. The Committee will be responsible for oversight of all staff employed by the Board in relation to delivering the objectives and values of patient focus.
3. 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.

Frequency

The Committee will meet 6 times a year.

Reporting Arrangements

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

April 2007

Reviewed – April 2008

Reviewed – April 2009

Reviewed – April 2010

West of Scotland Research Ethics Service Governance Committee

Constitution

1. Terms of Reference

The West of Scotland Research Ethics Service Governance Committee is appointed by Greater Glasgow and Clyde NHS Board to oversee all of the West of Scotland Research Ethics Service's responsibilities for the establishment, support, training and monitoring of all NHS Research Ethics Committees (RECS) within its geographical boundary as defined in Scottish Government Health Directorate Governance Arrangements for NHS Research Ethics Committees in Scotland (2001) and any subsequent Guidance issued. For the sake of clarity this will include all RECs that form part of the West of Scotland Research Ethics Service (WoSRES)

The Committee shall oversee and monitor the functions of the Research Ethics Committees within WoSRES with a view to the standardization of procedures and the formation of a common set of criteria for considering ethical applications.

2. Functions

The Committee shall be responsible for the oversight of all matters pertaining to the proper functioning of all Research Ethics Committees that constitute WoSRES and that are the responsibility of NHS Greater Glasgow and Clyde.

The Committee shall ensure that WoSRES Research Ethics Committees are provided with the requisite training and education required to undertake their functions effectively.

The Committee shall ensure that Members of all Research Ethics Committees in WoSRES are properly indemnified in the discharge of their duties.

The Committee shall receive all WoSRES Research Ethics Committees Annual Reports describing the work of all RECs within its remit. Research Ethics Committees shall report to the West of Scotland Research Ethics Service Governance Committee any issues requiring its attention.

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

3. Membership

Membership of the Committee shall consist of four Non Executive Members of the NHS Greater Glasgow and Clyde Board (NHSGGC), one of whom, shall act as its Chair, the Board's Director of Public Health and the Board's Medical Director. The Director of Public Health and the Medical Director should name a deputy to act on their behalf should it prove impossible for them to attend a meeting. The Associate Director of Research and Development with responsibility for Ethics and Research Governance or his/her absence the Director of Research and Development shall attend all meetings of the Committee.

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

4. Quorum

The quorum for meetings of the Committee shall be the Chair or designated deputy and two other Members.

5. Number of Meetings

The Committee shall meet at least twice per annum.

6. Administrative Arrangements

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

7. Standing Orders

The NHSGGC Board's Standing Orders, so far as applicable and otherwise specified, shall be the rules and regulations for the proceedings of the West of Scotland Research Ethics Service Governance Committee.

Constitution Approved: 29 January 2009

Approved – April 2009

Revised – April 2010

NHS GREATER GLASGOW AND CLYDE

PHARMACY PRACTICES COMMITTEE

REMIT

1. Membership

1.1 The Committee shall comprise seven Members appointed by NHS Greater Glasgow and Clyde of whom:-

- (a) one shall be the Chair appointed by NHS Greater Glasgow and Clyde 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 NHS Greater Glasgow and Clyde otherwise from the Members of the Board [known as Lay Members].

1.2 NHS Greater Glasgow and Clyde shall appoint deputies for the Members of the Committee in a like manner to the seven Members.

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

1.4 Members shall be appointed for a term of three years, but NHS Greater Glasgow and Clyde 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.

2. Quorum

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

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

(but see voting provisions at paragraph 4.2)

3. **Terms of Reference**

- 3.1 The Committee shall exercise the functions of NHS Greater Glasgow and Clyde in terms of Regulation 5(10) and paragraph 2 of Schedule 3 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) [determination of applications for general pharmaceutical contracts].
- 3.2 The Committee shall also be empowered by NHS Greater Glasgow and Clyde, to exercise other functions of as are delegated to it under the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) to the extent that those functions are not delegated to an officer of the Board under the Scheme of Delegation.
- 3.3 Any officer of the Board, 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.

4. **Procedures**

The following procedures shall be adopted by the Committee:-

4.1 **Declaration of Interest**

Before the commencement of any meeting of the Pharmacy Practices Committee the Chair 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 Chair should have declared such an interest, shall not be present at the consideration or discussion of that matter or the voting on it.

4.2 **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 Chair (or Deputy Chair acting as Chair) 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 Chair (or Deputy Chair if present)).

4.3 **Determination of Applications**

In considering all applications submitted to it the Committee shall have regard to the provisions of the National Health Service (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.

4.4 **Urgent Business**

- 4.4.1 The Chair of the Committee shall be empowered, in cases of urgency, (as to which the Chair 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.
- 4.4.2 The Chair 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 Lead – Community Pharmacy Development (or Deputy) does not support the proposed decision.
- 4.4.3 Any decisions taken by the Chair on grounds of urgency conforming to the criterion above shall be reported to the next meeting of the Pharmacy Practices Committee for confirmation.
- 4.4.4 In the absence of the Chair, the Deputy Chair may act as the Chair 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
Amended from April 2007 to reflect inclusion of 'Clyde'
Reviewed – April 2008
Amended – April 2009
Reviewed – April 2010

NHS GREATER GLASGOW AND CLYDE

AREA CLINICAL FORUM

CONSTITUTION AND REMIT

1. INTRODUCTION

The Area Clinical Forum is constituted under "Rebuilding our National Health Service" - A Change Programme for Implementing "Our National Health, Plan for Action, A Plan for Change", which emphasised that NHS Boards should both:-

- draw on the full range of professional skills and expertise in their area for advice on clinical matters; and
- promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process.

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

2. REMIT

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

3. FUNCTIONS

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

- providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of the Local Delivery Plan/Local Health Plan and the Board's strategic objectives.
- reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde;
- promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement;
- sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement;
- engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees;

At the request of NHS Greater Glasgow and Clyde, the Area Clinical Forum may also be called upon to perform one or more of the following functions:-

- investigate and take forward particular issues on which clinical input is required on behalf of the Board where there is particular need for multi-disciplinary advice.
- advise NHS Greater Glasgow and Clyde on specific proposals to improve the integration of services, both within the local NHS systems and across health and social care.

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

4. **COMPOSITION**

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

- Medical
- Dental
- Nursing and Midwifery
- Pharmaceutical
- Optometric
- Area Allied Health Care Scientists
- Community Health Partnerships

In Attendance

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

5. **SUB-COMMITTEES**

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

6. **TERM OF OFFICE**

The Term of Office for Members will normally be up to four years. Individuals shall cease to be Members of the Area Clinical Forum on ceasing to be Chair/Vice Chair of their Professional Committee.

7. **OFFICERS OF THE FORUM**

(a) Chair

The Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. The Forum's choice of Chair will be notified to the NHS Board Chair. Selection of the Chair will be an open process, and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

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

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

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

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

(b) Vice Chair

A Vice Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

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

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

8. MEETINGS

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

The Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.

9. NOTICE OF MEETINGS

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

10. MINUTES

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

11. QUORUM

A quorum of the Forum will be one third of its full membership. In the event that the Chair and Vice Chair are both absent, the Members present shall elect from those in attendance, a person to act as Chair for the meeting.

12. FORUM DECISIONS

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

13. ALTERATIONS TO THE CONSTITUTION AND STANDING ORDERS

Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Forum provided a Notice of the proposed alteration is circulated with the Notice of the Meeting and that the proposal is seconded and supported by two thirds of the Members present and voting at the meeting.

Any alterations must be submitted to NHS Greater Glasgow and Clyde Board for approval as part of the annual review of Corporate Governance before the change is enforceable.

14. GUEST SPEAKERS

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

SHIRLEY GORDON
Secretariat Manager

Approved – April 2007
Reviewed – April 2008
Revised – April 2009
Reviewed – April 2010

NHS GREATER GLASGOW AND CLYDE

Membership of Main Standing Committees of the NHS Board – April 2010

	Audit	Clinical Governance	Performance Review	Staff Governance	Involving People
Frequency of Meetings	Quarterly	Bi-monthly	Bi-monthly	Quarterly	Quarterly
No. of Members	9	12	11	7	7
Membership	Mrs E Smith – Chair Mr P Hamilton Cllr. J Handibode Mrs J Murray Mr D Sime Mr P Daniels OBE Mr I Lee New Member (1)	Prof. D Barlow – Chair Mr R Cleland – Deputy Chair Mr B Williamson Mrs J Murray Mr A O Robertson OBE Mr D Sime Mrs E Smith Dr C Benton MBE Cllr. Amanda Stewart Dr Mustafa Kapasi Lay Members Pat Bryson	Mr A O Robertson OBE – Chair Mr R Cleland Ms R Dhir MBE Cllr. D Mackay Mr P Hamilton Cllr. D Yates Mr D Sime Mrs E Smith – Vice Chair Mr P Daniels OBE Mr I Lee Mr K Winter	Mr D Sime & Mr R Cleland – Joint Chairs Ms R Dhir MBE Mr A O Robertson OBE New Member (2) Cllr J McIlwee Cllr. I Robertson	Mr P Hamilton – Chair New Member (2) Mrs J Murray Mrs R K Nijjar Mr B Williamson Mr G Carson Cllr. J McIlwee

Remuneration - Reports as a Subcommittee to the Staff Governance Committee	Research Ethics Governance	Endowments -Reports to the Endowment Trustees
3/4 per annum 8	Bi-Annual 6	3 per annum 5
Mr A O Robertson – Chair Mr R Cleland Ms R Dhir MBE Mr P Hamilton Mr G McLaughlin Mr D Sime Mrs E Smith – Vice Chair Cllr. J Coleman	Prof. D Barlow - Chair Mr R Cleland – Deputy Chair Dr B Cowan Dr L de Caestecker Mr B Williamson Dr M Kapasi	Mrs E Smith – Chair Mr G McLaughlin Mr A O Robertson OBE Mr I Lee Cllr. A Stewart Mrs J Murray

Revisions

April, 2009
August 2009
April 2010

East Glasgow Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Glasgow City Council	5	Councillor James Coleman (Chair) Councillor Elaine McDougall Councillor Ruth Simpson Councillor Alison Thewliss Councillor David Turner
NHS Greater Glasgow and Clyde	2	Peter Hamilton (Vice Chair) Vacant
Professional Executive Group (Health)	3	Dr Andrew Townsley Tom Scott Margaret Duffy
Staff Partnership Forum	1	Bernadette Brand
Public Partnership Forum	2	Charlotte Levy George McGuinness
CHCP Director	1	Mark Feinmann
Total	14	

North Glasgow Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Glasgow City Council	5	Councillor Jim Mackechnie (Chair) Councillor Phil Greene Councillor Ellen Hurcombe Councillor Allan Stewart Councillor Kieran Wild
NHS Greater Glasgow and Clyde	2	Grant Carson (Vice Chair) Vacant
Professional Executive Group (Health)	3	Jim McKenzie Colin Ferguson Bernadette Bradley
Professional Executive Group (Council)	1	Liz Simpson
Staff Partnership Forum	1	Gale McCallum/Fiona Laird
Public Partnership Forum	2	Arlene Cooke Sam Cairns
CHCP Director	1	Alex Mackenzie
Total	15	

West Glasgow Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Glasgow City Council	5	Councillor Hanzala Malik (Chair) Councillor Anne McTaggart Councillor Jean McFadden Councillor Dr Christopher Mason Councillor Kenneth McLean
NHS Greater Glasgow and Clyde	2	Jessica Murray (Vice Chair) Vacant
Professional Executive Group	3	Cathy Holden Kate Pickering Vacancy
Staff Partnership Forum	1	Marie Garrity
Public Partnership Forum	1	Vacancy
Voluntary Sector	1	James Montgomery
CHCP Director	1	Neil Hunter
Total	14	

South East Glasgow Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Glasgow City Council	5	Councillor James Scanlon (Chair) Councillor Sadie Docherty Councillor James Dornan Councillor David Meikle Councillor Ann Marie Miller
NHS Greater Glasgow and Clyde	2	Donald Sime (Vice Chair) Vacant
Professional Executive Group (Health)	3	Graeme Marshall John Goldie Gillian Watson
Professional Executive Group (Council)	1	Sheena Morrison
Staff Partnership Forum	1	Elaine Black
Public Partnership Forum	2	Margaret Millmaker Jim Robertson
CHCP Director	1	David Walker
Total	15	

South West Glasgow Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Glasgow City Council	5	Councillor Stephen Curran (Chair) Councillor Patricia Gibson Councillor John Flanagan Councillor Iris Gibson Councillor Stephen Dornan
NHS Greater Glasgow and Clyde	2	Peter Daniels Vacancy
Professional Executive Group (Health)	3	Vacancies – being reviewed due to changes in governance structures
Professional Executive Group (Council)	1	Jackie Kerr
Staff Partnership Forum	1	Stewart MacLennan
Public Partnership Forum	2	Edward Aitken George Daly
CHCP Director	1	Iona Colvin
Total	15	

East Renfrewshire Community Health and Care Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
East Renfrewshire Council	5	Councillor Douglas Yates (Chair) Councillor Jim Fletcher Councillor Barbara Grant Councillor Ian McAlpine Councillor Jim Swift
NHS Greater Glasgow and Clyde	2	Peter Hamilton (Vice Chair) Ronnie Cleland
Professional Advisory Group (Health)	3	Dr Alan Mitchell Dr Michael Haughney Elizabeth Roddick
Professional Executive Group (Council)	1	Safaa Baxter
Staff Partnership Forum	2	Gordon Anderson Stephen Devine
Public Partnership Forum	2	Anne-Marie Kennedy Liz Duguid
CHCP Director	1	Julie Murray
Total	16	

East Dunbartonshire Community Health Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
East Dunbartonshire Councillor appointed to NHS Greater Glasgow and Clyde	1	Councillor Amanda Stewart
NHS Greater Glasgow and Clyde	2	Gerry McLaughlin (Chair) Vacancy
Professional Executive Group	4	Anne Margaret Black Audrey Murdoch Ian Gordon Ross Fergusson
Staff Partnership Forum	1	Ross McCulloch
Public Partnership Forum	2	Heather Gartshore Adrien Murtagh
CHP Director	1	Karen Murray
Total	11	

West Dunbartonshire Community Health Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
West Dunbartonshire Councillor appointed to NHS Greater Glasgow and Clyde	1	Councillor Iain Robertson
NHS Greater Glasgow and Clyde	2	Rani Dhir (Chair) Dr Catherine Benton
Professional Executive Group	4	Ms Gwen Carr Dr Neil MacKay Mr Fraser Downie Ms Julie Ewing
Staff Partnership Forum	1	Ross McCulloch
Public Partnership Forum	2	Tom Nimmo Rose Hutchieson
Voluntary Sector Forum	1	Selina Ross
CHP Director	1	Keith Redpath
Total	12	

Inverclyde Community Health Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Inverclyde Councillor appointed to NHS Greater Glasgow and Clyde	2	Councillor Joe McIlwee Councillor Tom Fyfe
NHS Greater Glasgow and Clyde	2	Elinor Smith (Chair) Dr Mustafa Kapasi
Professional Executive Group	4	Dr Lawrence Bidwell Dr Hector MacDonald Fiona Van der Meer Jacqueline Frederick
Staff Partnership Forum	1	Diane McCrone
Public Partnership Forum	2	Ina Miller Nell McFadden
CHP Director	1	Rab Murphy
Total	12	

Renfrewshire Community Health Partnership – Membership (April 2010)

Nominating Body	Number of Members	Names
Renfrewshire Council	4	Councillor Derek MacKay (Chair) Councillor Susan McDonald David Martin Peter MacLeod
NHS Greater Glasgow and Clyde	2	Barry Williamson Vacancy
Professional Executive Group	3	Gerry O'Kane Michael Smith Michelle Wardrop
Staff Partnership Forum	1	Andy Patrick
Public Partnership Forum	2	Fiona Nicolson Stephen McLellan
CHP Director	1	David Leese
Total	13	

Revised

April 2009
August 2009
April 2010

ACF MEMBERS AS AT APRIL 2010

<u>Committee</u>	<u>Chair</u>	<u>Term of Office</u>	<u>Vice Chair(s)</u>	<u>Terms of Office</u>
AMC	Kevin Hanretty	1 April 2009 - 31 March 2011	Dr Alan G McDevitt	1 April 2009 - 31 March 2011
ADC	Clive Bell and Philip Bennington	1 April 2009 - 31 March 2011	Not applicable	Not applicable
APC	Ruth Forrest	1 April 2009 - 31 March 2011	Val Reilly and Gerry Hughes	1 April 2009 - 31 March 2011
AOC	Nicola McElvanney	1 April 2010 - 31 March 2012	Maggie Darroch	1 April 2010 - 31 March 2012
AN&MC	Gillian Halyburton	1 April 2009 - 31 March 2011	Patricia Spencer	1 April 2009 - 31 March 2011
AAHP&HCSC	Margaret Hastings	1 April 2008 - 31 March 2010	Mary McEwan	1 April 2008 - 31 March 2010
CH(C)P Committee (observer status only)	Richard Groden			
Advisory Committee in Clinical Psychology (observer status only)	Adele Pashley			

Chair	:	Clive Bell 1 April 2009 – 31 March 2011
Vice Chair	:	Patricia Spencer 1 April 2009 – 31 March 2011
Secretary	:	Shirley Gordon, Secretariat Manager

By Invitation – Board Officers

Robert Calderwood	Chief Executive
Brian Cowan	Medical Director
Rosslyn Crocket	Nurse Director
Linda de Caestecker	Director of Public Health
Andrew Robertson	Chairman
John C Hamilton	Head of Board Administration
Scott Bryson	Pharmaceutical Adviser
David McCall	Consultant in Dental Public Health
Richard Copland	Director of Health Information and Technology
Anne Hawkins	Director of Mental Health Partnership/Lead NHS Director Glasgow City CHCPs

NHS GREATER GLASGOW AND CLYDE

Membership of Pharmacy Practice Committee – April 2010

Name	Designation	Nominating Body	Term of Appointment to
Mr Peter Daniels OBE	Chair	NHS Greater Glasgow and Clyde	April 2012
Dr Catherine Benton	Deputy Chair	NHS Greater Glasgow and Clyde	April 2012
Mr Alan Fraser	Lay Member	NHS Greater Glasgow and Clyde	April 2011
Prof. Joe McKie	Lay Member	NHS Greater Glasgow and Clyde	April 2011
Mr William Reid	Lay Member	NHS Greater Glasgow and Clyde	April 2011
Ms Maura Lynch	Lay Member	NHS Greater Glasgow and Clyde	April 2011
Mrs Charlotte McDonald	Deputy Lay Member	NHS Greater Glasgow and Clyde	April 2011
Prof. Howard McNulty	Non-Contractor Pharmacist Member	Royal Pharmaceutical Society of Great Britain	April 2011
Dr James Johnson	Non-Contractor Pharmacist Member	Royal Pharmaceutical Society of Great Britain	Sept. 2011
Ms Kay Roberts	Deputy Non-Contractor Pharmacist Member	Royal Pharmaceutical Society of Great Britain	Sept. 2011
Ms Jean Coote	Non-Contractor Pharmacist Member	Royal Pharmaceutical Society of Great Britain	April 2011
Mr Gordon Dykes	Contractor Pharmacist Member	Area Pharmaceutical Committee	Sept. 2011
Mr Alasdair MacIntyre	Contractor Pharmacist Member	Area Pharmaceutical Committee	Sept. 2011
Mr Ewan Black	Deputy Contractor Pharmacist Member	Area Pharmaceutical Committee	Sept. 2011
Mr Colin Fergusson	Deputy Contractor Pharmacist Member	Area Pharmaceutical Committee	Sept. 2011
Mr Kenny Irvine	Deputy Contractor Pharmacist Member	Area Pharmaceutical Committee	April 2011
Mr Robin Hogarth	Deputy Contractor Pharmacist Member	Area Pharmaceutical Committee	April 2011

Membership of the Mental Health Partnership Committee

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Initial Term of Office	(e) Term of Office After Initial Appointments	(f) Member
Greater Glasgow & Clyde NHS Board	2 (which includes the Chair who is an elected member of one of the constituent Councils and also a Non Executive Member of the NHS Board)	Non-Executive Board Members	4 years	4 years	Councillor James Coleman (Chair) Dr Catherine Benton
Glasgow City Council	1	Elected Councillor	Next Local Government Election	4 Years	Dr Christopher Mason
East Dunbartonshire Council	1	Elected Councillor	Next Local Government Election	4 years	Councillor Michael O'Donnell
West Dunbartonshire Council	1	Elected Councillor	Next Local Government Election	4 years	Councillor Jonathan McColl
East Renfrewshire Council	1	Elected Councillor	Next Local Government Election	4 years	Councillor Douglas Yates
Inverclyde Council	1	Elected Councillor	Next Local Government Election	4 years	Councillor Joseph McIlwee
Renfrewshire Council	1	Elected Councillor	Next Local Government Election	4 years	Councillor Susan McDonald

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Initial Term of Office	(e) Term of Office After Initial Appointments	(f) Member
Staff Partnership Forum	1	Officer of NHS Board who is nominated to represent the Mental Health Staff Partnership Forum	4 years	4 years	Gordon J Anderson (Chair MHP Staff Partnership Forum)
User Representative	Two organisations entitled to one vote	From a wider cohort of voluntary/service user organisations whose activities relate to the objectives of the MHP	2 years	2 years	ACUMEN and Mental Health Network
MHP Director	1	Person appointed as Director of the MHP	So long as remains in post	So long as remains in post	Mrs E Anne Hawkins
Medical Director	1	Person appointed as Medical Director of the MHP	So long as remains in post	So long as remains in post	Dr Linda Watt
Nurse Director	1	Person appointed as Nurse Director of the MHP	So long as remains in post	So long as remains in post	Mari Brannigan
CH(C)P Representatives	11 (one each from each CH(C)P)	Person appointed as CH(C)P Representatives	So long as remains in post	So long as remains in post	See below
TOTAL	25				

The following will be invited to attend MHPC meetings to participate in proceedings but without voting rights		# CH(C)Ps to be represented on the Partnership Committee
<ul style="list-style-type: none"> • All CH(C)P Heads of Mental Health <ul style="list-style-type: none"> ○ Glasgow North – Clive Travers ○ Glasgow East - Raymond Bell ○ Glasgow South East – Colin McCormack ○ Glasgow South West – Calum Macleod ○ Glasgow West – David McCrae ○ East Dunbartonshire – Mark Richards ○ East Renfrewshire – Cindy Wallis ○ Renfrewshire – Fiona McNeill ○ West Dunbartonshire – John Russell ○ Inverclyde – Susanna McCorry Rice • General Manager, Forensic Services – Martin Montgomery • General Manager Clyde Adult Acute – Fiona McNeill • Joint General Manager for Learning Disabilities – Michael McClements (to 31 March 2010) • Joint General Manager for Addictions – Eric Steel (Acting) • Head of Planning and Performance MHP – Doug Adams • Head of Finance MHP – Donald Thomson • Head of Administration MHP – John Dearden • Head of Human Resources MHP – Catriona Chambers • One officer representative of each Council for non-integrated CH(C)Ps <ul style="list-style-type: none"> ○ Nominations Awaited • Health Board Officers by invitation 		<p>Glasgow North</p> <p>Morag Brown (CHCP Head of Health & Community Care)</p> <p>Glasgow East</p> <p>Mark Feinmann (CHCP Director)</p> <p>Glasgow South East</p> <p>Colin McCormack (Head of MH)</p> <p>Glasgow South West</p> <p>Councillor Iris Gibson</p> <p>Glasgow West</p> <p>Jessica Murray</p> <p>East Dunbartonshire</p> <p>Karen Murray (CHP Director)</p> <p>East Renfrewshire</p> <p>Julie Murray (CHCP Director)</p> <p>Renfrewshire</p> <p>David Leese (CHP Director)</p> <p>West Dunbartonshire</p> <p>Keith Redpath (CHP Director)</p> <p>Inverclyde</p> <p>Susanna McCorry Rice (Head of Mental Health & Partnerships)</p> <p>South Lanarkshire</p> <p>No nomination</p>

Compiled as at 30.10.2007
Amended 07.04.2008
Amended 20.03.2009
Amended 24.03.2010

NHS GREATER GLASGOW AND CLYDE

Membership of the Family Health Services Disciplinary Committees

Medical Disciplinary Committee – All Appointments to 30 April 2012	
Valerie Paterson Sheenagh McAfee **Dr Alan McDevitt **Nominee of the Area Medical Committee	Chair Lay Member Professional Member
Dental Disciplinary Committee – All Appointments to 30 April 2012	
Archie Maciver Sheenagh McAfee **Dr A G S Coia **Nominee of the Area Dental Committee	Chair Lay Member Professional Member
Ophthalmic Disciplinary Committee – All Appointments to 30 April 2012	
Archie Maciver Sheenagh McAfee **Gale Leslie **Nominee of the Area Optometric Committee	Chair Lay Member Professional Member
Pharmaceutical Disciplinary Committee – All Appointments to 30 April 2012	
Valerie Paterson Sheenagh McAfee **Dr S Kayne **Nominee of the Area Pharmaceutical Committee	Chair Lay Member Professional Member

These Committees consider any cases submitted by NHS Boards outwith NHS Greater Glasgow and Clyde where a hearing is required in connection with alleged breaches of terms of service by general practitioners, dental practitioners, community pharmacists and opticians. Their establishment is governed by the NHS (Discipline Committees) (Scotland) Regulations 2006. A Joint Discipline Committee consists of one of the Chairs shown above, a Lay person (shown above) and a representative from the professional groups relating to the relevant practitioner subject to the hearing (as shown above).

NHS GREATER GLASGOW AND CLYDE

Adults with Incapacity Supervisory Body - Membership – April 2010

Elaine Burt	Head of Nursing, Rehabilitation and Assessment Directorate
Mari Brannigan	Nurse Director, Mental Health Partnership
Anne Hawkins (Chair)	Director, Mental Health Partnership
Jacqueline Nicol	Clinical Services Manager, Emergency Care
Dr Linda Watt	Medical Director, Mental Health partnership

NHS GREATER GLASGOW AND CLYDE**Authorised Officers for signing Healthcare Agreements and Related Contracts**

Post	Name	Authorised Nominee
Chief Executive	Robert Calderwood	Direct Reports
Director of Finance	Douglas Griffin	Direct Reports
Director of Corporate Planning and Policy	Catriona Renfrew	Direct Reports
Director of Human Resources	Ian Reid	Direct Reports
Director of Corporate Communications	Ally McLaws	Direct Reports
Director of Public Health	Dr Linda de Caestecker	Direct Reports
Director of Health and Information Technology	Richard Copland	Direct Reports
Chief Operating Officer – Acute	Jane Grant	Direct Reports
Director of Mental Health Partnership/Lead Director, Glasgow City CHCPs	Anne Hawkins	Direct Reports
Director, Glasgow West CHCP	Neil Hunter	Direct Reports
Director, Glasgow East CHCP	Mark Feinmann	Direct Reports
Director, Glasgow North CHCP	Alex MacKenzie	Direct Reports
Director, Glasgow South West CHCP	Iona Colvin	Direct Reports
Director, Glasgow South East CHCP	David Walker	Direct Reports
Director, East Renfrewshire CHP	Julie Murray	Direct Reports
Director, East Dunbartonshire CHP	Karen Murray	Direct Reports
Director, Renfrewshire CHP	David Leese	Direct Reports
Director, West Dunbartonshire CHP	Keith Redpath	Direct Reports
Director, Inverclyde CHCP	Rab Murphy	Direct Reports
Head of Board Administration	John C Hamilton	-
Financial Governance and Audit Manager	Alan Lindsay	-

Revised:

April 2009

August 2009

April 2010