

## NHS Greater Glasgow and Clyde

### NHS Board Meeting

19 April, 2011

Board Paper No. 11/19

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 – Quality and Performance Committee (Appendix 2), Audit Committee (Appendix 3), Pharmacy Practices Committee (Appendix 4) and Area Clinical Forum (Appendix 5);
- iv) approve the memberships of the Standing and Partnership Committees (Appendix 6);
- v) approve the membership of the Adults with Incapacity Supervisory Body (Appendix 7);
- vi) approve the list of authorised officers to sign Healthcare Agreements and related contracts (Appendix 8).

### 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. In response to the launch last year of the Quality Strategy and the need to embed its requirements within corporate reporting and governance structures, the NHS Board has considered an integrated approach to governance together with a high visibility of the full range of quality issues at NHS Board Member level. The proposals to revise the NHS Board’s Standing Committee arrangements as a result of the above have been developed with NHS Board Members at three NHS Board Seminars.

In addition, the Audit Committee meeting in March 2011 considered the draft Annual Review of Corporate Governance paper including the proposals to revise the Standing Committee arrangements in light of the Quality Strategy and integrated approach to governance. The Audit Committee supported the establishment of a single integrated governance committee arrangement. The outcome is covered in Section C of this paper.

## 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 is being sent to all Members for updating. The updated Register will be submitted to the external and internal auditors, the website updated and a hard copy made available in the Reception of J B Russell 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 2011. During the year there was an Internal Audit Review of Board Members' Register of Interests, Expenses, Gifts & Hospitality process and procedures. It concluded that there were robust, comprehensive and clear policies and procedures and the controls in place operated as intended. A few recommendations for improvement were identified and these have all been enacted.

In the re-launch of the revised Freedom of Information Publication Scheme in June 2010, information on NHS Board Members' expenses was made available online on the NHS Board's website.

- Decisions Reserved for the NHS Board (part of Appendix 1)

No changes proposed to the Decisions Reserved for the NHS Board and they are not affected by the proposals for the integrated approach to governance.

- Standing Financial Instructions (SFIs)

A small 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 7 – Service Provision and Service Level Agreements**

It is proposed to add the following paragraph:

#### 7.7 Grants Awarded by Other Parties

Where a grant is awarded to NHS Greater Glasgow and Clyde by a third party in respect of a specific project or piece of work, the Director of the department receiving the grant should discuss with the Director of Finance the accounting arrangements and any requirement for the grant to be audited.

### **Section 8 – Pay Expenditure**

It is proposed to add the following paragraph:

## 8.6 Responsibilities of Employees

All staff have a responsibility to ensure they receive their payslip in order to check that they are being paid correctly. If an employee believes that he is being paid incorrectly – either being underpaid or overpaid – they should report the matter to their line manager or alternatively to the Pay Department using the contact information contained on their payslip. A failure to check that salary is being paid correctly will not in itself provide an employee with justification for refusing to repay any amount overpaid.

## **Section 12 - Capital Investment**

CEL 50(2009) was issued in December 2009 and required NHS bodies in Scotland to follow the mandatory principles and procedures set by the Scottish Government Construction Procurement Manual. The Scottish Capital Investment Manual (SCIM) provides additional guidance in an NHS context on the sector specific processes and techniques to be applied in the development of infrastructure projects within NHS Scotland.

It is proposed to amend the reference to SCIM within Section 12 to reflect the need to follow the Scottish Government Procurement Manual.

## 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 2011 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 March 2011 where it was approved.

The Risk Management Strategy was issued for consultation to key staff groups and was approved by the Risk Management Steering Group during the year.

### ▪ 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, 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 is currently under review and the lessons learned over the last two years will inform this review, together with the need to ensure it reflects the requirements of the new Bribery Act 2010 which is to be implemented later in 2011.

## C Standing Committees of NHS Board

The Board-wide system for the Standing Committees has been effective from 1 January 2006.

As indicated in Section A, following the publication last year of the Quality Strategy, the NHS Board has been considering its governance structure with a view to introducing an integrated approach to governance across clinical (including quality), performance management (i.e. against the HEAT targets, including finance), staff and involving and engaging people in our services and developments.

The NHS Board Seminar on Tuesday, 1 February 2011 considered an initial discussion paper on proposed changes to the Standing Committee arrangements. NHS Board Members were generally supportive but raised a number of issues for clarification and sought a further level of detail of how the new arrangements could work in practice.

A further NHS Board Seminar on Tuesday, 1 March 2011 considered a follow-up paper which further developed the concept of a single new Committee integrating quality, service (including clinical) and financial governance. The paper provided a short commentary on the points raised at the February NHS Board Seminar and how they might be addressed to allow Members to decide whether to proceed with the proposed streamlining and integration of the governance arrangements. The discussion paper reviewed the agendas for the last year of the Involving People, Performance Review and Health & Clinical Governance Committees and identified possible duplication, future reporting arrangements and how business matters might be more efficiently addressed in the future.

At the April NHS Board Seminar Members discussed the outcome of the Audit Committee's deliberations on the draft Board paper on Annual Governance and provided a clear direction of travel for the final proposals to Board.

### Reasons for Proposed Change

- The launch of the Quality Strategy and the need to embed its requirements within corporate reporting and governance structures;
- The development of an NHS GG&C Quality Policy Framework and the establishment of a Group to oversee its development and implementation (chaired by the Nurse Director);
- Revised guidance from the Scottish Government Health Directorates (SGHD) asking NHS Boards to streamline governance. SGHD is also setting a direction that the linking of key financial and service decisions in governance processes is important and that there must be clear lines of governance from the frontline to the NHS Board;
- Scrutiny of the management processes and costs to ensure they are as efficient and effective as possible.

### Features of the Existing Arrangements

- In addition to the Audit Committee there are four separate Standing Committees considering issues of governance; these are Staff Governance Committee, Clinical Governance Committee, Performance Review Group and Involving People Committee. This means that the separate strands of governance are not addressed in an integrated way and that the critical elements of HEAT targets are considered separately from other issues of clinical performance;
- The Quality Strategy adds a further drive to ensuring that we have integrated governance and high visibility of the full range of quality issues at NHS Board level; the NHS Board's Committees are not currently structured in a way that facilitates and supports this, for example, financial issues are separated from clinical, staff and public involvement governance and yet financial decisions have an integral relationship with clinical service delivery and workforce issues. This will become an even more significant issue as the NHS Board needs to substantially reduce costs while safeguarding and improving quality over the next three years;

## EMBARGOED UNTIL DATE OF MEETING.

- The number of Committees consumes substantial amounts of Non-Executive and Executive time and there will be a reduced number of Non-Executive Members to populate Committees. The current Committees cover issues which could be dealt with in more effective and efficient ways.
- Scrutiny of agendas suggest that there are issues of duplication, a number of items which could be dealt with by the Corporate Management Team (CMT) and/or shared with the Board on an electronic “For Information” basis.

### Proposals

- i) Establish a single new Standing Committee of the NHS Board to replace the Performance Review Group, Health & Clinical Governance and Involving People Committees. The new Committee would take an integrated approach to the key responsibilities of quality, patient safety, patient experience and funding decisions;
- ii) The Staff Governance Committee to be retained to reflect the requirements of National Guidance: however, it becomes a Sub-Committee of the single new Committee to ensure responsibilities within an integrated governance structure;
- iii) Incorporate the functions of the Research Ethics Governance Committee and Spiritual Care Committee into the single new Committee. These governance roles could be achieved by the submission of an Annual Report to the single new Committee covering the responsibilities, activities and monitoring arrangements of both;
- iv) The absorption of the Mental Health Partnership Committee into strengthened performance management arrangements and scrutiny by the CHCP and CHP Committees. CHCP and CHP Committees will be required to discharge their local governance functions, including those issues delegated by the corporate NHS Board;
- v) Retain the independent role of the Audit Committee to provide assurance to the NHS Board on the overall governance structure and internal control environment. The Annual Internal Control Statement will continue to include a Statement on Clinical Governance and Staff Governance;
- vi) The effectiveness of the new arrangements would be assessed over a full business cycle and reviewed at the next annual review of corporate governance in April 2012.

### Detailed Proposals

- i) Quality and Performance Committee (Single New Governance Committee)

Draft Remit attached (Appendix 2)

All NHS Board Members would receive the agendas, minutes and papers of the Quality and Performance Committee and would be able to attend and contribute to discussions even if not Members of the Quality and Performance Committee.

The frequency of meetings would initially be bi-monthly on the alternate months of the NHS Board meetings. Whilst the NHS Board Seminars/Development Sessions would continue on the first Tuesday of each month, these dates would be available for additional meetings of the Quality and Performance Committee as necessary.

No changes to the NHS Board’s Standing Orders are proposed and the Decisions Reserved for the NHS Board remain unaltered.

It is proposed to establish the Quality and Performance Committee from June 2011 and a process will be put in place to determine its Non Executive Director membership once it has been established and meeting regularly then it will be possible to determine the type and volume of business and frequency of meetings.

Standing Order (S.O.17(d) – allows Committees of the NHS Board to establish Sub-Committees (and Conveners thereof) as may be necessary to conduct the business required under the Committee's remit. This will allow the formation of a Sub Committee should it be required for any distinct element of the responsibilities of the Quality and Performance Committee.

ii) Staff Governance Committee

The retention of the Staff Governance Committee ensures the continued involvement of staff organisations which are entitled to be part of the Staff Governance Committee. To also meet the desire to ensure that staff governance is part of the overall integrated governance arrangements, Members concluded that the Staff Governance Committee be a Sub-Committee of the Quality and Performance Committee.

The Remuneration Sub-Committee would remain a Sub-Committee of the Staff Governance Committee.

iii) Audit Committee

It is considered essential to retain the independence of the Audit Committee role in order to provide the NHS Board with assurance on the overall governance structure and internal control environment.

The Audit Committee's role and function was significantly revised in 2009/10 in order to reflect the guidance contained within the Scottish Government Audit Committee Handbook. No further changes to its remit or responsibilities (Appendix 3) is proposed.

**Committees to be replaced from June 2011**

- i) Performance Review Group
- ii) Clinical Governance Committee
- iii) Involving People Committee
- iv) Research Ethics Governance Committee

The Research Ethics Governance Committee provides assurance to the West of Scotland NHS Boards on the operation of the West of Scotland Research Ethics Service. NHSGG&C hosts the West of Scotland service and in setting up the current arrangements the West of Scotland NHS Boards drew comfort from the governance arrangements in place within NHSGG&C for monitoring the five Research Ethics Committees.

As the Research Ethics Governance Committee normally only met once a year, it is proposed that the new Quality and Performance Committee has responsibility for receiving the West of Scotland Research Ethics Governance Annual Report for consideration and scrutiny. This will ensure the continuation of the main governance responsibilities for NHSGG&C on behalf of the other West of Scotland NHS Boards.

v) Spiritual Care Committee

The Spiritual Care Committee meets twice a year to consider the activity and arrangements for spiritual care within NHSGG&C. There is a SGHD requirement to carry out this function and a Non-Executive Member of the NHS Board Chairs this Committee. Its remaining membership was made up of representatives of the range of faiths within NHSGG&C and those with no faith. The intention would, in future, be to submit an Annual Report to the Quality and Performance Committee to cover the spiritual care activities, events and monitoring for consideration and scrutiny. To contribute to and inform this Annual Report, the intention will be to develop a local Spiritual Care Advisory Forum made up of the faiths and no faith groups within NHSGG&C. The Spiritual Care Committee discussed this model at its March 2011 meeting and the Head of Chaplaincy & Spiritual Care will develop these proposals further for discussion with the representatives of the faith and non-faith groups.

vi) Mental Health Partnership Committee

A discussion paper was issued for consultation to staff and stakeholders on the future of the Mental Health Partnership. The comments received supported the moves to transfer responsibility for in-patient mental health services to the relevant CHCP/CHPs. This would see the integration of community mental health services and in-patient mental health services on a geographical basis across NHSGG&C. On this basis, the Mental Health Partnership Committee responsibilities would be absorbed into the relevant CHCP/CHP Committees. This would provide a strengthened performance management arrangement and scrutiny by CHCP/CHP Committees and would cover the totality of the mental health services at an appropriate geographical level. This reinforces the need to ensure that CHCP/CHP Committees adequately undertake a full governance scrutiny at local level of the key areas of quality of care, performance, financial monitoring, staff governance and engaging with the local community.

**Remaining Standing Committees of the NHS Board**

In addition to the Standing Committees above, the Committees below also carry out important regulatory and advisory functions for the NHS Board.

vii) Pharmacy Practices Committee (Appendix 4)

Changes reflect changes in Regulation.

viii) Area Clinical Forum (Appendix 5)

The Area Clinical Forum remit has been revised to take account of the Scottish Government Health Directorate's (SGHD) CEL 16 (2010) issued in May 2010 on the development and support to Area Clinical Forums (ACF).

NHS Boards are encouraged to develop their local professional advisory structure, encourage clinical input and involvement in these structures, consider training and development needs of those involved and support the work of the Area Clinical Forum and the professional advisory structure.

NHSGG&C has six 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.

## EMBARGOED UNTIL DATE OF MEETING.

All six have regular programmed meetings and the advisory structure is kept under review to ensure it is fit for purpose and reflects local circumstances. The Chair and Vice Chair of each advisory Committee make up the Area Clinical Forum which meets bi-monthly. In addition, the Chair of the Psychology Advisory Committee attends all meetings with Observer status. The NHS Board Chair, Chief Executive and Board Directors regularly attend Area Clinical Forum meetings and the Chair of each advisory Committee receives NHS Board papers and is invited to attend NHS Board meetings as an observer.

The Head of Organisational Development (Corporate Services) has commenced development work with Area Clinical Forum members in response to CEL 16 (2010) and its purpose of developing the role of the Area Clinical Forum and professional committees. A needs analysis, undertaken in November 2010 with Area Clinical Forum members, highlighted a number of development areas particularly around relationships and an overlap or influence with other key groups and stakeholders. A facilitated development session was delivered in January 2011 allowing members to review their role and remit, discuss key expectations and challenges, as well as plan their priorities and deliverables for the year ahead. A series of actions was defined to be taken forward by the Forum.

The Area Nursing and Midwifery Committee is continuing to develop its effectiveness and approach. Work is underway to develop the Committee to improve and establish an organisational profile at all levels of the organisation, understand and influence related NHS Board decisions, their role as an effective Advisory Committee and establishing their Workplan to support professional priorities, NHS Board/strategic priorities and link directly to patient safety and experience of care.

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

### ix) Community Health (Care) Partnerships (CH(C)Ps

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. As Members will be aware changes during the last year have been made to the Schemes of Establishment of West Dunbartonshire CHCP, Inverclyde CHCP, Glasgow CHP and Renfrewshire CHP. No further changes have been submitted by CHCP/CHP 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 just over three years ago. 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 an independent Contractor 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 and this arrangement will continue.

## **D Membership of Standing Committees of the NHS Board**

Attached is the revised membership of the Standing Committees of the NHS Board (Appendix 6). The NHS Board is asked to approve the membership of the Standing Committees and Partnership Committees.

### Research Ethics Committees (RECs)

Research Ethics Committees consider applications for research and consider the ethical implications of each application. In the future, the governance arrangements of the five West of Scotland Committees will be monitored annually by the NHSGG&C Quality and Performance 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 NHS 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 NHS Board.

Appendix 7 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 8 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 8 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. This is supported by the detailed list of authorised signatories which extends levels of more limited authorisations throughout the organisation.

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**

Development of NHS Greater Glasgow and Clyde Board members is now established and continues to focus on how new members are inducted and to support both individual and collective development needs.

Board members participated in a national web based diagnostic survey designed as part of NHS Scotland's Board Development Framework and aimed at identifying areas of good practice or areas of challenge for NHS Boards. A full analysis of findings and recommendations were presented and discussed at the Board Development Seminar in June 2010.

### **Induction for New Board Members**

New members are provided with access to a unique web site designed to offer a wide range of information and material relevant to the organisation and NHS Greater Glasgow and Clyde Board activities. The site also hosts an induction checklist to support new members identify meetings or information needed to effectively undertake their role in NHS Greater Glasgow and Clyde. New members also participate in relevant national provision such as the On-Board national induction programme.

### **Development of Individual Board Members**

Following a series of successful development sessions delivered during 2009/10 a second web based development survey was issued in July 2010. Responses identified a number of activities that are now being taken forward via Board Seminars, Board Development Events or a dedicated "time out" session delivered in November 2010.

Some examples of development needs identified include: understanding financial trends and options for efficiencies, understanding and learning from the experience of those involved in Board level Grievance/Dismissal appeals and Understanding the role of the Voluntary Sector.

Several members have also attended external seminars and the planning of a series of site visits linked to strategic decisions or service changes is underway.

### **Collective Board Development**

Board Seminars take place on a monthly basis throughout the year providing information and opportunity for discussion or debate on strategic decisions, activities, changes and policy.

In addition, a dedicated "time out" session was designed and delivered with Board members in November 2010 providing time for clear sight and discussion on service and financial challenges, how these might be addressed and to consider the tensions and balance between service delivery and the drive for health improvement, prevention and early intervention. A focused review of Board member development activity to date and requirements moving forward was also completed and will inform future sessions for the year ahead.

## **H Audit Scotland – The Role of Boards**

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 launched the Role of Boards Report in November 2010 which identified areas for improvement, best practice and sharing of good practice. The findings will be written up in the context of NHS GG&C and submitted to the Audit Committee for consideration.

## **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 2011  
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.nhs.gov.uk](http://www.nhs.gov.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  
Revised April 2009  
Reviewed April 2010  
Reviewed April 2011

# 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 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

Reviewed April 2011

## **MODEL CODE OF CONDUCT**

### **CONTENTS**

#### **Section 1: Introduction to the Code of Conduct**

Guidance on the Code of Conduct

Enforcement

#### **Section 2: Key Principles of the Code of Conduct**

#### **Section 3: General Conduct**

Relationship with Employees of Public Bodies

Allowances

Gifts and Hospitality

Confidentiality Requirements

Use of Public Body Facilities

Appointment to Partner Organisations

#### **Section 4: Registration of Interests**

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Shares and Securities

Category Six: Non Financial Interests

#### **Section 5: Declaration of Interests**

Introduction

Interests which Require Declaration

Financial Interests

Shares and Securities

Houses, Land and Buildings

Non-Financial Interests

Interests of Other Persons

Making a Declaration

Effect of Declaration

Dispensations

**Section 6: Lobbying and Access to Members of Public Bodies**

Introduction

Rules and Guidance

**Annexes**

Annex A Sanctions Available to the Standards Commission for Breach of Code

Annex B Definitions

## **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 and Clyde 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 and Clyde NHS Board. As a member of Greater Glasgow and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde NHS Board and its employees.

## **SECTION 3: GENERAL CONDUCT**

### **Relationship with Employees of Greater Glasgow and Clyde NHS Board**

3.1 You will treat any staff employed by Greater Glasgow and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde NHS Board into disrepute.

### **Use of Public Body Facilities**

3.10 Members of Greater Glasgow and Clyde 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 and Clyde NHS Board policy and rules on their usage.

### **Appointment to Partner Organisations**

3.11 You may be appointed, or nominated by Greater Glasgow and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde NHS Board.

5.12 You may serve on other bodies as a result of express nomination or appointment by Greater Glasgow and Clyde NHS Board or otherwise by virtue of being a member of Greater Glasgow and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde 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 and Clyde NHS Board.

6.9 The members Model Code should be read in conjunction with Standing Financial Instructions of *Greater Glasgow and Clyde 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 and Clyde NHS Board;
  - ii) all meetings of one or more committees or sub-committees of Greater Glasgow and Clyde 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 and Clyde 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 and Clyde NHS Board be reduced, or not paid.

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

- (a) where the member of Greater Glasgow and Clyde 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 and Clyde 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

**Quality and Performance Committee****1. Objective**

To provide assurance to the NHS Board on performance in a number of critical areas, including:-

- The quality of services delivered to patients;
- Effective patient safety and governance systems;
- Delivery of Corporate Objectives, including those set out in the Local Development Plan as agreed with Scottish Government Health Directorates;
- Financial Planning and Management;
- Staff and patient focused public involvement;
- Ensuring that learning from performance issues drives improvement.

It is intended to integrate connecting domains of clinical governance, staff governance, quality and finance not just by integrated reports but by having a focus on organisational change and capability for improvement.

**2. Remit**

- a) Developing an integrated approach to the key responsibilities of quality, patient safety, patient experience and financial planning and decisions.
- b) Endorsing system-wide guidance on the Policy Framework for quality and reviewing the performance measures for quality in line with the National Quality Strategy and locally agreed priorities.
- c) Being satisfied that quality improvement is carried out in a way which promotes equality, tackles discrimination and addresses health inequalities.
- d) Providing assurance on the actions taken to conform to the Participation Standard Self-assessment and Action Plans.

**Clinical**

- a) Provide assurance that an appropriate system for monitoring and development which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care.
- b) The establishment of clear lines of responsibility and accountability for the overall quality of care and all reasonable steps are in place to prevent, detect and rectify irregularities or deficiencies in the quality of care provided.
- c) Endorsing the Clinical Governance Strategy and Development Plan and Annual Clinical Governance Assurance Statement to the NHS Board as part of the Internal Control Statement.

- d) Ensuring that the recommendations made by the Scottish Public Services Ombudsman are implemented including those applicable to independent practitioners.

#### Organisational Performance

- a) Ensuring a co-ordinated approach to the management of performance improvement across all aspects of the NHS Board's responsibilities and activities consistent with Corporate Objectives, HEAT targets, locally-based targets and priorities.
- b) Approval of Local Delivery Plan and oversight of implementation.
- c) Review preparation for Annual Review and monitor progress to implement agreed Annual Actions.

#### Resources

- a) Review for NHS Board approval the Financial Plan and Strategy as an integral part of the Local Delivery Plan and health planning process.
- b) Monitor in-year financial performance – revenue and capital.

#### Involving People

- a) Ensure that the NHS Board meets its legal obligations to involve, engage and consult patients and communities in the planning and development of services and in decision-making about the future pattern of services.
- b) Monitor and evaluate the implementation of the Spiritual Care Policies through the receipt of an Annual Report for consideration.
- c) Oversee the West of Scotland Research Ethics Service responsibilities in managing the five West of Scotland Research Ethics Committees through the receipt of an Annual Report for consideration.

#### Capital Projects and Property

Carry 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 schemes covering the value of above £10m: an outline business case followed by a full business case would be required to be submitted for approval.
- d) Approval of individual IM&T schemes covering the value of £500,000 - £1m: a short business case would be required to be submitted for approval.

- e) Approval of individual IM&T schemes covering the value over £1m: a full business case would be required to be submitted for approval.

The above approval stages in implementing agreed NHS Board Strategies include where business cases are required to be submitted to SGHD for approval.

#### Property

- a) Delegate to a Property Sub-Committee the responsibility to manage the NHS Board's and Endowments property holdings to include:
- Maintenance of a Property Strategy
  - Approval of all property transactions (acquisitions, disposals – including leases) as follows:
    - i. Where the annual lease/rental charge is £250,000 or above;
    - ii. Property disposals/acquisitions where the sum is in excess of £500,000;
    - iii. Appointment of property agents and property advisers/consultants;
    - iv. Approval of NHS Board's Strategy for investment in GP practices.

The Property Sub-Committee Minutes to be submitted to the Quality and Performance Committee.

#### Staff

The Staff Governance Committee will be a Sub-committee of the Quality and Performance Committee and its minutes will be submitted for information.

### **3. Composition**

- a) The Quality and Performance Committee will comprise 12 Non-Executive Members of the NHS Board.
- b) The Quality and Performance Committee will normally meet on a 2-monthly cycle and more frequently, if required.
- c) All NHS Board Members will receive a copy of the agenda and papers in advance of the meeting to allow those who are not members of the Quality and Performance Committee to provide thoughts/comments to the Chair/Convener/officers of the NHS Board prior to any meetings.
- d) All NHS Board Members have the right to attend and participate in discussions at all Quality and Performance Committee meetings.
- e) The Quality and Performance Committee will request the attendance of those officers of the NHS Board it required to conduct its business effectively and efficiently.
- f) The quorum for meetings of the Quality and Performance Committee should be one-third of the membership.

- g) The Chair and Vice Chair of the NHS Board, together with the Chief Executive, have delegated responsibility to collectively deal with urgent matters between meetings which are covered by the Quality and Performance Committee remit and to report to the next available meeting such matters dealt with using this delegation and seek the Quality and Performance Committee's endorsement to the actions/decisions taken.
- h) The Quality and Performance Committee powers do not take away the responsibilities of the NHS Board for taking executive action.
- i) The Minutes of the Quality and Performance Committee will be prepared by the Head of Board Administration (or authorised nominee).

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

The Minutes of the Quality and Performance Committee will be submitted to the NHS Board for information.

John C Hamilton  
Head of Board Administration  
0141-201-4608  
April 2011

## 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

Reviewed: April 2011

**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 2009 (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 2009 (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 2009 (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 only 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 2009 (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.

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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  
Reviewed – April 2009  
Reviewed – April 2010  
Revised – April 2011: from April 2010 to reflect provisions of new Pharmaceutical Regulations

## **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 both locally and on national policy issues;
- promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process to support the NHS Board in the conduct of its business.

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 Health Plan and the Board's strategic objectives by, through the ACF Chair, being fully engaged in NHS Board business.
- 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 to ensure that local strategic and corporate developments fully reflect clinical service delivery;

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 of the impact of national policies on 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 statutory Area Professional Committees as follows:-

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

##### In Attendance

- Persons other than Members may be invited to attend a meeting(s) 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 Chief Executive, Medical Director, 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.
- The Chair of the Psychology Advisory Committee.

#### 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 appoint to the Board.

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

(b) Vice 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 Chairman.

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  
Revised – April 2011

## NHS GREATER GLASGOW AND CLYDE

## Membership of Main Standing Committees of the NHS Board – April 2011

	<b>Audit</b>	<b>Quality and Performance Committee</b>	<b>Staff Governance</b>	<b>Remuneration - Reports as a Subcommittee to the Staff Governance Committee</b>	<b>Endowments -Reports to the Endowment Trustees</b>
Frequency of Meetings	Quarterly	Monthly	Quarterly	3/4 per annum	3 per annum
No. of Members	8	12	7	8	7
Membership	Mrs E Smith – Chair Dr M Kapasi MBE Cllr. J Handibode Mrs J Murray Mr D Sime Mr P Daniels OBE Mr I Lee New Member (1)	To be determined	Mr D Sime - Chair Joint Chair - Vacancy Ms R Dhir MBE Mr A O Robertson OBE New Member (2) Cllr. J McIlwee Cllr. R McColl	Mr A O Robertson OBE - Chair Dr Rev N Shanks Ms R Dhir MBE Mr K Winter Mr I Lee Mr D Sime Mrs E Smith – Vice Chair Cllr. J Coleman	Mrs E Smith – Chair Mr G Carson Mr A O Robertson OBE Mr I Lee Cllr. A Stewart Mrs J Murray Ms R Dhir MBE

Revisions:  
 April, 2009  
 August 2009  
 April 2010  
 September 2010  
 April 2011

**ACF MEMBERS AS AT APRIL 2011**

<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 - 20 May 2011	Dr Alan G McDevitt	1 April 2009 - 20 May 2011
ADC	Clive Bell and Philip Benington	1 April 2009 - 12 May 2011	Not applicable	Not applicable
APC	Ruth Forrest	1 April 2009 - 20 April 2011	Val Reilly and Gerry Hughes	1 April 2009 - 20 April 2011
AOC	Nicola McElvanney	1 April 2010 - 31 March 2012	Maggie Darroch	1 April 2010 - 31 March 2012
AN&MC	Pat Spencer	1 April 2009 - 19 April 2011	Nancy Reid	1 April 2009 - 19 April 2011
AAHP&HCSC	Dr Heather Cameron	1 April 2010 - 31 March 2012	Dr Roger Carter	1 April 2010 - 31 March 2012
CH(C)P Committee <b>(observer status only)</b>	Richard Groden			
Advisory Committee in Clinical Psychology <b>(observer status only)</b>	Adele Pashley			

Chair	:	Clive Bell 1 April 2009 – 2 June 2011
Vice Chair	:	Patricia Spencer 1 April 2009 – 2 June 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
Anne Hawkins	Director Glasgow City CHP

## Glasgow Community Health Partnership Committee – Membership (April 2011)

Nominating Body	Number of Members	Names
Glasgow City Councillors appointed to NHS Greater Glasgow and Clyde	4	CLr James Coleman CLr James Scanlon CLr Catherine McMaster CLr Hanzala Malik
NHS Greater Glasgow and Clyde	6	Elinor Smith (Chair) Peter Daniels Donald Sime Jessica Murray Grant Carson Norman Shanks
Public Partnership Forum	5	Margaret Millmaker Alice McFarlane Sam Cairns Alan McDonald George McGuinness
Staff Partnership Forum	1	Stephen Fullerton
Primary Care Representatives	3	Ken O'Neill Lorna Dunipace Hilary Bell
CHP Director	1	Anne Hawkins
<b>Total</b>	<b>20</b>	

## East Renfrewshire Community Health and Care Partnership – Membership (April 2011)

Nominating Body	Number of Members	Names
East Renfrewshire Councillors appointed to NHS Greater Glasgow and Clyde	5	Councillor Douglas Yates (Chair) Councillor Jim Fletcher Councillor Barbara Grant Councillor Ian McAlpine Councillor Jim Swift
NHS Greater Glasgow and Clyde	2	Ian Lee Jessica Murray
Professional Advisory Group (Health)	3	Dr Alan Mitchell Dr Michael Haughney Elizabeth Roddick
Professional Advisory Group (Council)	1	Safaa Baxter
Staff Partnership Forum	2	Vacancy Stephen Devine
Public Partnership Forum	2	Anne-Marie Kennedy Liz Duguid
CHCP Director	1	Julie Murray
<b>Total</b>	<b>16</b>	

**East Dunbartonshire Community Health Partnership – Membership (April 2011)**

<b>Nominating Body</b>	<b>Number of Members</b>	<b>Names</b>
East Dunbartonshire Councillor appointed to NHS Greater Glasgow and Clyde	1	Councillor Amanda Stewart
NHS Greater Glasgow and Clyde	2	Rani Dhir MBE Ian Fraser
Professional Executive Group	4	Anne Margaret Black Audrey Murdoch Ian Gordon Vacancy
Staff Partnership Forum	1	Ross McCulloch
Public Partnership Forum	4	Heather Gartshore Adrian Murtagh Claire Taylor Gordon Thomson
CHP Director	1	Karen Murray
<b>Total</b>	<b>13</b>	

**West Dunbartonshire Community Health and Care Partnership – Membership (April 2011)**

<b>Nominating Body</b>	<b>Number of Members</b>	<b>Names</b>
West Dunbartonshire Councillors appointed to NHS Greater Glasgow and Clyde	6	Councillor Ronnie McColl (Chair) Cllr J Brown Cllr J McColl Cllr M McNair Cllr G Casey Cllr P McGlinchey
NHS Greater Glasgow and Clyde	2	Peter Daniels Dr Catherine Benton
Professional Advisory Group	1	Dr K Fellows
Staff Partnership Forum	1	Ross McCulloch
Public Partnership Forum	1	A McDougall
CHP Director	1	Keith Redpath
<b>Total</b>	<b>12</b>	

**Inverclyde Community Health and Care Partnership – Membership (April 2011)**

<b>Nominating Body</b>	<b>Number of Members</b>	<b>Names</b>
Inverclyde Councillors appointed to NHS Greater Glasgow and Clyde	5	Councillor Joe McIlwee (Chair) Councillor Tom Fyfe Councillor Gerry Dorrian Councillor Jim McLeod Councillor Stephen McCabe
NHS Greater Glasgow and Clyde	2	Mr Ken Winter Dr Mustafa Kapasi
Professional Executive Group	1	Dr Lawrence Bidwell
Staff Partnership Forum	1	Diane McCrone
Public Partnership Forum	1	Nell McFadden
CHP Director	1	Rab Murphy
<b>Total</b>	<b>11</b>	

**Renfrewshire Community Health Partnership – Membership (April 2011)**

<b>Nominating Body</b>	<b>Number of Members</b>	<b>Names</b>
Renfrewshire Councillor appointed to NHS Greater Glasgow and Clyde	1	Vacancy
NHS Greater Glasgow and Clyde	2	Barry Williamson – Chair Vacancy
Professional Executive Group	4	Gerry O’Kane Michael Smith Michelle Wardrop Vacancy
Staff Partnership Forum	1	Andy Patrick
Public Partnership Forum (one from Voluntary Sector)	2	Sandra Stuart Stephen McLellan
CHP Director	1	David Leese
<b>Total</b>	<b>11</b>	

Revised

April 2009  
August 2009  
April 2010  
April 2011

## NHS GREATER GLASGOW AND CLYDE

## Membership of the Family Health Services Disciplinary Committees

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

NHS Greater Glasgow and Clyde is the lead Board for the West of Scotland Disciplinary Consortium which also comprises members from Ayrshire and Arran, Dumfries and Galloway, Forth Valley, Highland, Lanarkshire and Western Isles Health Boards.

There are four Committees with one for each contractor group, which meet on an ad hoc basis as required to consider Disciplinary issues referred to it by NHS Boards outwith the Consortium.

**NHS GREATER GLASGOW AND CLYDE**

**Membership of Pharmacy Practice Committee – April 2011**

<b>Name</b>	<b>Designation</b>	<b>Nominating Body</b>	<b>Term of Appointment to</b>
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
Ms Maura Lynch	Lay Member	NHS Greater Glasgow and Clyde	April 2011
Councillor Luciano Rebecchi	Deputy Lay Member	NHS Greater Glasgow & Clyde	April 2014
Councillor William O'Rourke	Deputy Lay Member	NHS Greater Glasgow & Clyde	April 2012
Mr Alex Imrie	Deputy Lay Member	NHS Greater Glasgow & Clyde	April 2012
Mrs Catherine Anderton	Deputy Lay Member	NHS Greater Glasgow & Clyde	April 2012
Mr Stewart Daniels	Deputy Lay Member	NHS Greater Glasgow & Clyde	April 2014
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
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

## NHS GREATER GLASGOW AND CLYDE

**Adults with Incapacity Supervisory Body - Membership – April 2011**

Elaine Burt	Head of Nursing, Rehabilitation and Assessment Directorate
Mari Brannigan	Nurse Director, Mental Health Partnership
Anne Hawkins (Chair)	Director, Glasgow City CHP
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**

<b>Post</b>	<b>Name</b>	<b>Authorised Nominee</b>
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
Interim Director of Health and Information Technology	Marian Stewart	Direct Reports
Chief Operating Officer – Acute	Jane Grant	Direct Reports
Director, Glasgow City CHP	Anne Hawkins	Direct Reports
Director, Glasgow City CHP (South Sector)	David Walker	Direct Reports
Director, Glasgow City CHP (North-East Sector)	Mark Feinmann	Direct Reports
Director, Glasgow City CHP (North-West Sector)	Alex MacKenzie	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, Inverclyde CHCP	Rab Murphy	Direct Reports
Director, West Dunbartonshire CHCP	Keith Redpath	Direct Reports
Director, Centre for Population Health	Carol Tannahill	Direct Reports
Head of Board Administration	John C Hamilton	-
Financial Governance and Audit Manager	Alan Lindsay	-
Head of Procurement	Gordon Beattie	-

**Revised:**

April 2009  
August 2009  
April 2010  
April 2011