

NHS Greater Glasgow & Clyde	
Meeting:	NHS Board - Paper No. 19/38
Date of Meeting:	25th June 2019
Purpose of Paper:	Approval.
Classification:	Board Official
Sponsoring Director:	Elaine Vanhegan Head of Corporate Governance and Administration

Title

Governance Framework Review - Phase 1 2019

Recommendations:-

The NHS Board is asked to:

- Note the first phase of work undertaken to review the governance framework across the NHS Greater Glasgow and Clyde (NHS GGC) ahead of the publication of further national guidance in respect of the Blueprint for Good Governance and any further actions arising from the recent Ministerial Strategic Group's report on increasing the pace of the Integration of Health and Social Care.
- Approve the key elements of the governance framework as noted below.
- Note that any further requirements from the national review of governance will be considered and updates taken to the Audit and Risk Committee and onward to the NHS Board by the end of the calendar year.

Purpose of Paper:-

To approve the combined governance framework which includes:

- The Code of Conduct for members of NHS Greater Glasgow and Clyde.
- The NHS Board Standing Orders, including Decisions Reserved for the NHS Board.
- The Standing Financial Instructions.
- The Scheme of Delegation drawn from the Standing Financial Instructions and other Board requirements in respect of specific roles and functions e.g.

Clinical and staff Governance, noting the appended draft schemata clarifying roles of governance, management and operations acknowledging the role of the Corporate Management Team (CMT). This will be developed further over the coming months with further CMT discussion planned.

- The Standing Committee Terms of Reference, noting that the Public Health Committee Terms of Reference will be considered by the committee at the scheduled meeting on the 24th July.
- Templates for use by all Standing Committees of the Board including Agendas, Minutes, Rolling Action Logs, Papers for submission, Committee Annual Reports and Committee Chairs reporting template.

Key Issues to be Considered:-

Context

Board members will be aware that a national process is underway through the NHS Scotland Corporate Governance Steering Group to implement NHS Scotland's 'A Blueprint for Good Governance'. The NHS Board were advised at their meeting in February 2019 of the content of the Blueprint and of the Scottish Government's commitment to implementing the Blueprint as set out in DL(2019)02. Nationally-led work will, in due course, result in the introduction of nationally consistent, NHS Board Standing Orders, Schemes of Delegation and Terms of Reference for all mandatory committees. Mandatory committees are described as; Staff Governance Committees, Audit and Risk Committees and Clinical and Care Governance Committees

Board members will also be aware that the Ministerial Strategic Group (MSG) Review of the Progress of Integration with Health and Social Care, was published in February 2019, setting out proposals designed to underpin and drive forward integration.

The first phase of the work undertaken to review the governance framework across the NHS GGC is presented to the Board, acknowledging the national work described above and recognising further amendments will be required later in the year. The proposed amendments take account of the national direction in ensuring that the Board's corporate governance framework suitably applies a 'whole system' approach to oversight of the Board's functions.

Phase 2 will be considered once the national work reports into the autumn of this year.

The following are key issues for noting and consideration:

Code of Conduct

The Code of Conduct of Members of NHS Greater Glasgow and Clyde Board - remains unchanged from 2018.

Standing Orders

NHS Board Standing Orders have been updated removing the use of *He/She* to *They* or *Their*; in line with Equality and Diversity guidelines and also noting department and individuals' title changes.

Standing Financial Instructions

Minor changes were approved by the Audit and Risk Committee on June 4th 2019.

Scheme of Delegation – including Matters reserved for the NHS Board

Matters reserved for the NHS Board have been updated:

- Replacing the Local Delivery Plan (LDP) with the Annual Operational Plan (AOP), inclusion of Corporate Objectives and Values of Organisation and;
- Stating that the Scheme of Delegation is part of the overall governance framework.

In terms of the Scheme of Delegation key changes relate to:

- The inclusion of a Staff Governance Section
- The inclusion of a Public Health Section
- Confirmation of delegation in respect of Information Governance
- Confirmation of the role of standing governance committees in respect of Risk Management
- The inclusion of responsibilities in respect of Equality Legislation
- Changes in title of the Finance and Planning Committee to the Finance, Planning and Performance Committee

Committee Terms of Reference

All Standing Committee Terms of Reference are formatted in the same template ensuring consistency, and now include additional core responsibilities as detailed below;

- Ensuring appropriate governance in respect of risks, as allocated by the Audit and Risk Committee, to respective standing committees, ensuring that committees are reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- Participation in an annual review of standing committee's remit, membership and attendance to be submitted to the NHS Board in June of each year with a template for completion noted in the template section of the governance framework.

Standard Templates

A suite of standard templates have been created for Agendas, Minutes and Rolling Action Logs (RALs) and committee papers to ensure consistency across the Board

and standing committees. In terms of rolling actions, if an action is noted to be on a Forward Planner, the action can be closed if the date is noted to be on the relevant committee Forward Planner and on the respective RAL. The Corporate Services Team will be responsible for maintaining Forward Planners for the NHS Board and standing committees, and Board members can review relevant Forward Planners at any time.

To ensure adherence to equality requirements, all papers should be submitted in Ariel font size 12.

A template has also been created for committee Chairs to use to ensure a consistent approach to standing committee feedback to the NHS Board. The Corporate Services Team will support committee Chairs in completing the template in readiness for the next NHS Board meeting.

Any Patient Safety/Patient Experience Issues

None

Any Financial Implications from this Paper

None

Any Staffing Implications from this Paper

None

Any Equality Implications from this Paper

None

Any Health Inequalities Implications from this Paper

None

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.?

No

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Date –13/06/19



NHS Greater Glasgow and Clyde
Annual Review of Governance
2019

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Code of Conduct for Members of NHS Greater Glasgow and Clyde

CODE of CONDUCT
for
MEMBERS
of
NHS GREATER GLASGOW & CLYDE

CODE OF CONDUCT for MEMBERS of NHS GREATER GLASGOW & CLYDE

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. 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, “the Act”, provides for 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, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.

1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

1.4 As a member of NHS Greater Glasgow & Clyde “the 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 which has now been made by the Board.

Appointments to the Boards of Public Bodies

1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a Board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your Board will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.

1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 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.

1.8 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 public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

1.10 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 where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

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 and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

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 the public body 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, and 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 of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

2.2 You should apply the principles of this Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the public body.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the public body.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a Board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or 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.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
- (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
- (c) gifts received on behalf of the public body.

3.8 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 your body 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 in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body 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. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 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 purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

Appointment to Partner Organisations

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

3.15 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex B** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

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

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

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 4.19 below) have made a contract with the public body 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 the body to which you are appointed.

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.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) 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.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: 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 the body to which you are appointed. 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 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that 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.

SECTION 5: DECLARATION OF INTERESTS

General

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 the public body. 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 the public body 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, however, always comply with the **objective test** (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

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. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the Board chair.

5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of 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. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 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 a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your 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 of a public body as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) 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.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. 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 the public body and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;

- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 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.

5.14 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.

Frequent Declarations of Interest

5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some 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.

5.17 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

Introduction

6.1 In order for the public body 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 the public body 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 that lobbies do anything which contravenes this Code 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 the public body.

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 the public body.

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 that 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 the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, 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 the public body.

Issued - October 2014

Incorporated into NHSGGC Standing Orders – April 2015

ANNEX A

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 the public body;
 - ii) all meetings of one or more committees or sub-committees of the public body;
 - (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 that public body 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 that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body 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 their public body 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.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

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

ANNEX B

DEFINITIONS

“**Chair**” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“**Code**” code of conduct for members of devolved public bodies

“**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.

“**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.

“**Parent Undertaking**” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the 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 rights in the undertaking.

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

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

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

“**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.

“**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.

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

“**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.



Standing Orders for the
Proceedings and Business of NHS
Greater Glasgow and Clyde

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 and Clyde 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 at a meeting of the Board 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) The Head of Corporate Governance Administration shall provide a copy of these Standing Orders to all Members of the Board on appointment.

2. Membership

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

3. Chairperson

- (1) At every meeting of the Board if the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and Vice Chair 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 Chair 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-Chair

- (1) The Board Chair shall nominate to the Cabinet Secretary for Health and Sport a Non-Executive Director to be Vice-Chair and the person appointed shall, so long as they remain a Member of the Board, continue in office for a 4-year term.
- (2) The Member appointed as Vice Chair may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair and the Members may appoint another Non-Executive Director as Vice-Chair in accordance with Standing Order 4(1).
- (3) Where the Chair has died, ceased to hold office, or is unable to perform their duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

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 4 times in the year and meetings of the Board, unless otherwise determined in relation to any particular meeting, at a date and time determined by the Board or the Chair and specified in the notice calling the meeting.
- (2) Subject to Standing Order 7 below, the Chair (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 5 working 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 (paragraph 6.3) only on the direction of the Chair/Vice-Chair of the Board.
- (5) The notice shall be sent to every Member electronically or sent by post to the place of residence of members, or such other address as notified by them to the Head of Corporate Governance and Administration.
- (6) Lack of service of the notice on any Member shall not affect the validity of a meeting.
- (7) A publically available 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, remitted to a Standing Committee of the NHS Board or to the Health & Care Social Partnership Integrated Joint Boards.
- (2) Notwithstanding (1) the Board may, at anytime, request reports on any matter or may decide to reserve any particular decision for itself.

8. Requisitioned (Special) Meetings

- (1) The Chair 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 Chair 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 seven 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 Corporate Governance Administration (or their authorised nominee) and be submitted to the next ensuing meeting of the Board or relevant Committee for approval as to their accuracy.

11. Order of Debate

- (1) Any motion or amendment shall, if required by the Chair, 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 they shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after they reply, the question shall be put by the Chair without further debate.
- (3) Any Member in seconding a motion or an amendment may reserve their speech for a later period of the debate.
- (4) When more than one amendment is proposed, the Chair 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 Chair or Head of Corporate Governance and Administration as to whether a notice/declaration should be made.
- (3) The key principles are integrity, honesty and openness. Members must consider whether they will be influenced or that anybody else would think that they might be influenced by the interest. The “Objective Test” is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice a Member’s discussion or decision-making. It is the Member’s responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration of interest. On declaring an interest, a Member’s participation in the meeting, or observation of the meeting or withdrawal from the meeting will be determined by the significance of the interest declared. The final decision, if required, will be made by the Chair on the advice of the Head of Corporate Governance and Administration.
- 4) Where a Member requires an interest to be amended, this shall be notified to the Head of Corporate Governance and Administration in writing by giving notice in writing using the standard form available from the Head of Corporate Governance and Administration within one month of the interest changing. The Head of Corporate Governance and Administration (or authorised nominee) will write to Members every six months to request them to formally review their declaration.
- (5) Persons on appointment 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 Corporate Governance and Administration.

- (6) The Head of Corporate Governance and 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 internet site.
- (7) 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 the Notice.
- (8) 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 Corporate Governance and Administration who shall make them available for public inspection at all reasonable times at the headquarters of the NHS Board and on the NHS Board's internet site www.nhs.gov.uk.
- (9) The Head of Corporate Governance and Administration (or authorised nominee) shall maintain Registers of Interest and Gifts & Hospitality under the provisions of NHS Circular HDL (2003) 62.

The Registers shall be made publicly available on request.

14. Suspension of Members

Any Member who disregards the authority of the Chair, obstructs the meeting, or conducts themselves offensively shall be suspended for the remainder of the meeting, if a motion which is proposed and seconded (which shall be determined without discussion) for their 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 Chair to leave the meeting, the meeting will be suspended until such time as they leave.

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 Chair 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 which requires to be approved by the Board shall be signed by one Member of the Board, the Head of Corporate Governance and Administration (or their authorised nominee) and the Director of Finance (or their 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 approval of documents under the Law of Scotland, or otherwise, requires to be approved 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 approving any document the person approving 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 Chair of a Committee may call a meeting of that Committee any time after discussion with the Board Chair and Chief Executive or when requested to do so by the Board.
- (4) The Standing Orders, so far as applicable, 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 Chair and Vice-Chair 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 Chairs thereof shall be appointed by the Board Chair and endorsed annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. Unforeseen vacancies in the membership of Committees thereof shall be filled, so far as practicable by the Board Chair, and endorsed by the Board at the next scheduled meeting following a vacancy occurring.
 - (d) Committees of the Board may appoint Sub-Committees and Chairs thereof as may be considered necessary in discussion with the Chair and Chief Executive.
 - (e) Minutes of the proceedings of Committees shall be drawn up by the Head of Corporate Governance and Administration (or their authorised nominee) and submitted to the Board at the first scheduled meeting held not less than seven days after the meeting of the Committee for the purpose of advising the Board of decisions taken.

- (f) Minutes of meetings of Sub-Committees shall be submitted to their Parent Committee at the first scheduled meeting of the parent Committee held not less than seven days after the meeting of the Sub-Committee for the purpose of advising the Committee of decisions taken.
- (g) A Committee, or Sub-Committee may, notwithstanding that a matter is delegated to it, direct that a decision shall be submitted by way of recommendation to the Board or parent Committee for approval.

Version Control

December 2005
Revised April 2007
Reviewed April 2008
Revised April 2009
Reviewed April 2010
Reviewed April 2011
Reviewed August 2012
Reviewed April 2013
Reviewed April 2014
Revised April 2015
Revised June 2016
Revised August 2017
Revised June 2019

SOs
NHS GREATER GLASGOW AND CLYDE
MATTERS RESERVED FOR THE BOARD

Background

As defined in the NHS Circular HDL(2003) 11 “Moving Towards Single System Working”, Greater Glasgow and Clyde NHS Board is a board of governance, delivering a corporate approach to collective decision making based on the principles of partnership working and devolution of powers. Local leadership will be supported by delegating financial and management responsibility as far as is possible consistent with the Board’s own responsibility for governance.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Board to delegate some of its functions to an Integration Joint Board in order to create a single system for local joint strategic commissioning of health and social care services. The Integration Joint Board may, by direction, require the Board to carry out a function delegated to the integrated authority. These functions, which the Board is directed to carry out by the Integration Joint Board, are subject to the Board’s Scheme of Delegation.

The Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs and that of its operating sectors and partnerships, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Board has an ongoing responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The Board is required to ensure that it conducts a review of its systems of internal control, including in particular its arrangements for risk management, at least annually, and to report publicly on its compliance with the principles of corporate governance codes.

The following matters shall be reserved for agreement by the Board: -

1. Improving the Health of the population (shared responsibility with the Integration Joint Partnership Boards (HSCPs));
2. Setting strategic direction and development;
3. Development and Implementation of the Annual Operational Plan;

4. Monitoring of aggregated/exception reports from the Acute Services Committee, the Finance Planning and Performance Committee and HSCP IJBs on key performance indicators;
5. Resource Allocation (for both Capital and Revenue resource allocation);
6. Approval of Annual Accounts;
7. Scrutiny of Public Private Partnerships;
8. Approve appointment process of Executive Directors;
9. NHS Statutory Approvals;
10. Corporate Objectives;
11. Sets Values of the organization;
12. Corporate governance framework including
 - Standing Orders
 - Establishment, remit, and reporting arrangements of all Board Standing Committees
 - Scheme of Delegation
 - Standing Financial Instructions



NHS Greater Glasgow and Clyde

Standing Financial Instructions



Standing Financial Instructions

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
Date for Review	April 2020
Replaces Previous Version	Standing Financial Instructions - 9th Revision, approved April 2018

NHS Greater Glasgow & Clyde Standing Financial Instructions

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SECTION 1

INTRODUCTION AND CODE OF CONDUCT FOR STAFF

1.1 GENERAL

These Standing Financial Instructions (SFIs or Instructions) detail the financial responsibilities, policies and procedures to be adopted by NHS Greater Glasgow and Clyde (NHSGGC). They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

These Instructions are issued in accordance with the National Health Service (Financial Provisions) (Scotland) Regulations 1974, Regulation 4, together with the subsequent guidance and requirements contained in NHS Circular No. 1974 (GEN) 88 and annex, and MEL(1994) 80, for the regulation of the conduct of the Board, its members and officers, in relation to financial matters. They also reflect the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

They will have effect as if incorporated in the Standing Orders for the Proceedings and Business of the Board.

The SFIs identify the financial responsibilities that apply to everyone working for NHSGGC and its constituent organisations. They do not provide detailed procedural advice. However, financial procedural notes will be prepared to reflect the requirement of these SFIs. These statements should therefore be read in conjunction with the relevant financial operating procedures.

Departmental heads with financial responsibilities will fulfil these responsibilities in a way that complies with the requirements of these Instructions, and will put in place, and maintain procedures that comply with the SFIs.

The SFIs are in themselves a component of a wider Risk Management Strategy that seeks to safeguard all of the processes of NHSGGC.

Failure to comply with SFIs is a disciplinary matter which could result in dismissal.

Nothing in these SFIs shall be held to override any legal requirement or SGHSCD directive.

1.2 CODE OF CONDUCT FOR STAFF

The Code of Conduct under the Ethical Standards in Public Life (Scotland) Act 2000 is issued to all NHSGGC Board Members on appointment and a condition of their appointment is acceptance of and compliance with the Code.

The Code of Conduct for Staff (the Code) incorporates the following documents:

- The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48];
- A Common Understanding: Guidance on Joint Working between NHS Scotland and the Pharmaceutical Industry [NHS Circular HDL (2003) 62];
- The NHSGGC Whistleblowing Policy
- The NHSGGC Fraud Policy.

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The Code provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard contract of employment and all staff are required to adhere to the Code. Key principles underpinning the Code include the following:

NHSGGC is committed to the three essential public values.

Accountability	Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and meet professional codes of conduct.
Probity	Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.
Openness	The Board's activities should be sufficiently public and transparent to promote confidence between the Board and its patients, its staff and the public.

To achieve and hold these values, the following key principles should be followed by staff in all their official business.

- Staff should ensure that the interests of patients remain paramount at all times.
- Staff should be impartial and honest in the conduct of their business and should remain beyond suspicion at all times. The Bribery Act 2010 makes it an offence to:
 - a) Offer, promise or give a bribe or
 - b) Request, agree to receive or accept a bribe in return for improperly performing a function or activity.
- Staff should use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Staff should not abuse their official position for personal gain or to benefit their family and/or friends; or seek to advantage or further their private business or other interests in the course of their official duties.

In the first instance, employees should contact their line manager or Head of Department or Director for advice on the application of the Code.

1.3 TERMINOLOGY

Any expression to which a meaning is given in the Health Service Acts or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and

1. "NHS Greater Glasgow and Clyde" (NHSGGC) is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board.
2. "Board" means the Management Committee of NHSGGC/Greater Glasgow Health Board, or such other Committee of the Board to which powers have been delegated.
3. "Budget" means an allocation of resources by the Board, Chief Executive or other officer with delegated authority expressed in financial terms, for the purposes of carrying out, over a specific period, a function or group of functions of the NHSGGC Board.
4. "Chief Officer" means any officer who is directly accountable to the Chief Executive i.e. Directors, Chief Officers/Directors of Divisions/HSCPs and some Heads of Department.
5. "Budget Holder" means the Chief Officer or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
6. "SGHSCD" means Scottish Government Health and Social Care Directorates.

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7. "Supervisory Body" means a committee established by the Board with delegated authority to discharge the Board's responsibilities under the Adults with Incapacity (Scotland) Act 2000.
8. "Integration Joint Board" or "Joint Board" means the body corporate established by Scottish Ministers as a consequence of an approved integration plan.
9. Health and Social Care Partnership (HSCP) is the common name for an Integration Joint Board.

1.4 RESPONSIBILITIES AND DELEGATION

The Board will exercise financial supervision and control by:-

1. formulating the financial strategy;
2. requiring the submission and approval of annual budgets within approved allocations;
3. approving SFIs;
4. defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation.

All directors and employees have a general responsibility for the security of the property of NHSGGC, for avoiding loss, for economy and efficiency in the use of resources and for complying with the requirements of these Instructions. Should any difficulty arise regarding their interpretation or application then the advice of the Director of Finance or authorised nominee must be sought before action is taken.

It is the duty of the Chief Executive, managers and heads of department, to ensure that existing staff and all new appointees are informed of their responsibilities within these Instructions. Breaches of these Instructions will be reported to the Director of Finance.

Within these SFIs it is acknowledged that the Chief Executive is ultimately accountable to the Board for ensuring that NHSGGC meets its obligations to perform its functions within the available financial resources. The Chief Executive has overall responsibility for NHSGGC's activities and is responsible to the Board for ensuring that its financial obligations and targets are met.

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control. The Chief Executive is the Accountable Officer for NHSGGC's Finances, as set out in the Memorandum to National Health Service Accountable Officers by the SGHSCD in accordance with the Public Finance and Accountability (Scotland) Act 2000.

Without prejudice to the functioning of any other officer of NHSGGC, the Director of Finance will ensure:

1. the design, implementation and supervision of systems of financial control including the adoption of Standing Financial Instructions and the maintenance of effective internal audit arrangements;
2. the preparation, documentation, implementation and maintenance of NHSGGC's financial policies, procedures and systems in support of a comprehensive control environment;
3. the co-ordination of any corrective action necessary to further these policies, procedures and systems;

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4. the preparation and maintenance of such accounts, costs, estimates etc. for the purposes of carrying out NHSGGC's duties and establishing with reasonable accuracy NHSGGC's financial position;
5. the provision of financial advice to NHSGGC's Board and its officers;
6. the accurate and timely submission to the Scottish Government Health and Social Care Directorates of Annual Accounts and such other reports, returns and monitoring information as may be required to allow the SGHSCD to discharge its responsibilities.

1.5 MODIFICATION AND INTERPRETATION

The Director of Finance may make minor changes to terminology contained in, or presentation of, these SFIs as required, without seeking approval. Any such changes will be reported to the NHS Board at the time of the annual review of these Instructions.

Wherever the title of Chief Executive or Chief Officer is used in these Instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent them.

Whenever the term "employee" is used it shall be deemed to include directors or employees of third parties contracted to NHSGGC when acting on behalf of NHSGGC.

All references in these Instructions to the singular form will be read as equally applicable to the plural.

NHSGGC has adopted use of the non-gendered pronoun 'they' and this shall be read as being applicable and inclusive of all gender identities.

Any reference to any legislation, provision or guidance should be construed as applying equally to any amendment or later publication of that legislation, provision or guidance.

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

SECTION 2

**ALLOCATIONS, BUSINESS PLANNING, BUDGETS,
BUDGETARY CONTROL AND MONITORING**

2.1 INTRODUCTION

NHSGGC will perform its functions within the total of funds allocated by Scottish Ministers and any other source of recognised income. All plans, financial approvals and control systems will be designed to meet this obligation.

2.2 ALLOCATIONS AND REVENUE PLAN

The Director of Finance will:

1. at least once per year, review the bases and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure NHSGGC's entitlement to funds;
2. submit Financial Plans to the Board for approval, for both revenue and capital expenditure, detailing sources of income and the proposed application of those funds, including any sums to be held in reserve;
3. ensure that the proposed application of funds reconciles to the allocations received and other sources of income;
4. ensure that the Financial Plan states clearly the significant assumptions on which it is based and details any major changes in activity, delivery of service or resources required to achieve the Plan;
5. ensure that the financial contribution to the Health and Social Care Partnership (HSCP) integrated budget is in accordance with the Integration Plan;
6. ensure that the Financial Plan reflects the objectives set out in the Corporate Plan, the Strategic Plans developed by HSCPs and the Annual Operational Plan;
7. regularly report to the Board on significant changes to the initial allocation and the uses of such funds.

2.3 PREPARATION AND APPROVAL OF BUDGETS

The Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will predominantly cover allocations to Divisions and HSCPs to provide services for the delivery of healthcare and will also identify funding required for the operation of the corporate functions of NHSGGC. Such budgets will:

1. be in accordance with the aims and objectives set out in the Corporate Plan and the Strategic Plans developed by HSCPs;
2. accord with workload and manpower plans;
3. be produced following discussion with appropriate Divisional representatives and other budget holders;

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4. be prepared within the limits of available funds; and
5. identify potential risks.

The Director of Finance will establish procedures to monitor financial performance against budget and the Financial Plan, periodically review them and report to the Board. This report will provide an explanation of significant variances from budget and the Financial Plan together with a forecast outturn for the year. It will detail any corrective action required to achieve the Board's financial targets for the year.

All budget holders, and managers, must provide information as required by the Director of Finance to enable budgets to be compiled and monitored, using appropriately defined reporting formats.

The Director of Finance has a responsibility to ensure that adequate financial advice is provided on an ongoing basis to budget holders to help them discharge their budgetary control responsibilities effectively and efficiently.

2.4 BUDGETARY DELEGATION

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities.

This reflects the nature of partnership working, both with other public sector organisations and private agencies providing healthcare services [See also Sections 7 and 17 of these Instructions].

This delegation must be in writing and be accompanied by a clear definition of:

1. the amount of the budget;
2. the purpose(s) of each budget heading;
3. individual and group responsibilities;
4. authority to exercise virement and limits applying;
5. achievement of planned levels of service; and
6. the provision of regular monitoring reports.

The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement and an HSCP's facility to carry forward an underspend through the Local Authority's General Reserve.

The Chief Officer of an HSCP may not vire between the Integrated Budget and those budgets which are out with the scope of the Strategic Plan without Board agreement (see also Section 17: Health and Social Care Partnerships).

Where the Board's financial contribution to an HSCP for delegated functions is underspent in year the HSCP may carry the balance forward through the Local Authority's General Reserve. The exception is where an unplanned underspend arises due to material differences in the assumptions used in setting the payment to the joint board. In these cases the underspend

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will be returned to the Board in year and the Board's financial contribution will be adjusted recurrently.

The Board shall contain any overspend on the non-integrated budgets within non-integrated resources. Only in exceptional circumstances shall the Board's financial contribution to the Joint Board be amended in order to redirect resources to non-integrated budgets. Any reduction must be approved by the Joint Board.

Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive. The Finance and Planning Committee will oversee the use of non-recurrent funds and reserves to ensure the medium to long term sustainability of the Board.

Any person committing NHSGGC to expenditure must have authority to do so in the Scheme of Delegation. Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive, or the Director of Finance or the Board as appropriate in accordance with the Scheme of Delegation.

2.5 BUDGETARY CONTROL AND REPORTING

The Director of Finance will devise and maintain systems of budgetary control. These will include:

1. financial reports available to the Board, in a form approved by the Board, containing:
 - income and expenditure to date showing trends and forecast year-end position;
 - movements in working capital materially affecting resource limits;
 - capital project spend and projected out-turn against plan;
 - explanations of any material variances from plan;
 - details of any corrective action where necessary;
 - an assessment of financial risk.
2. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering areas for which they are responsible;
3. investigation and reporting of variances from financial, workload and manpower budgets;
4. monitoring of management action to correct variances; and
5. arrangements for the authorisation of in-year budget transfers.

All budget holders are accountable for their budgetary performance. Budget Holders must ensure there is available budget in place before taking any decisions in line with their delegated authority. Each budget holder is responsible for ensuring that:

1. any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent as outlined in section 2.4 above;

2. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement.

The Chief Executive is responsible for identifying and implementing efficiency and rationalisation programmes together with income initiatives in accordance with the requirements of the Financial Plan and any other guidance received from the SGHSCD from time to time and to thereby ensure a balanced budget.

Chief Officers/Directors of each Division/HSCP must ensure that these budgetary control and reporting disciplines operate in their Division/HSCP. This supports NHSGGC's overarching budgetary control environment.

2.6 MONITORING RETURNS

The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the SGHSCD and any other statutory organisation as required.

2.7 CAPITAL EXPENDITURE

The general rules applying to delegation and reporting shall also apply to capital expenditure including the requirement to stay within the Capital Resource limit [CEL 19 (2009) refers [See also Section 12 of these Instructions].

2.8 SCHEME OF DELEGATION

The Board shall approve a Scheme of Delegation which will specify:

1. areas of responsibility;
2. nominated officers; and
3. the scope of the delegation in terms of financial value, time span etc.

The Scheme of Delegation will be reviewed and approved by the Board as part of the annual review of Corporate Governance arrangements.

2.9 PROJECT AUTHORISATION

A Business Case for proposed changes to existing service provision must be submitted to the Finance and Planning Committee for approval where the proposal includes major service change, major workforce change or where the revenue implications are unfunded or greater than £1.5m. The proposal must be in accordance with the Board's clinical strategy and reflect the Corporate Plan, the HSCP's Strategic Plan and the Annual Operational Plan

The Business Case should cover the following sections in sufficient detail to explain the proposal:

1. description of proposal;
2. statement of strategic fit;
3. detailed option appraisal, explanation of alternative options reviewed against a set of pre-agreed criteria and scoring summary;
4. financial appraisal, including summary of capital and revenue cost implications of alternative options;
5. overview of preferred option;
6. summary of implementation plan for preferred option with key milestones;
7. summary of benefit of preferred option;
8. risk management - plan for management of implementation and financial risks associated with preferred option; and

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9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

The sources of funding for the proposed development must be identified with confirmation from existing budget holder(s) that the funds will be available for the proposed purpose. The Director of Finance will certify that additional allocations from SGHSCD identified in the Business Case will be available for that purpose.

Where the revenue implications of a project are up to £1.5m and funded from available resources a Business Case will be submitted for approval by the Acute Strategic Management Group, the HSCP Board or the Director of Finance as appropriate.

Where an approved Business Case requires third party spend the budget owner will complete a Project Authorisation checklist which will be forwarded to the Head of Procurement or relevant Board Procurement Lead as authority to proceed to Procurement.

2.10 REGIONAL PLANNING

Regional Planning Groups simplify financial arrangements by reaching binding agreements on how regionally provided developments should be funded. The Board Chief Executive is a member of the West of Scotland Regional Planning Group and is responsible for agreeing developments on behalf of the Board. The principles adopted by the Regional Planning Group are that:

- The costs of regional services, suitably benchmarked and validated, should be agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement.
- The NHS Board hosting the regional service should be able to clearly demonstrate the level of costs which result from providing the regional service with independent cost audits available if appropriate.
- Costs of regional services should be divided between the participating Boards on a weighted capitation basis rather than on volume of use unless this is inappropriate or unwieldy.
- The NHS Board hosting the regional service shall charge Boards for the service through the Service Level Agreement process.

SECTION 3

ANNUAL ACCOUNTS AND REPORTS

The Director of Finance, on behalf of the Board, will:

1. keep, in such form as the Scottish Ministers may direct, account of all monies received or paid out by NHSGGC;
2. prepare financial returns in accordance with the guidance issued and regulations laid down by the Scottish Ministers, NHSGGC's accounting policies and generally accepted accounting principles;
3. prepare, certify and submit Accounts in respect of each financial year as required by Section 86 (3) of the NHS (Scotland) Act 1978;
4. ensure that Accounts are prepared in a format which meets the requirements of the Health Board Accounts Manual, recognise best accounting practice and such other legislation, directions and guidance as may be in force at the time;
5. ensure that the Accounts are produced in accordance with the timetable set down by the SGHSCD and by the Auditor General; and
6. ensure that there is evidence of compliance with NHSGGC's Corporate Governance measures in accordance with extant guidance issued by the SGHSCD.

NHSGGC's Annual Accounts must be audited by an independent External Auditor (External Audit is dealt with at greater length in Section 4 of these Instructions).

The audited Accounts must be presented to and approved by the Board at a Board meeting.

SECTION 4

AUDIT

4.1 AUDIT AND RISK COMMITTEE

In accordance with Standing Orders and as set out in guidance issued under NHS MEL (1994) 80, the Board will establish an Audit Committee. This is known as the Audit and Risk Committee.

The purpose of the Audit and Risk 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 and risk management is in place to ensure that:

1. business is conducted in accordance with the law and proper standards governing the NHS and its interface with partner organisations;
2. public money is safeguarded and properly accounted for;
3. 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
4. reasonable steps are taken to prevent and detect fraud and other irregularities.

The Audit and Risk 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.

The Terms of Reference of the Audit and Risk Committee will be reviewed and approved annually by the Board.

Where the Audit and Risk Committee suspects there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chairman of the Audit and Risk Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the SGHSCD (to the NHSS Director of Health Finance and Infrastructure in the first instance).

The Director of Finance will be responsible for ensuring that an adequate internal audit service is provided and the Audit and Risk Committee will be involved in reviewing tenders and awarding contracts when the contract for internal audit services is renewed or changed.

The Director of Finance will be responsible for arranging the resources required to carry out any review or investigation which is commissioned directly by the Audit and Risk Committee under its Terms of Reference.

4.2 EXTERNAL AUDIT

NHSGGC's Accounts must be audited by auditors appointed by the Scottish Ministers. Under the Public Finance and Accountability (Scotland) Act 2000, the Auditor General for Scotland will secure the audit of the Board's Accounts on behalf of the Scottish Ministers.

The audit will be carried out in accordance with the Audit Scotland Code of Audit Practice and such other relevant legislation, directions and guidance as may be in force at the time.

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The external auditor will discharge his reporting responsibilities under the Audit Scotland Code of Audit Practice by providing the following outputs from the audit:-

1. an Audit Certificate on NHSGGC's Statement of Annual Accounts;
2. a Final Report to Board Members; and
3. Management Letters and other reports to management as required.

The Director of Finance will ensure that:-

1. the external auditors receive full co-operation in the conduct of the audit;
2. the Final Report to Board Members together with the audited Accounts are presented timeously to the Board for noting and adoption, and the adopted Accounts are subsequently forwarded to the SGHSCD; and
3. action is taken in respect of all recommendations contained in the external auditor's reports and letters in accordance with the timetable agreed with the external auditor.

The external auditor will normally be expected to attend Audit and Risk Committee meetings and has a right of access to the Chair of the Board, all Audit and Risk Committee Members and other Members of the Board. The external auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

4.3 DIRECTOR OF FINANCE

The Director of Finance is responsible for:

1. ensuring that there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an internal audit function headed by a Chief Internal Auditor/Audit Manager of sufficient status;
2. ensuring that the internal audit service is adequate and meets NHS mandatory standards;
3. agreeing with the Directors of Finance of partner local authorities which incumbent internal audit team shall undertake the internal audit of an HSCP;
4. ensuring that responses to internal audit reports are provided timeously and that internal audit recommendations are implemented as agreed; and
5. ensuring that, in cases of fraud, the NHS Counter Fraud Service is notified without delay, in accordance with NHSGGC's Fraud Policy and the Partnership Agreement with NHS Counter Fraud Services.

The Director of Finance will ensure that cases of fraud, misappropriation or other irregularities are investigated in accordance with the Fraud Policy approved by the Board.

The Director of Finance will ensure that there is adequate communication between the external and internal auditors to avoid unnecessary overlapping of work.

4.4 INTERNAL AUDIT

The role of internal audit will be based upon the guidance contained in the Public Sector Internal Audit Standards (PSIAs). These standards are mandatory and specifically it will be the responsibility of the Chief Audit Executive/Audit Manager to review, appraise and report upon:

1. the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
2. the adequacy and application of financial and other related management controls;
3. the suitability of financial and other related management data;
4. the extent to which NHSGGC's assets and interests are accounted for and safeguarded from losses of all kinds arising from:
 - (a) fraud and other offences (where malpractice is suspected, the Director of Finance should be notified immediately);
 - (b) waste, extravagance and inefficient administration, poor value for money or other causes;
5. the efficient use of resources;
6. the adequacy of follow up action to their reports; and
7. post transaction monitoring of property transactions in accordance with the provisions of the NHS Property Transaction Handbook.

The Director of Finance or other officers, such as the Chief Audit Executive/Audit Manager, Fraud Liaison Officer or NHS Counter Fraud Staff acting on the Director of Finance's behalf [including staff of third parties if the internal audit service is outsourced] will be entitled, without necessarily giving prior notice, to require and receive:

1. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case there will be a duty to safeguard that confidentiality);
2. access at all reasonable times to any premises or land of NHSGGC;
3. the production or identification by any employee of any Board cash, stores, or other property under the employee's control; and
4. explanations concerning any matter under investigation.

The Chief Audit Executive/Audit Manager will report directly to the Director of Finance, and copy all reports to him. The Director of Finance will ensure that appropriate responses are provided and action is taken in respect of all internal audit reports.

1. the timetable for completion of reports and provision of responses will be as agreed between the Chief Audit Executive/Audit Manager and the Director of Finance.
2. where, in exceptional circumstances, the use of normal reporting channels would be seen as a possible limitation of the objectivity of the audit, the Chief Audit Executive/Audit

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Manager will seek the advice of the Chairman of the Audit and Risk Committee or Chairman or Vice Chairman of the Board.

3. failure to take any necessary remedial action within a reasonable period will be reported to the Chief Executive.

The Chief Audit Executive/Audit Manager will normally attend Audit and Risk Committee meetings and has a right of access to the Chairman of the Board, all Audit and Risk Committee Members and other Members of the Board. The internal auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

The Chief Audit Executive/Audit Manager will prepare an annual audit report for consideration of the Audit and Risk Committee. The report must cover:

1. a statement on the adequacy and effectiveness of NHSGGC's internal controls based on the audit work undertaken during the year;
2. major internal control weaknesses identified;
3. progress on the implementation of internal audit recommendations; and
4. progress against the internal audit annual plan over the previous year.

The annual audit report prepared for an HSCP will be made available to the Audit and Risk Committee.

The Chief Audit Executive/Audit Manager will prepare a strategic audit plan for consideration and approval of the Audit and Risk Committee. The plan will normally cover a period of three years and will be based on an assessment of the risks facing NHSGGC. Each year the Chief Audit Executive/Audit Manager should update the plan and re-present it to the Audit and Risk Committee for approval.

The Strategic Audit Plan will be translated into an agreed Annual Plan which identifies the specific subjects to be audited in the coming year including any provision for contingencies and ad hoc work.

SECTION 5

BANKING ARRANGEMENTS

5.1 GENERAL

The Director of Finance is responsible for managing NHSGGC's banking arrangements and for advising the Board on the provision of banking services and the operation of accounts, including the levels of delegated authority.

5.2 BANKING PROCEDURES

All funds will be held in accounts in the name of NHSGGC and accounts may only be opened by the Director of Finance. Bank accounts operated by members of staff in any capacity should not be addressed to Board premises without the approval of the Director of Finance.

Only authorised signatories may draw on these accounts. The Director of Finance will approve and maintain a list of authorised signatories for this purpose.

All transactions relating to Board business must be reflected through these accounts.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

The Director of Finance is responsible for:

1. establishing bank accounts;
2. establishing separate bank accounts for NHSGGC's non-exchequer funds;
3. defining the use of each account; and
4. ensuring that payments made from bank accounts do not exceed the amount credited to the account except as detailed in section 5.3 below.

The Director of Finance will ensure that detailed written instructions on the operation of bank accounts will include:

1. the conditions under which each bank account is to be operated;
2. a list of those authorised to sign cheques or other orders drawn on NHSGGC's accounts, including specimen signatures and the level of authority delegated to each signatory;
3. a list of those authorised to authenticate electronic payments.

The Director of Finance must advise NHSGGC's bankers in writing of the conditions under which each bank account is to be operated. This will include a list of authorised signatories with specimen signatures and the level of authority delegated to each.

The Director of Finance will advise NHSGGC's bankers of the conditions under which any on-line banking service to which NHSGGC subscribes is to be operated, including lists of those authorised to approve transfers between accounts and BACS payments to other bodies, together with levels of authority.

5.3 BANK ACCOUNTS

The balances of accounts holding exchequer funds should not exceed any limits that may be set, from time to time, by the SGHSCD. All surplus funds must be maintained in accordance with the banking guidelines issued by SGHSCD.

Bank accounts will not be permitted to be overdrawn, pooling arrangements on bank accounts maintained in the same name and in the same right notwithstanding.

5.4 TENDERING AND REVIEW

The Director of Finance will review the banking arrangements of NHSGGC at regular intervals to ensure they reflect best practice and represent best value for money.

Banking services will be subject to the procurement procedures set out in Section 10 of these Instructions.

SECTION 6

**INCOME, SECURITY OF CASH, CHEQUES
AND OTHER NEGOTIABLE INSTRUMENTS**

6.1 INCOME SYSTEMS

The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

All staff charged with the responsibility of administering monies have a duty to ensure that these funds are safeguarded and that any monies received are banked promptly.

6.2 INCOME FROM EXTERNAL BODIES

Where services are provided to external bodies, and the fees or charges are not determined by SGHSCD or by Statute, those responsible for that service must ensure that an appropriate charge is made which recovers all relevant overheads. These charges should be reviewed annually. Independent professional advice on matters of valuation will be taken as necessary.

Employees entering into arrangements whereby fees are charged to, or income received from, a third party must inform the relevant senior financial officer who will advise on an appropriate level of fee and authorise the arrangement. The relevant senior financial officers are:-

- Board:
- a) the Director of Finance
 - b) the Assistant Director of Finance – Corporate Services and HSCPs
 - c) the Assistant Director of Finance - Financial Services
- Acute:
- a) the Director of Finance
 - b) the Assistant Director of Finance – Acute Services
 - c) the Directorate Heads of Finance
- HSCPs:
- a) the Director of Finance
 - b) the Assistant Director of Finance – Corporate Services and HSCPs
 - c) the Chief Financial Officer - HSCPs

Fees may be waived only on the authority of one of the aforementioned.

NHS Scotland Central Legal Office advice should be obtained in relation to non standard contracts and agreements. Prior approval will be required prior to obtaining such advice.

Departments must maintain a register of all such contracts and agreements. The register will be reviewed by the relevant Head of Finance or Chief Financial Officer annually.

Intellectual Property and any income generated will be managed in accordance with NHS MEL (1998) 23, the Policy Framework for managing Intellectual Property in the NHS arising from Research and Development and HDL (2004) 09, Management of Intellectual Property in the NHS.

6.3 GRANTS AWARDED BY OTHER PARTIES

Where a grant is awarded to NHSGGC 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.

6.4 DEBT RECOVERY

The Director of Finance is responsible for ensuring that appropriate recovery action on all outstanding debts is taken.

Income not received/bad debts should only be written-off with the appropriate authority and dealt with in accordance with the losses procedures detailed in section 18 "Fraud, Losses and Legal Claims".

Systems should be put in place to prevent overpayments, but where they do occur, overpayments should be detected and recovery initiated. Write-off of unrecovered amounts is also covered in section 18, as referred to above,

6.5 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

The Director of Finance is responsible for ensuring:

1. the approval of the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
2. the appropriate ordering and secure control of any such stationery; and
3. that systems and procedures for handling cash and negotiable securities on behalf of NHSGGC are in place;

In addition the Director of Estates and Facilities is responsible for ensuring:

1. the provision of adequate facilities and systems for employees whose duties include collecting and holding of cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
2. that a system for the transportation of cash is in place.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

Cash balances held on NHSGGC premises will be kept to the minimum required for the provision of NHSGGC services. Where there is any significant increase in the level of funds held (either official or unofficial), the approval of the relevant Chief Officer must be obtained.

All cheques, cash and other negotiable instruments should be banked intact promptly, to the credit of the prescribed income or debtors account. The makeup of cash banked may be altered where change is required by the site provided the total amount of cash banked is unchanged. Cheques may not be substituted for cash and disbursements may not be made from cash received.

The holders of safe keys should not accept unofficial funds for depositing in their safes.

Keys should be held on the keyholder's person or kept secure at all times. Keys should not be kept in, or on, desks (either hidden or otherwise). A spare key should be held off-site by a senior manager for instances where the keyholder has an unplanned absence. The senior manager will take adequate precautions surrounding the security of the spare key and will keep a record of any instances where it is issued.

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During the absence (e.g. on holiday) of the holder of a safe or cash box key, the officer who acts in their place is subject to the same controls as the normal holder of the key. There should be a written discharge for the safe and/or cash box contents on the transfer of responsibilities and the handover certificate must be retained for inspection.

Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses (see SFI 18 – Fraud, Losses and Legal Claims).

SECTION 7

HEALTHCARE SERVICE PROVISION

7.1 INTRODUCTION

The Board will approve, within the context of the HSCP Strategic Plans and the Annual Operational Plan, the particular arrangements for healthcare services for the population on an annual basis. The Chief Executive is responsible for ensuring that

1. appropriate agreements are in place with healthcare service providers (both within and out-with the NHS); and
2. agreements for healthcare are made with due regard to the guidance on planning and priorities issued by the SGHSCD, as well as the need to achieve value for money and to minimise risk. Agreements must ensure that the agreed activity levels are appropriate in terms of the demand for services and NHSGGC's allocation.

Appropriate agreements should be in place for:

1. the provision of healthcare services to NHSGGC by other NHS bodies and by bodies out-with the NHS; and
2. the provision of healthcare services to other NHS bodies by the Board.

The Director of Public Health, in their capacity as the Board's Caldicott Guardian, will ensure that all systems operate in such a way as to maintain patient confidentiality in terms of the Data Protection Regulations and Caldicott guidance.

NHS Bodies

Where the healthcare services are provided to NHSGGC by another NHS Board, or where healthcare services are provided to another NHS body by NHSGGC, a Service Level Agreement (SLA) should be prepared specifying the level of activity expected of the provider and defining the funding arrangements.

In addition, the Director of Finance will ensure that:

1. there is a monitoring system in place to ensure the payment is related to satisfactory delivery of the required service, value for money is achieved and risks to the Board are eliminated or reduced ;
2. the total value of healthcare agreements placed are within the resources available to NHSGGC; and
3. procedures are in place for the handling of charges in respect of Unplanned Activity Contracts (UNPAC's) and Out of Area Placements (OAP's) in accordance with the guidance issued by the SGHSCD.

Non-NHS Organisations

Where services are provided by non-NHS organisations, the guidelines in Section 9, Non-pay Expenditure and Section 10, Orders, Quotations and Tenders should be followed.

7.2 VOLUNTARY SECTOR ORGANISATIONS AND GRANT FUNDING

Where the Board requires a specific service and/or specifies how that service will be delivered, grant funding is inappropriate and the service should be procured following the guidance in Section 9, Non-pay Expenditure and Section 10, Orders, Quotations and Tenders. Grant funding should not be used to deliver the Board's statutory obligations.

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A Waiver to Tender should be completed for all grant awards and signed by the relevant Director/Chief Officer. This should then be signed by the Head of Procurement who will arrange to issue a Condition of Grant Letter.

Where a grant is awarded by NHSGGC to a third party the Condition of Grant Letter formalises the arrangements for the award of funding. Formal offers of funding should be conditional on the acceptance of formal terms and conditions including:

- a requirement to demonstrate that funds have been spent on authorised activities; and
- clawback provisions.

As NHSGGC is a public body we must consider whether any funding which the Board provides may fall within the definition of State aid. Although responsibility for a breach of the State aid regulations lies with the recipient, and the recipient will be fined if the Board does not recover the funding, there is a reputational risk to the Board. There may also be financial consequences for the Board if a project has to be stopped and money clawed back.

To fall within the definition of State aid the recipient must be engaged in a commercial activity and gain a competitive advantage over others.

7.3 GRANTS AWARDED TO NHSGGC BY OTHER PARTIES

Refer to Section 6 for grants awarded to NHSGGC by other parties.

7.4 JOINT FUNDING

Where a project is to be jointly funded each partner will agree their level of contribution in advance.

Where the Board is the lead partner responsible for commissioning a service and monitoring delivery the procurement process will be undertaken in accordance with Section 10 – Orders, Quotations and Tenders.

SECTION 8

PAY EXPENDITURE

8.1 REMUNERATION

The Board will establish a NHSGGC Staff Governance Committee whose composition and remit will be approved by the Board.

The NHSGGC Staff Governance Committee will establish a Remuneration Sub Committee to consider the remuneration of the senior managers on the Executive Pay Arrangements within the NHSGGC area, to ensure consistent application of the methods of objective setting, appraisal of performance and remuneration decisions.

NHSGGC will remunerate the Chair and Non-executive Directors in accordance with the instructions issued by Scottish Ministers.

8.2 STAFF APPOINTMENTS, CHANGES AND TERMINATIONS

Directors or employees authorised to do so may engage, re-engage or regrade employees, or hire agency staff, only within the limit of their approved budget and financial establishment. All appointments must be in accordance with approved Human Resources and Staff Governance Policies. In order to comply with the Board's Code of Conduct staff members should take no part in the appointment of family and friends and should declare any such interests to their line manager.

All appointment forms should be sent to the eESS Support Team for processing. Managers must ensure that terminations and changes are processed using the eESS Manager Self Service system. It is essential that a termination is processed immediately upon the effective date of an employee's resignation, retirement or termination being known. Where an employee fails to report for duty in circumstances that suggest that they have left without notice, the Payroll Department must be informed immediately.

Where contractors are used (as opposed to directly employed staff), any contract awarded must demonstrate value for money and comply with procurement procedure in respect of SFI's on Orders, Quotations and Tenders. For the avoidance of doubt, the value to be considered, in this respect, is the total value of payments over the duration of the contract.

8.3 PROCESSING OF PAYROLL

The Director of Finance is responsible for ensuring:

1. that appropriate payroll services are provided to meet NHSGGC's needs;
2. that there are appropriate operating policies and procedures in place to control all pay expenditure;
3. that appropriate authority to approve pay expenditure and changes is embedded within the eESS system; and
4. that only approved time records, pay sheets and other pay records and notifications are used.

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Regardless of the arrangements for providing the payroll service, the Director of Finance will ensure that the chosen method is supported by appropriate management arrangements, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to the appropriate bodies.

8.4 PROCESSING OF EXPENSES

The Director of Finance will ensure that all expenses claimed by employees of NHSGGC or outside parties are reimbursed in line with the relevant regulations. Claim forms for expenses will be in an approved format, and will be completed and authorised by an officer approved by the Director of Finance. Such forms will be accompanied by supporting vouchers (or supporting vouchers will be forwarded where claims are submitted electronically). These will be submitted timeously and/or in accordance with the agreed timetable.

8.5 AUTHORISATION

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

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

Under no circumstance should officers authorise/approve their own payroll input or expenses.

Where overtime is to be paid, the authorising officer must ensure that it has been properly approved by the budget holder in advance and that they are satisfied that the additional time has been worked and is in addition to the staff member's normal duties.

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

8.6 RESPONSIBILITIES OF EMPLOYEES

All staff have a responsibility to check their payslip in order to ensure that they are being paid correctly. If an employee believes that they are 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.

8.7 CONTRACT OF EMPLOYMENT

The Director of Human Resources and Organisational Development is responsible for;

1. ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

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2. ensuring that variations to, or termination of, contracts of employment are dealt with by the appropriate officer, in line with the procedure in place for such instances.

SECTION 9

NON-PAY EXPENDITURE

9.1 INTRODUCTION

All non-pay expenditure will be authorised, purchased and paid in accordance with these Standing Financial Instructions and the Board's Scheme of Delegation, ensuring that NHSGGC achieves financial balance, procures best value for money goods and services, meets commercial best practice and complies with European and UK competition legislation.

9.2 STAFF RESPONSIBILITIES

The Director of Finance will ensure that:

1. all accounts and claims are properly paid;
2. the Board is advised on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;
3. these thresholds are regularly reviewed; and
4. that NHSGGC has a Construction Procurement Policy that is consistent with national policy and guidelines.

The Head of Procurement is responsible for ensuring the preparation, maintenance and issue of procedural instructions on the procurement of goods, works and services incorporating these thresholds;

All non medicine procurements will be administered by the Procurement Department unless specific delegated purchasing authority has been granted by the Chief Executive. In some cases Procurement delegates purchase order responsibility to other "expert" departments (Medical Physics, Catering, Laboratories and eHealth), whilst maintaining overall responsibility for commercial arrangements.

The Director of Pharmacy will be responsible for the ordering of, the safe storage and distribution of medicines in accordance with the Human Medicines Regulations 2012.

There must normally be segregation of duties between the activities of requisitioning, order approval, receipting and paying of goods and services. Exceptions are where:-

- a requisitioner's access permissions within PECOS are restricted by value, or, to specific catalogue items or suppliers. In this case a purchase order will be automatically generated by the system;
- where an order is placed with the National Distribution Centre it is regarded as a stock issue with no requirement for separate receipting of the goods;
- desktop delivery orders will be automatically marked as not eligible for receipt by the system.

The Director of Finance and Head of Procurement will ensure that appropriate segregation is in place at all times.

All officers must comply with the Code of Conduct for Staff and register any personal interest. Where an officer has an interest which relates, directly or indirectly, to any proposed purchase or contract, they must not take part in any aspect of the purchasing and procurement processes for that purchase or contract.

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Any officer who is involved in any part of the contracting or purchasing process is responsible, as far as they are able, for ensuring that NHSGGC is only committed to contracts or purchases which are in accordance with NHSGGC's policies and which give NHSGGC maximum value for money when compared with any known alternatives.

No staff should make a binding commitment on behalf of NHSGGC unless they have the delegated authority to do so. Any authorised commitments must be in writing. Staff should be aware that the terms of the Requirements of Writing (Scotland) Act 1995 states that NHSGGC can be bound by a verbal undertaking given by an officer of NHSGGC in the course of business.

9.3 NON-PAY EXPENDITURE APPROVAL PROCESS

Budgetary Control

No order will be placed or contract let for goods or services where there is no budget provision, unless authorised by the Director of Finance or the Chief Executive.

Contracts or orders will not be placed in a manner devised to avoid the financial limits specified by the Board.

Tendering and Quotations

All contracts and purchases will be tendered in accordance with SF10 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates. All procurements must be carried out in accordance with all relevant National and EU regulations, directives and guidelines.

The Public Contracts (Scotland) Regulations are applicable to all public sector organisations. These regulations are prescriptive in their requirements for public sector organisations and these SFI's are designed to ensure NHSGGC's full compliance.

The Freedom of Information (Scotland) Act 2002 (and any subsequent amendments) is applicable to public sector procurements where specific provisions and requirements with regard to disclosure of information apply and may override commercial sensitivities in some circumstances if deemed in the public interest. Given the potential for commercial prejudice therefore, and the risks to NHSGGC associated with compliance or non-compliance with the FOI Act, a structured and disciplined tender and contract award process taking into account FOI requirements shall apply in most circumstances. These SFIs set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the provisions and requirements of this regulation.

The Equality Act 2010 outlaws any discrimination, including any potential discrimination through the provision of goods and services. All public authorities therefore have a duty to take equality into account when procuring goods, works, or services from external providers. These SFI's set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the legal provisions and requirements and that suppliers and contractors adhere to the equality and diversity legislation and principles.

Contracts

By definition a contract is any agreement between NHSGGC and other party/parties that is enforceable by the law. Contracts can be formed orally, in writing or even by conduct.

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Where national, regional or local contracts exist (including framework agreements) the overriding principle is that use of these contracts is mandatory. Only in exceptional circumstances and with the authority of the Head of Procurement or the Director of Finance shall goods or services be ordered out-with such contracts. The Head of Procurement will maintain a record of any contracts placed out-with such contracts.

All contracts will have a sound basis in law and appropriate commercial contract conditions must be chosen to minimise the risk of any adverse litigation. Where appropriate, National Standard Forms will be used and where contracts are not of a standard form, the Central Legal Office should be consulted. Note that prior approval will be required prior to consulting CLO.

All non standard form contracts shall be approved and issued only by the Head of Procurement unless specific delegated authority has been granted by the Chief Executive or the Board.

Purchase Indents

Prior to any Official Order being raised a purchase indent must be submitted and approved in accordance with the Scheme of Delegation.

Authorisation

All indents and associated orders for the purchase of items must be properly authorised in accordance with these SFI's. The ordering/authorising officer is responsible for satisfying himself that NHSGGC's contracting and ordering instructions have been properly complied with before they sign an order and that the order does not commit NHSGGC to expenditure in excess of the budgeted amount.

The Director of Finance has responsibility, acting on behalf of the Chief Executive, for the setting of financial limits as defined in the Scheme of Delegation.

Delegation of Authority

The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

Each operating unit will maintain a Scheme of Delegation and all employees must comply with the limits set in all aspects of non-pay expenditure. The Head of Financial Governance will be responsible for ensuring that schemes are consistent. Delegated limits will be reviewed annually by the relevant Head of Finance/Chief Financial Officer.

Indents/Requisitions for supplies can only be authorised by the budget holder of the directorate or department (or someone formally delegated with that authority) where the expenditure is planned and covered by available funds. The Director of Finance will ensure that there is a list of authorised signatories maintained for this purpose. Such delegated authority will be embedded in any electronic purchasing systems.

Purchase Orders

Only NHSGGC's authorised ordering officers, as approved by the Director of Estates and Facilities, shall sign purchase orders. This includes authorised ordering officers where Procurement has delegated authority to other "expert" departments (section 9.2).

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted to make commitments out-with the official indenting and ordering processes unless the goods or services being procured

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have been generally or specifically exempted from these processes by the Chief Executive or Director of Finance.

The Head of Procurement will be responsible for ensuring that suppliers are made aware of the official ordering process.

Construction Procurement

All construction procurement will be made in accordance with SGHSCD guidance and NHSGGC's Construction Procurement policy.

Trial/Loan Products

Products e.g. medical equipment, shall not be taken on trial or loan from suppliers or contractors unless authorised in accordance with these SFI's and the Scheme of Delegation and/or approved by the appropriate procurement department to ensure any arrangements are consistent with purchasing policy and do not commit the Board to a future uncompetitive purchase. The Board's Code of Conduct should be followed in these instances.

9.4 PAYMENT OF ACCOUNTS

The Director of Finance will ensure that there are adequate systems and procedural instructions covering the procurement process and the procedures for the verification, recording and payment of accounts and claims payable. These procedures will ensure that:

1. properly authorised accounts and claims are paid promptly in accordance with the terms of the Late Payment of Commercial Debt (Interest) Act 1998 (and any subsequent amendments) and payment of contract invoices is in accordance with contract terms, or otherwise in accordance with national guidance;
2. payment shall only be made for goods and services that have a corresponding official purchase order; and
3. payment for goods and services is only made when goods and services are received and accepted (excepting exceptional circumstances).

Specifically the system will include checks that:

1. goods received are in accordance with those ordered and that prices are correct or within tolerances approved by the Director of Finance.
2. work done or services rendered have been carried out satisfactorily and are in accordance with the order and the agreed contract terms.
3. in the case of contracts for measured time, materials or expenses, time is verified, rates are in accordance with those quoted, and materials or expenses are verified for quantity, quality and price.
4. expenditure is in accordance with regulations and authorisations.
5. the account is arithmetically correct.
6. VAT and other taxation is recovered where permitted by legislation.
7. the account is in order for payment.

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Payments should not normally be made in advance of need i.e. before the liability to pay has matured. However, there may be certain exceptional circumstances where it is in NHSGGC's interests to make such a payment. Under no circumstances should any advance payment be made where there is a risk to public funds.

The approval of the Director of Finance is required in any instances where payment for goods or services in advance is deemed to be required.

Where a manager certifying accounts relies upon other managers to do preliminary checking, they shall ensure that those officers are competent to do so and, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

In the case of contracts for building or engineering works that require payment to be made on account during progress of the works, NHSGGC will make payment based on receipt of a certificate from the appropriate technical consultant or manager. Certificates will be subject to such examination as may be considered necessary before authorisation by the Director of Estates and Facilities (or other Director responsible) or their nominated deputy.

The Director of Finance may authorise advances on an imprest system for petty cash and other purposes as required. Individual payments must be restricted to the amounts authorised by the Director of Finance and must only be used for purposes where it is not appropriate to use the normal payment or payroll systems.

SECTION 10

ORDERS, QUOTATIONS AND TENDERS

10.1 BUDGET PROVISION

No order will be placed or contract let for goods or services where there is no provision in the Financial Plan unless authorised by the Director of Finance or the Chief Executive. Where contracts cover periods falling out-with the current financial year budget provision is deemed to mean recurring budget.

10.2 SPECIFICATION OF NEED

All contracts will have a formal specification of need developed in conjunction with NHSGGC expert users. The Board Procurement Leads will provide best practice advice and guidance in the development of the specifications. Approval of the specifications for externally sourced products or services requirements and the approval of charges against specified budgets for all externally purchased products or services shall be the responsibility of budget holders and limits on budget holder's individual approval levels shall be specified in the Scheme of Delegation.

Budget holder approval of specifications for certain externally supplied products or services shall be delegated to Clinical Heads of Service or Managers of designated specialist support departments. Clinical Heads of Service or designated specialist support managers will be responsible for providing specification criteria under national contract, where required, and for ensuring that products meet required specifications.

Pre market engagement with suppliers and expert bodies may be undertaken to seek advice in the planning and conduct of the procurement procedure however care must be taken to ensure such contact does not distort competition or violate the principles of transparency and non-discrimination.

Budget holders' approval of charges against specified budgets for externally purchased products or services may also be delegated to nominated Project or other Health Board executive or senior managers as specified in Capital or Revenue budget setting and approval processes.

10.3 OFFICIAL ORDERS

No goods, services or works, other than purchases from petty cash, purchase cards or where particular supplies have been exempted by the Chief Executive or Director of Finance, will be ordered, except on an official order, and contractors will be notified that they should not accept orders unless on an official form.

The Head of Procurement will prescribe standard conditions of contract appropriate to each class of supplies and services and for the execution of all works. All contracts and orders entered into will incorporate these conditions.

10.4 ORDERING PROCEDURE

Official orders will be generated by the Board's electronic procurement system, in a form approved by the Head of Procurement and shall include information concerning prices or costs as they may require. The order shall incorporate an obligation on the supplier or

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contractor to comply with the Board's conditions of contract detailed on the website as regards delivery, carriage, documentation, variations etc.

Orders/requisitions shall only be authorised by those officers specified within the Scheme of Delegation. A database of authorised officers shall be maintained and made available to the Director of Finance on request.

Only Post Holders delegated by the Board shall be authorised to commit NHSGGC to commitments with external parties. The Post Holders limit of authority is defined by the Scheme of Delegation.

Orders shall not be placed in a manner devised to avoid the financial thresholds specified in this Instruction.

10.5 CONTRACTS

The current Public Contracts (Scotland) Regulations place additional duties on Public Bodies in Scotland. They are mandatory and must be adhered to. Contracts for goods and services above £50,000 (£2m for works) are designated as Regulated Procurements and the Procurement Reform (Scotland) Act 2014 sets out specific requirements which must be adhered to by the Board. All proposed contracts must be discussed at the earliest stage of planning with one of the Board's procurement service providers to ensure the requirements of the Act are met.

The EU Regulations on State Aid must also be considered to ensure compliance with current EU requirements.

Where supplies and services of the type and quantity required are available on National, Regional or Local Contract, the order must be placed with a supplier designated in that contract. Only in exceptional circumstances and only with the authority of the Director of Estates and Facilities shall supplies and services available on contract be ordered out-with contract. Such exception will be recorded and reported to the Director of Finance. Use should also be made of other UK Public Sector available contracts where they provide best value of money.

Where approved Contracts exist for the same product or services, with more than one supplier, then the contracted supplier offering best value for money must be selected.

For works projects, tender lists will be compiled in accordance with requirements issued by the Scottish Government and utilising industry schemes for pre-tender company checks.

Where a framework contract exists (either nationally or locally), this contract must be used. Where a sole supplier or multi supplier ranked framework is available the contract would be awarded to the sole supplier or awarded in order of ranking. A Waiver to Tender is not required in these circumstances as a tender has already taken place however where a contract is not placed with the first ranked supplier a standard award report should specify the rationale. Where there is a multi supplier unranked framework the terms and conditions of the Framework Call Off mechanism must be complied with and a Call Off Award Report completed to show how best value for money is achieved.

10.6 TRANSACTIONS INVOLVING PROPERTY

All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Expenditure.

10.7 QUOTATIONS

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Where the supply of goods or services is estimated to be less than £50,000, the following applies, subject to the provisions of sections 10.8 and 10.9 (the limits quoted are exclusive of VAT where it is recoverable, and inclusive if VAT where it is irrecoverable).

- **Expenditure less than £10,000:** The ordering officer must be able to demonstrate that value for money is being obtained and will be supported in doing so by the relevant Board Procurement Lead.
- **Expenditure more than £10,000 but less than £50,000:** At least three competitive quotations shall be obtained from different companies. Quotations must be in writing and retained for inspection. For complex or higher value items a specification should be prepared as appropriate.

Where quotes are obtained on the basis that the value of the supply was genuinely believed to be less than £50,000, but satisfactory quotes are returned marginally in excess of this amount, then the purchase may proceed subject to the completion of a waiver to tender form. In cases where it is anticipated that the cost may exceed £50,000, then formal tenders should be sought in accordance with section 10.8.

10.8 **COMPETITIVE TENDERING**

Where the supply of goods or services is estimated to be **£50,000** or above, the following applies except where other arrangements have been previously approved by the Head of Procurement. (The limits quoted are exclusive of VAT where it is recoverable, and inclusive of VAT where it is irrecoverable.)

Competitive tenders, which must have a formal specification, will be invited for the supply of all goods and services; building and engineering or works of construction and maintenance. There must be a minimum of three tenders invited in each case and a minimum of two offers received in each case (see 10.9.5). All tendering documentation must be retained and filed for inspection.

The process for tendering is stated at 10.10 below. The Public Contracts (Scotland) Regulations and EU Directives must be adhered to where contract values are expected to exceed the defined thresholds. Electronic tendering processes must be used except where approved in advance by the Director of Finance or authorised nominee.

The procurement of goods and services will not be sub divided into smaller lots in order to circumvent the requirement to obtain competitive quotations or tenders. Contract values apply to the full life of the contract rather than the annual value.

10.9 **WAIVING OF TENDER/QUOTATION PROCEDURE**

In the following exceptional circumstances, except in cases where EU Directives must be adhered to, a Director, as specified in the Scheme of Delegation, can approve the waiving of the above requirements:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractor's special knowledge is required;

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4. where the Chief Executive or the Director of Finance has approved negotiation with a single tenderer; this must be evidenced in writing;
5. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders to comply with these SFI's;
6. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHSGGC.

Where goods and services are supplied on this basis, and the value exceeds £10,000, a "Waiver of Tender/Quotation" form should be completed, and signed by the appropriate director and the Head of Procurement (the Director of Pharmacy for the supply of medicines).

Where a Waiver to Tender is required on the basis of urgency the form must be approved by the Head of Procurement (Director of Pharmacy for supply of medicines) with a retrospective review by the Director of Finance.

Where a tender process is not possible due to a lack of competition the waiver must be signed by the Head of Procurement (Director of Pharmacy for supply of medicines) and submitted for Director of Finance approval if over £250k.

Where there has been no attempt to follow a tender process and a Waiver is completed retrospectively. Director of Finance approval is required if over £50k.

In the case of 1, 2, 3, 4 and 5 above, the Waiver of Tender/Quotation must be completed in advance of the order being placed, but may be completed retrospectively in the case of 6. The Head of Procurement will maintain a record of all such exceptions.

A Waiver is not required where a tender has been undertaken but the required number of responses has not been received. In these circumstances details should be included in the tender award report.

Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

10.10 TENDERING PROCEDURE

Advertising

NHSGGC requires adequate advertising of future requirements for goods and services as follows:

1. all supplies covered by the EU Public Procurement legislation will be advertised in accordance with the requirements of that legislation and of the EU Public Procurement directive (2014/24/EU).

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2. all other supplies which have an aggregated contract / order value of greater than £50,000 shall be advertised on the Public Contracts Scotland (PCS) internet site a minimum of 2 weeks ahead of drawing up tender lists. In exceptional circumstances the Head of Procurement or authorised nominee can waive the requirement.
3. for all requirements for 'Products and Services' with an annual or contract term value in excess of the threshold prescribed by the EU, the requirement shall also be submitted electronically in the required format for Advertisement in the OJEU Journal in accordance with the regulated timescales and procedures.

Selection of Tenderers

Tenderers will be selected based on their ability to meet minimum qualification criteria. This shall normally include financial standing, technical competence and operational capability. Where a tenderer is unsuccessful at PQQ stage the Head of Procurement or his nominated representative will provide a written debrief.

NHSGGC shall not charge tenderers a fee to submit a bid.

Issue of Tender Documents

All tender documents shall be sent to prospective suppliers with return labels issued by NHSGGC which will be addressed to the Head of Procurement or their nominated representative as appropriate and shall be marked "Tender for(title of tender)" but shall not bear the name or identity of the sender. Suppliers will also be issued with comprehensive instructions regarding the return of the documents. These instructions shall specifically forbid the supplier from marking the tender envelopes in a manner that indicates the sender or from associating the tender envelope with any related bill of quantity.

The Head of Procurement or authorised nominee will be notified of any tender documents issued along with the closing date and time for opening the tenders.

The Register of Tenders

A Register of Tenders will be kept in a sequentially numbered bound tender receipt book. The tender receipt book will be considered controlled stationery under the control of the Head of Procurement, or authorised nominee, who will issue to staff authorised to receive tenders on behalf of NHSGGC and record such issues.

The following details should, as a minimum, be recorded in the Register of Tenders:

1. details of the subject of the tender
2. closing date and time of receipts
3. date and time of opening of tenders with reasons for any differences from closing date and time
4. tender references sufficient to trace details of invitation to tender or details of open tender
5. amounts
6. names and signatures of the Head of Procurement's representatives and
7. Independent witness.

Receipt and Safe Custody of Tenders

Tender envelopes shall be stamped and held unopened in a secure container until after the closing date or time. A register of tenders received will be maintained at the point of receipt. This will record the date and time of receipt and also the contract that the tender relates to.

An identifying reference will be written on the envelope and entered in the register.

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Tenders will be opened, as soon as possible after the stated closing date and time, by the Head of Procurement or their nominated representative, in the presence of an independent witness of senior status. Both parties will initial each tender document opened.

All relevant details of tenders received, including the tendered cost, where specified will be entered in the Register of Tenders which shall be signed by the Head of Procurement or their nominated representative and the independent witness.

Where it is clearly in the interests of NHSGGC, late, amended, incomplete or qualified tenders may be considered. In such circumstances, a full report should be made to the Chief Executive or authorised nominee, who will have authority to admit such tenders. Where a company invited to tender requests a delay in the submission, any deferment approved shall be notified to all the companies concerned.

The Head of Procurement or their authorised nominee will be notified of the date and time of all meetings arranged for the purpose of adjudicating tenders.

The Director of Finance has the right to inspect records of tenders to be received at any time in order that an auditor and/or a member of the Finance Department may attend the opening. The Director of Finance or their representative is not required to give any notice of attendance at tender openings.

Tender Acceptance

Where competitive tenders have been obtained, the most economically advantageous shall normally be accepted. A written report must be produced on the circumstances of the decision, and submitted to the Head of Procurement or authorised nominee.

Any 'in-house' bids must be submitted and evaluated on exactly the same basis as bids from out-with NHSGGC.

Stand Still Period

There must be a stand still period of 10 calendar days prior to issuing a formal contract award. This is a requirement for all EU tenders and is best practice for others. Exceptions must be approved by the Head of Procurement.

Form of Contract Award

Dependent on the nature of the procurement, an official order and/or a letter of acceptance should be issued for every contract resulting from an invitation to tender. Unsuccessful tenderers will be notified in writing together with a written debrief by the Head of Procurement or their nominated representative. Contract awards shall be published on the Public Contract Scotland (PCS) website and in OJEU where required by EU directives.

10.11 CONTRACT REGISTER / RECORDS

The head of the relevant Board Procurement Lead's department or their authorised nominee shall maintain a register of all contracts awarded by virtue of the circumstances detailed at sections 10.8 and 10.9 above. Such a register shall be open to audit on an annual basis under the direction of the Director of Finance or Chief Executive.

Retained files, of all authorised requisitions, purchase orders and contracts, either in paper or in electronic form shall be kept by each designated procurement department in accordance with audit and HMRC requirements.

10.12 CODE OF CONDUCT FOR STAFF

The Code of Conduct for Staff, which includes the circular - Standards of Business Conduct for NHS Staff, has specific guidance on the acceptance of gifts and hospitality in relation to NHSGGC's commercial dealings. This Code has been incorporated into the contract of

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employment of each member of staff. A copy of the relevant NHS Circular should be enclosed with each employee's contract of employment.

The Standards of Business Conduct state that "It is a long established principle that public sector bodies which include the NHS, must be impartial and honest in the conduct of their business and that their employees must remain beyond suspicion". The Bribery Act 2010 makes it an offence to:

1. Offer, promise or give a bribe or
2. Request, agree to receive or accept a bribe,
in return for improperly performing a function or activity.

Suppliers should be made aware of the Standards of Business Conduct which apply to NHS staff and not attempt to contravene these standards.

SECTION 11

MANAGEMENT AND CONTROL OF STOCK

The Head of Procurement is responsible for the control of stores, except for:

1. pharmaceutical stock, which is the responsibility of the Head of Pharmacy and Prescribing Support Unit ; and
2. laboratories, radiography, occupational therapy and IM&T equipment, which are the responsibility of the senior manager in each of those departments.

The Head of Procurement will ensure that there are adequate arrangements in place to monitor and control the performance of any third party supplying storage and distribution services for stock owned by the Board.

Responsibility for security arrangements and the custody of keys for all stores locations should be clearly defined in writing and agreed with the designated manager, as referred to above or the Head of Procurement.

All stores systems and records should be in a form specified by the Head of Procurement or Director of Finance. Where practicable, stocks should be marked as Board property.

Records should be maintained of all goods received and a delivery note should be obtained from the supplier at the time of delivery and should be signed by the person receiving the goods. The acceptance and recording of goods received should be independent of those that requisitioned/ordered the goods. Instructions should be issued to staff covering the procedure to be adopted in respect of:

1. where the quantity delivered does not agree with that ordered;
2. where the quality/specification is unsatisfactory or not in accordance with the order;
3. where no delivery note is available; and
4. notification of suppliers of unsatisfactory deliveries.

All issue of stores must be supported by a requisition, authorised by the appropriate Budget-holding manager (or delegated officer). The Head of Procurement must be notified of all authorised signatories and their delegated authorities. The receiving department should acknowledge receipt of stores, this must be returned to the Stores Department independent of the storekeeper.

All transfers and returns should be recorded in a form approved by the Head of Procurement.

Breakages, obsolete stock and other losses of goods in stores should be recorded as they occur and a summary presented to the managers identified as responsible on a regular basis.

Stocktaking arrangements should be agreed with the Director of Finance or the Assistant Director of Finance - Financial Services, and a physical check covering all items in store performed at least once a year. The physical check should involve at least one officer other than the storekeeper. The stocktaking records should be numerically controlled and signed by the officers undertaking the check. Any surpluses or shortages revealed in stocktaking should be reported immediately to the Head of Procurement, who will investigate as appropriate. Known losses of stock items not on stores control should also be reported to the Head of Procurement. The Head of Procurement will report all losses to the Director of Finance on an annual basis, or immediately if significant or caused by fraud or theft.

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Where continuous stocktaking is performed, with all stock items having been covered at least once during the year (and higher value items more frequently) and the results of these checks have proved satisfactory, it may not be necessary to carry out a full stock count. Where it is proposed not to carry out a full stock count, the permission of the Director of Finance and the agreement of the external auditors must be sought in advance.

Where a complete system of stores control is not justified, e.g. family planning stock, alternative arrangements shall require the approval of the Assistant Director of Finance - Financial Services.

The designated manager shall be responsible for ensuring there is an effective system for a review of slow moving and obsolete items and for condemnations, disposal and replacement of all unserviceable articles. These should be reported to the Director of Finance for recording in the Register of Losses (see SFI 18 – Frauds, Losses, and Legal Claims) and written down to their net realisable value.

SECTION 12

CAPITAL INVESTMENT

12.1 GENERAL

Capital Planning and Approval Processes were delegated to Health Boards by HDL (2002)40. These Instructions reflect the inherent responsibility of Boards to manage their capital needs from within available capital funds.

These Instructions should be read in conjunction with the Scottish Capital Investment Manual and the Scottish Government Construction Procurement Manual issued by the SGHSCD and NHSGGC's Construction Procurement Policy. For property transactions, the relevant guidance is contained in the NHS Property Transaction Handbook.

The Board's Chief Executive Officer is responsible for ensuring compliance with mandatory policy and guidance.

12.2 CAPITAL INVESTMENT PROCESS

An annual Capital Plan will be developed by the Capital Planning Group (CPG). This will be submitted to the Finance and Planning Committee for review prior to submission to the Board for approval.

The Capital Plan must be in line with the Board's strategic direction and reflect the objectives set out in the Corporate Plan. The Capital Plan will detail specific ring fenced allocations plus the national formula capital allocation.

The Finance and Planning Committee will approve the Boards strategy for investment in GP practices.

The Director of Finance and/or the Director of Estates and Facilities will ensure that a Business Case is produced in accordance with the SCIM guidance for all new major capital expenditure proposals.

For non IM&T projects the following should be produced:

- up to £3m a Summary Business Case
- £3m - £5m a Standard Business Case
- Over £5m an Initial Agreement, Outline Business Case and Full Business Case

For IM&T projects the following should be produced:

- up to £500,000 a Summary Business Case
- £1m - £2m a Standard Business Case
- Over £2m an Initial Agreement, Outline Business Case and Full Business Case

The Director of Finance will ensure that for every capital expenditure proposal, the CPG will be provided with assurance that the financial consequences, both capital and revenue, of the proposal have been fully identified, and are within the constraints of the Financial Plan.

The delegated limits to approve non-IM&T Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £5m. Proposals above £5m will be approved by the Board prior to being submitted to the Capital Investment Group (CIG) at SGHSCD for approval. This approval will be exercised by the Finance and Planning Committee on behalf of the Board.

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- b) Business Cases for capital expenditure proposals between £3m and £5m will be reviewed by the CMT prior to submission to the Finance and Planning Committee for approval.
- c) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to the Corporate Management Team (CMT).
- d) Authority to approve capital proposals, including unfunded proposals, up to £1m is delegated to the CPG.

A summary Business Case will be required commensurate with the value of the proposal.

The delegated limits to approve IM&T Business Cases are as follows:

- a) The Board's delegated authority for approval of capital expenditure proposals is £2m. Proposals above £2m will be approved by the Board prior to being submitted to CIG for approval. This approval will normally be exercised by the Finance and Planning Committee on behalf of the Board.
- b) Proposals between £1m and £2m will be approved by the CMT.
- c) All proposals for IM&T expenditure over £0.5m and in accordance with the Board's approved IT Strategy will be reviewed by CPG. CPG will approve proposals up to £1m.
- d) The Director of eHealth has authority to approve proposals up to £0.5m from national formula capital allocation.
- e) Unfunded proposals up to £0.5m will be approved by CPG.

In the Acute Division Business Cases will be countersigned by the Chief Officer and the Assistant Director of Finance – Acute Services prior to review by the Strategic Management Group and the Acute Capital Planning Forum. Business Cases will then be submitted to the CPG for approval.

HSCP Business Cases will be countersigned by the relevant Chief Officer and the Chief Financial Officer. After approval by the HSCP Management Team it will be submitted to the CPG for approval.

On approval of a capital expenditure scheme the Head of Finance – Capital and Planning will issue a capital scheme number and update the Capital Plan.

12.3 NATIONAL FORMULA ALLOCATION

The Board receives a national formula allocation for minor works each year. The CPG allocates this funding to the Acute Capital Planning Forum, the Capital Equipment Group, and to the eHealth Senior Management Team. Each committee has responsibility to manage expenditure within their allocation. Capital expenditure proposals less than £1m will normally be funded from the minor works allocation however where a proposal has Board wide implications a Business Case should be submitted to CPG for approval with no de minimis value. Estates minor works will usually be used to reduce backlog maintenance and for statutory compliance and condition improvement projects under the direction of the Director of Estates and Facilities.

12.4 REVENUE FUNDING

Revenue funding made available by SGHSCD for a specific purpose may require minor capital expenditure to implement the service change. In these circumstances a capital scheme number will be issued by the Head of Finance – Capital and Planning and the Capital Plan updated accordingly.

12.5 CAPITAL EXPENDITURE APPROVAL PROCESS

Where a capital expenditure proposal is approved and a capital scheme number is issued by the Head of Finance – Capital and Planning, the Director of Finance or the Director of Estates and Facilities in accordance with the Board's Scheme of Delegation, will ensure that authority to proceed to procurement is issued to the manager responsible for the capital expenditure proposal.

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The Property Committee will approve the following property transactions;

- a) acquisitions and disposals where the value is up to £1.5m,
- b) where the annual lease/rental charge is up to £1.5m.

The Finance and Planning Committee will approve all property lease/rentals and acquisitions and disposals above £1.5m.

Procurement of all capital items will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

12.6 MAJOR CAPITAL PROGRAMMES

Where CIG approval is given for major capital schemes the Board may delegate authority for managing the approved allocation to a Project Board. The management of any such projects will be structured in accordance with the Scottish Government Construction Procurement Manual issued by the SGHSCD and NHSGGC's Construction Procurement Policy. The Project Director will provide progress reports to the Board on a regular basis.

12.7 REGIONAL PLANNING

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure included in any regional planning business case where it will become a Board asset.

12.8 PRIVATE FINANCE

Where any additional capital works are considered as a variation to any existing PPP/PFI contract the capital investment process detailed above should be applied.

12.9 THIRD PARTY DEVELOPER SCHEMES /HUB

Third party developer schemes such as hub are used to support infrastructure developments particularly within primary care settings. All projects funded by third party developers and other ways of providing new premises for independent contractors such as GPs and GDPs are subject to the same business case approvals process as any other proposed development.

The Director of Finance shall demonstrate that the capital procurement route represents value for money and genuinely transfers risk to the private sector.

The CPG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

The hubCo arrangement is defined as an Institutionalised Public Private Partnership. In operational terms hubCo provides management services to Participants that fall into 3 distinct categories of Partnering Services:

1. **Ongoing Partnering Services** include engagement with Participants to identify and qualify new projects, formalised through the Territory Delivery Plan, or TDP, the establishment and management of the Supply Chain and supporting collaborative working between Participants through the Territory Partnering Board, or TPB. As these services are ongoing, they are paid for from an overhead charge levied on all projects delivered by hubCo, albeit capped to a level where excess income is returned to Participants who have had projects delivered by hubCo.
2. **Project Development Services** include the delivery of projects, either new build or refurbishment of community based facilities, through the selection of appropriate Supply Chain Partners and, where required, through the provision of funding for non

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capital funded projects. Projects can be delivered that are design and build or just build only. The hubCo model supports both capital funded projects (D&B Contract), using the Participant's own capital or source of borrowing and revenue funded (DBFM contract), whereby hubCo sources finance for the project and the Participant pays for the cost of that finance through either internal sources (operational revenue streams) and/or external sources such as the Scottish Government. In both cases the hubCo model works on the basis that the Participant retains ownership of the asset (land and building).

Where hubCo sources finance for the project, 90% is typically provided from the external funding market (banks) by way of a funding competition, with 9.99% provided as subordinated debt and the remaining 0.01% as equity invested in a wholly owned sub hubCo. This allows for shareholders (including the public sector shareholders in hubCo) to provide investment funds. The return on this investment is capped to a level where excess income is returned to the Participant for whom the project(s) is being delivered by hubCo.

3. **Strategic Support Services** include a range of professional services at capped rates, together with Estates Planning and Service Planning services. Any Strategic Support Service with a value greater than £5,000 is also subject to competition for the selection of appropriate Supply Chain Partners.

12.10 HSCP CAPITAL PLANNING

Each HSCP will prepare a 3 year capital plan in tandem with the annual capital planning process operated by each parent organisation. This will be submitted to a HSCP Steering Group for review by senior HSCP, Board and Local Authority officers. Following this review it will be taken forward within the Board or Local Authority planning process as appropriate.

Each HSCP will update and formally approve its 3 year capital plan annually.

The nominated HSCP Chief Officer and Chief Financial Officer will be a full member of the CPG.

12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS

Where a joint project is led by a Local Authority or other partner the Board must seek to ensure that NHSGGC contributions to such schemes represent value for money and are affordable. The approvals process detailed above should be applied to such schemes.

SECTION 13

ASSETS

13.1 ASSETS

Assets include all property of NHSGGC including physical assets, such as buildings, equipment, vehicles, stores, cash, and intangibles such as intellectual property or goodwill. All staff have a duty to protect and safeguard the assets of NHSGGC in the performance of their duties and it is the responsibility of the Chief Executive to ensure that there are adequate systems in place to maintain satisfactory control of fixed assets. All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Investment.

13.2 ASSET REGISTERS

For the purposes of these Instructions, Fixed Assets will be defined in accordance with the guidance contained in the Capital Asset Accounting Manual produced by the SGHSCD.

The Director of Finance will ensure that an Asset Register is maintained, and that all Fixed Assets are accurately and timeously recorded in the Register in accordance with the guidance contained in the Capital Asset Accounting Manual.

The Director of Finance will ensure that procedural instructions are prepared and implemented to ensure that:-

1. additions to the fixed asset register are clearly identified to an appropriate budget holder and validated by reference to:
 - a. properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - b. stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - c. lease agreements in respect of capitalised assets;
2. where capital assets are sold, scrapped, lost or otherwise disposed of, their value is removed from the accounting records and each disposal validated by reference to authorisation documents and invoices (where appropriate);
3. balances on fixed assets accounts in ledgers are reconciled to balances on the fixed asset register;
4. the value of each asset is indexed to current values in accordance with methods as specified in the Capital Accounting Manual;
5. the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of NHSGGC; and
6. capital charges are calculated and paid as specified in the Capital Accounting Manual.

A joint operational sub-group representing each HSCP will be responsible for maintaining:

1. a joint property database incorporating all local authority and NHS Community properties., and
2. a register of jointly occupied properties recording details of joint funding agreements.

13.3 SECURITY OF ASSETS

The Director of Finance will ensure that procedures for the control of assets are prepared and implemented. These procedures will make provision for the:

1. recording of managerial responsibility for each asset;
2. identification of additions and disposals;
3. identification of all repairs and maintenance expenses;
4. physical security of assets;
5. periodic verification of the existence of, condition of, and title to, assets recorded; and
6. identification and reporting of all costs associated with the retention of an asset.

The Director of Finance will ensure all discrepancies revealed by verification of physical assets to the fixed asset register are investigated in accordance with the procedures set out in Section 18 of these Instructions.

Whilst each employee has a responsibility for the security of property of NHSGGC, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to NHSGGC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses (Section 18 of these Instructions).

Where practical, assets should be marked as NHSGGC property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal.

(See Section 6 of these Instructions for security of cash cheques and other negotiable instruments)

13.4 DISPOSAL OF ASSETS

All disposals of assets should secure maximum income for NHSGGC (or minimise the cost where the disposal has no proceeds) other than when donated to a charitable organisation (refer to section 13.5). Assets with an estimated value greater than £1,000 should be disposed of on the open market with arrangements commensurate with the value of the disposal. Under this level, the responsible manager must record and demonstrate that the best outcome for NHSGGC has been obtained. Where the disposal incurs a cost to NHSGGC, it should be dealt with in accordance with SFI 10 Orders Quotations and Tenders.

Where a disposal is made to a related party (i.e. other than at "arms length") the circumstances should be reported to the Head of Procurement for approval and entry in the register of Waivers to Tender.

The above does not apply to the disposal of heritable property, which must be disposed of in accordance with the relevant guidance contained in the NHS Property Transaction Handbook.

All property disposals must be in accordance with the Board's clinical strategy and the approved Property Strategy. Where a service change requires disposal of a property the Directorate General Manager or HSCP Chief Officer as appropriate will notify the Director of Estates and Facilities.

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It is the responsibility of the Property Committee to identify properties that are surplus to requirements. The Director of Estates and Facilities will ensure that disposal of the property is in line with the Board's Property and Asset Management Strategy when it has been declared surplus.

A list of properties which have been declared surplus by the Property Committee is maintained by the General Manager – Capital Planning. Where it is proposed to dispose of a surplus property and the disposal is greater than £1.5m the disposal must be approved by the Finance and Planning Committee. Disposals up to £1.5m must be approved by the Property Committee. Where the sales proceeds or Net Book Value of the disposal is greater than £500,000 additional approval must be obtained from the Chief Executive.

Any ongoing maintenance and security of the surplus property prior to disposal will be the responsibility of the Director Estates and Facilities.

13.5 DONATION OF SURPLUS ASSETS

Surplus assets will only be donated to charitable organisations which are registered with the Office of the Scottish Charity Regulator (OSCR), or an equivalent organisation, unless a request from an unregistered organisation is approved by the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy).

A summary of any assets donated to charitable organisations will be provided to the Capital Planning Group.

Where the disposal proceeds of the asset are likely to be in excess of £5,000 or the net book value is £5,000 or more the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy) will approve the donation of the asset.

SECTION 14

FINANCIAL INFORMATION MANAGEMENT

14.1 CODE OF PRACTICE ON OPENNESS AND FREEDOM OF INFORMATION

The Code of Practice on Openness was originally produced by the NHS in Scotland Management Executive and sets out the basic principles underlying public access to information about the NHS in Scotland. All staff have a duty to comply with the Code.

The Freedom of Information (Scotland) Act 2002 (FOISA) places an obligation on public bodies to provide information, subject to certain exemptions (such as personal information etc.), to anyone who asks for it. Any request for information in permanent form (i.e. non verbal) is a FOISA request and must be responded to, within 20 working days. A number of officers throughout NHSGGC have been trained in the requirements of FOISA. Anyone receiving a formal request for information should immediately pass it to one of the FOISA trained officers or, alternatively, the Head of Corporate Governance and Administration.

Staff should continue to respond timeously to general requests for information, where it has been customary to do so, without reference to FOISA officers.

14.2 CONFIDENTIALITY AND SECURITY

All employees have a responsibility to treat as confidential information which may be available to them, obtained by them or derived by them whilst employed by NHSGGC. They should not breach this duty of confidence by disclosing confidential information, using it in an unauthorised manner, or providing access to such information to unauthorised individuals or organisations.

Executive Directors and Heads of Department are responsible for the security and accuracy of data relating to their area of responsibility. In particular, the Director of Finance is responsible for the security of NHSGGC data processed and stored by information systems designed or procured under his responsibility. They are responsible for ensuring the accuracy and security of NHSGGC's financial data, including that held on and processed by computer.

In discharging these responsibilities, Directors should follow the guidelines contained in NHS DL (2015) 17 Information Governance and Security Improvement Measures 2015-2017.

These instructions should be read in conjunction with:-

1. the Computer Misuse Act 1990 (as amended by the Serious Crime Act 2015);
2. the Data Protection Regulations;
3. NHS CEL (2011) 25 – Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors;
4. NHS CEL (2012) 25 – NHS Scotland Mobile Data Protection Standard ; and
5. NHS Scotland Code of Practice - Protecting Patient Confidentiality.

14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION

Under the terms of NHS MEL (1999) 19 and subsequent guidance issued by the SGHSCD, NHSGGC has nominated the Director of Public Health as the Caldicott Guardian to “safeguard and govern the uses made within NHSGGC of patient identifiable information including both clinical and non clinical information.” The Director of Public Health will be supported by the Board’s Medical Director.

14.4 RESOLUTION OF CONFLICT

The Director of Finance or the Director of Public Health must be consulted in the event of a conflict arising between NHSGGC's obligations under the Code of Practice on Openness/FOISA and the need to maintain confidentiality.

14.5 COMPUTERISED FINANCIAL SYSTEMS

The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of NHSGGC, will ensure that:

1. procedures are devised and implemented to ensure adequate protection of NHSGGC's data, programs and computer hardware, for which he is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Regulations;
2. adequate controls exist over data entry, processing, storage, transmission and output, to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
3. adequate controls exist such that the computer operation is separated from systems development, maintenance and amendment;
4. an adequate audit trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

The Director of Finance will ensure that contracts for computer services for financial applications with another health organisation, other agency or external supplier shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract will also ensure the rights of access for audit purposes and the Director of Finance will periodically seek assurances that adequate controls are in operation.

Where computer systems have an impact on corporate financial systems, the Director of Finance must be satisfied that:

1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC's ICT Strategy;
2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;

3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

14.6 RETENTION OF RECORDS

The Scottish Government Records Management NHS Code of Practice version 2.1 January 2012 provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice encompasses the requirements of:

- Public Records (Scotland) Act 1937; as amended by the
- Public Records (Scotland) Act 2011;
- Data Protection Regulations;
- Freedom of Information (Scotland) Act 2002;
- NHS Scotland Code of Practice on Protecting Patient Confidentiality; and
- Environmental Information (Scotland) Regulations 2004;

Any other relevant laws or regulations and subsequent instructions/guidance issued by the SGHSCD must also be complied with when considering retention of records.

The Director of eHealth and the Head of Records will issue guidance on this matter as required and in cases of doubt their advice should be obtained.

14.7 INFORMATION SHARING WITH LOCAL AUTHORITIES

Section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the Board to disclose information to one or more local authorities which they may reasonably require for, or in relation to the preparation of a strategic plan.

An information sharing framework will be developed in accordance with Health and Social Care Information Sharing – A Strategic Framework 2014 - 2020.

SECTION 15

ENDOWMENT FUNDS

15.1 GENERAL

Endowment funds are defined as money or property donated to the Board and held on trust for such purposes relating to services provided under the National Health Service (Scotland) Act 1978 or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit. The Board is appointed as a corporate trustee to hold the funds and property attributable to the endowment funds and Board members are appointed as Trustees of the endowment funds.

The endowments are constituted under the National Health Service (Scotland) Act 1978. As the NHSGGC Endowment Funds are registered with the Office of the Scottish Charities Regulator (OSCR) the Trustees must also comply with the Charities and Trustee Investment (Scotland) Act 2005.

The legally registered name of the charity is the Greater Glasgow Health Board Endowment Funds. "NHS Greater Glasgow and Clyde Endowment Funds" is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board Endowment Funds.

The endowment Trustees are all the members of the Health Board. They are responsible for the general control and management of the charity in accordance with the NHS Greater Glasgow and Clyde Endowment Funds Charter and operating policies and procedures. Fundholders must comply with the Endowment Operating Instructions which are available on Staffnet.

15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS

The purpose of the Board's endowment funds is the advancement of health through;

- (a) improvement in the physical and mental health of the local population;
- (b) the prevention, diagnosis and treatment of illness;
- (c) the provision of services and facilities in connection to the above; and
- (d) the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.
- (e) education and development in connection to the above.

Charitable donations should only be accepted by the Trustees where they are consistent with this purpose.

The receipt of a charitable donation can attract substantial media interest, particularly where it represents a considerable amount of money. The Trustees must consider whether there are reasons why a donation might be inappropriate and should therefore be refused. While the following list is not exhaustive, it sets out circumstances where a donation should be refused.

- It specifies further requirements that the Board cannot meet.
- It specifies conditions which are incompatible with the purpose of the Board's endowments.
- Onerous conditions are attached to the donation, which are not acceptable or cannot be met. For example, where the donation is for the provision of particular equipment or facilities, and the running of which would not be cost-effective or would be unaffordable.

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- The acceptance of a donation places the Board under any inappropriate obligation. For example to provide any preferential NHS treatment to parties specified by the donor.
- It would be wrong to accept the donation on ethical grounds. Acceptance of a gift from a particular source may be incompatible with the ethos of the Health Service, or be likely to alienate beneficiaries or other potential donors.
- The acceptance of the donation could result in unacceptable controversy or adverse publicity. For example, the charitable donation should not benefit the person or organisation making the charitable donation at the expense of NHS patients as a whole.
- The donation is made payable to individual members of staff.

Rather than having to refuse a potential donation, it may be possible to discuss with the donor or their legal adviser in the case of a draft will, a change to the terms of the proposal. The Board should, however, encourage people to make a general donation for Health Service purposes as this gives the greatest flexibility in the application of donations.

15.3 ACCEPTANCE OF NON-CHARITABLE DONATIONS

Donations should only be accepted where they are compatible with the “advancement of health” as this is the purpose applicable to the Board’s endowment funds. Other donations should not be accepted by Endowments. Commercial Research funds or any income received in payment for services provided by the Board should be treated as exchequer rather than endowment income and administered by the Board. This guidance does not cover patients’ monies or staff funds.

15.4 APPROVAL OF EXPENDITURE

Expenditure from Endowment Funds is restricted to the purpose(s) of the appropriate Fund and can only be made with the approval of the Trustees. Such approval will be delegated to the Director of Finance to authorise expenditure from General Funds against approved budgets.

Designated fundholders will be responsible for authorising/controlling expenditure incurred on those accounts for which they have designated fundholder responsibilities. They will be able to approve individual items of expenditure of up to £50,000 or such other amount as the Trustees may agree from time to time. For individual expenditure items in excess of £50,000 (or other agreed amount) up to a ceiling of £250,000, it will be necessary to obtain additional authorisation from two of the following:

- Chief Executive
- Director of Finance,
- Chief Officer, Acute Services

Individual expenditure items in excess of £250,000 must be authorised by the Trustees.

Any expenditure incurred from Endowment Funds must comply with SFI 10 – Orders, Quotations and Tenders.

15.5 CUSTODY AND SECURITY OF ASSETS

All gifts must be held in NHSGGC's name in bank accounts specified for Endowments and withdrawals may only be sanctioned by authorised signatories. The Trustees can only accept gifts for purposes relating to the advancement of health. In cases of doubt, the Director of Finance should be consulted.

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All share and stock certificates and other assets relating to Endowment Funds will be held in the name of Nominees approved by the Trustees and will be deposited with the Endowment Funds' bankers or in some other secure facilities as determined acceptable to the Director of Finance. The Director of Finance will ensure a record is kept of all share and stock certificates on behalf of the Trustees. Property deeds will be held by the Central Legal Office.

Assets in the ownership of, or used by, NHSGGC as corporate trustee shall be maintained along with the general estate and inventory of assets of NHSGGC.

15.6 INVESTMENT

Endowment Funds will be invested by the investment managers appointed by the Trustees. The investment managers will have full discretionary powers but subject to any restrictions that the Trustees may impose from time to time.

The Trustees, via the Endowment Funds Management Committee, will be responsible for reviewing proposals and making recommendations to the Trustees with respect to:

1. the investment strategy including policy on investment risks;
2. the appointment of investment managers and advisers;
3. receiving reports from the investment managers; and
4. reviewing performance of the portfolio against relevant benchmarks and investment objectives.

The Director of Finance will be responsible for all aspects of the management of the investment of funds held on trust, and will advise the Trustees on the following:

1. participation in common investment funds; and
2. authorisation for the use of trust assets.

15.7 CONTROL OF ENDOWMENT FUNDS

The Director of Finance will prepare and issue procedures in respect of NHSGGC funds. These procedures should cover the following matters:

1. governing instruments for every fund;
2. controls and authorisation to open new funds;
3. treatment of offers of new funds;
4. legacies and bequests;
5. controls over and authorisation of expenditure including lists of authorised signatories;
6. the accounts and records necessary to account for all transactions;
7. fund-raising;
8. trading income;

NHS Greater Glasgow & Clyde Standing Financial Instructions

9. investment income; and
10. periodic reporting of balances.

The Director of Finance must ensure that:

1. the Trustees are advised on banking arrangements and with Board approval, securing the appropriate banking services;
2. the Trustees receive reports on receipt of funds, investment and any other matters agreed by the Board of Trustees;
3. annual accounts are prepared in the required manner within the agreed time-scales;
4. internal and external audit services are in place;
5. the Trustees receive reports on the outcome of the annual audit;
6. the Funds' liability to taxation and excise duty is managed appropriately; and
7. legal advice is obtained where necessary.

SECTION 16

FAMILY HEALTH SERVICES

16.1 INTRODUCTION

NHSGGC has a responsibility under Part II of the NHS (Scotland) Act 1978 to provide Family Health Services (FHS). The Public Bodies (Joint Working) (Scotland) Act 2014 delegates this responsibility to Integration Joint Boards (HSCPs). The Health Board transfers the funding for FHS to the HSCPs. This funding is ring-fenced for FHS services. Each HSCP gives direction and makes payment to the Health Board which contracts the provision of FHS services to doctors, dentists, pharmacists and optometrists who are independent contractors.

16.2 INDEPENDENT CONTRACTORS

NHSGGC will maintain lists of approved contractors, and will make additions to and deletions from those lists, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received will be dealt with equitably, within any time limits laid down in the contractors' NHS terms of service.

NHSGGC will ensure that:

1. lists of all contractors, for which NHSGGC is responsible, are maintained and kept up to date;
2. systems are in place to deal with applications, resignations, and inspection of premises, etc., within the appropriate contractor's terms of service;
3. there are mechanisms to monitor the quality of services provided by contractors and where this is found to be unsatisfactory that appropriate remedial action is taken; and
4. where a contractor is in breach of regulations, or whose service provision raises serious concerns, a report is submitted to the Reference Committee to consider disciplinary action;

16.3 PAYMENTS PROCEDURE

The Director of Finance will ensure:

1. that appropriate arrangements exist for payments to be made on behalf of NHSGGC by National Services Scotland;
2. payments are subject to controls which include checks that:
 - (a) the Statement of Financial Entitlement issued by SGHSCD has been correctly and consistently applied;
 - (b) overpayments are prevented (or if not prevented, recovery measures are initiated); and
 - (c) fraud is detected;

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This will involve a combination of pre and post payment verification in line with nationally agreed protocols.

3. that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
4. that a prompt response is made to any query raised by National Services Scotland – Practitioner Services Division regarding claims from contractors submitted directly to them.
5. that controls and checks are in place to cover patients claiming exemption from NHS charges.
6. that any cases of contractor or patient fraud are investigated and criminal/civil/disciplinary action is taken where appropriate.

16.4 FRAUD

Any instances of suspected fraud or other financial irregularity must be reported in accordance with SFI 18, Fraud, Losses and Legal Claims.

16.5 ENHANCED SERVICES

Directed Enhanced Services

Under the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2018 (“DES Directions 2018”), the Board must provide primary medical services within its area or secure their provision within its area, by establishing and operating the following schemes:

- Childhood Immunisation Scheme
- Influenza and Pneumococcal Immunisation Scheme
- Violent Patients Scheme
- Minor Surgery Scheme
- Extended Hours Access Scheme
- Palliative Care Scheme
- Pertussis Immunisation Scheme
- Shingles Immunisation Scheme
- Meningitis B Immunisation Scheme

The Board must, where necessary, vary the contractor’s primary medical services contract so that the plan setting out these arrangements comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract. Prior to issuing payments in accordance with the above paragraph, the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018.

National Enhanced Services

The Board will determine which National Enhanced Services it wishes to implement.

The GMS Steering Group will authorise implementation of the National Enhanced Service ensuring that the financial impact is within available resources.

The national specification and guidelines for the National Enhanced Service will be applied.

Local Enhanced Services

NHS Greater Glasgow & Clyde Standing Financial Instructions

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The GMS Steering Group will authorise implementation of the Local Enhanced Service ensuring that the financial impact is within available resources.

The specification for the Local Enhanced Service will be agreed by the GMS Steering Group in consultation with the local Medical Committee.

16.6 PAYMENT VERIFICATION

Payment Verification (PV) teams at Practitioner Services, which is part of NHS National Services Scotland, are responsible for providing assurance to the Board that the payments made on its behalf to Primary Care contractors are accurate and valid.

SECTION 17

HEALTH AND SOCIAL CARE PARTNERSHIPS

17.1 INTRODUCTION

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the Board has delegated functions and resources to Health and Social Care Partnerships (HSCPs). The functions to be delegated to the HSCPs are prescribed in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Each HSCP will be responsible for managing expenditure within allocated budgets.

17.2 HSCP STRATEGIC PLAN

HSCPs will produce a Strategic Plan which will incorporate a financial plan for the resources within scope of the HSCP. The Strategic Plan will set out the level of capacity required each year in all of the sectors in the care pathway and the allocation of resource within scope of the plan across the sectors. The HSCP Chief Officer will develop a case for an Integrated Budget based on a Strategic Plan which has been approved by both the Health Board and the Local Authority.

The allocations made from the HSCP to the parent bodies for operational delivery of services will be set out in the financial plan that underpins the Strategic Plan.

17.3 BUDGETS DELEGATED TO AN HSCP

The management responsibility for a budget delegated to an HSCP will be determined by the category of budget. The categories are described below.

- 1. Directly Managed Budgets**
Budgets such as District Nursing where there are no specific conditions attached due to the nature of the funding source.
- 2. Directly Managed Ringfenced**
Budgets such as GP Prescribing where the HSCP has been allocated budget management responsibility but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of the funding is ring fenced for specific purposes.
- 3. Managed on Behalf (MOB)**
Service budgets where one HSCP is responsible for managing the service on behalf of one or more other HSCPs. Where such hosted arrangements apply the responsible HSCP will be expected to manage the overall service expenditure within available funds.
- 4. Centrally Managed with Spend/Consumption Targets (CMT)**
The budget will remain centrally managed but the HSCPs will actively participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets.
- 5. Centrally Managed**
Budgets such as asylum seeker services and grants to voluntary organisations will continue to be managed centrally on account of their nature and/or scale.

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6. Set Aside (including Acute)

The hospital services to be included in the set aside budget are listed in Schedule 3 Part 2 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Only clinical service budgets will be included; services which are not provided by health professionals, such as catering and cleaning services, will not be included in the set aside budget delegated to HSCPs.

7. Other (including Notional Budgets)

FHS Non Cash Limited and other budgets where HSCPs are unable to influence expenditure levels but where they have a monitoring role. Such budgets are regarded as notional allocations.

Where a Local Authority employee is to be either a budget holder or is to be delegated authority to approve expenditure of any type it is the responsibility of the relevant Chief Officer to ensure that the individual has the necessary access to the Board's policies and procedures and the relevant IT systems (e.g. procurement) and the capability to competently implement the Board's policies and procedures.

Local Authority Employees will remain employees of the relevant Local Authority and will not become employees of the Board unless expressly agreed otherwise. Nonetheless, it is anticipated that for the limited purpose of delivering the relevant Directed Functions, such Local Authority Employees will require to comply with certain relevant Board policies, including these SFIs.

Directed Functions means a function of which an Integrated Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014. Local Authority Employee means an employee of a Local Authority which is party to an Integration Scheme with NHSGGC, in circumstances where that employee carries out Delegated Functions.

17.4 VIREMENT

An HSCP may vire resources across partners to enable implementation of strategic plans. Virement proposals will require the support and commitment of the HSCP Chief Financial Officer, the Board Director of Finance and the Local Authority Finance Officer. Agreed virements will be paid to partner authorities through the resource transfer mechanism.

Where virement of funds may have an impact on service provision by another HSCP, area wide partnership or Board wide managed service, the proposal must be supported by the head of that service and by the relevant Chief Financial Officers.

17.5 NON RECURRING FUNDING

HSCPs may receive non-recurring funding in any one year from the Board which relates to a specific activity. HSCPs must account for such funding as required and must not utilise it for purposes other than funded activity. HSCPs should not plan for a recurrence of such funding.

17.6 RESERVES

HSCPs may hold reserves subject to the agreed reserves policy.

17.7 CAPITAL PLANNING

Each HSCP will undertake a strategic review of service priorities in order to develop a 3 year Capital Plan. This will be reviewed annually in tandem with a review of its premises needs, including existing owned and leased clinical and office premises.

17.8 BUSINESS CASES

NHS Greater Glasgow & Clyde Standing Financial Instructions

Where NHSGGC funding is the sole targeted source of finance the Business Case guidance in Section 2 of these SFIs should be followed.

SECTION 18

FRAUD, LOSSES AND LEGAL CLAIMS

18.1 FRAUD, OTHER CRIMINAL OFFENCES AND FINANCIAL IRREGULARITIES

The Chief Executive, as Accountable Officer, is responsible for ensuring that all suspected fraud, theft, bribery, corruption and other financial irregularities are investigated and appropriate action taken. Operational responsibility for this is delegated to the Director of Finance and/or NHSGGC's Fraud Liaison Officer, who will take/instruct the necessary action and keep the Chief Executive informed of any salient issues, or where controversy may arise. NHSGGC has a formal Fraud Policy, which sets out the Board's policy and individuals' responsibilities. The Policy is supported by a formal Partnership Agreement with NHS Counter Fraud Service which details the action to be taken when fraud, theft, corruption or other financial irregularities are suspected (ensuring compliance with circular DL (2019)04. The following paragraphs provide an outline of the requirements but the Fraud Policy should be referred to for further detail.

The definitions of fraud, corruption and embezzlement (generally referred to as "fraud") and the related activity of theft are contained in the Fraud Policy, and are as follows:-

Fraud: the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party.

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

Embezzlement: the felonious appropriation of property by a person to which it has been entrusted.

Theft: the dishonest appropriation of property without the consent of the rightful owner or other lawful authority.

NHSGGC will take appropriate legal and/or disciplinary action against any employee, director, contractor or other third party if any of the above offences are found to be proven. In instances where there is sufficient evidence to support a criminal prosecution there is a presumption that a referral will be made to the Procurator Fiscal for consideration.

Every officer has a duty to report, without delay, any instances of fraud, corruption, embezzlement, theft or other financial irregularities that they discover. This also includes any reasonably held suspicions that such circumstances have occurred (or are about to occur). This should normally be reported to the officer's line manager, in the first instance, but may be reported directly to the Fraud Liaison Officer if there are concerns about reporting to the line manager. NHSGGC encourages anyone having reasonably held suspicions of fraud, or other irregularity, to report it. Individuals should have no fear of reporting such matters unless they know their allegations to be groundless and/or raised maliciously.

In cases where fraud, bribery, corruption or embezzlement is suspected, all investigations must be carried out by staff from NHS Counter Fraud Service. Line managers must therefore immediately contact the Fraud Liaison Officer who will arrange preliminary discussions with NHS Counter Fraud Service. No action should be taken, that may prejudice the outcome of any potential criminal prosecution, prior to consultation with the Fraud Liaison Officer and NHS Counter Fraud Service. This does not however prevent immediate action being taken where there are issues regarding safety and/or suspicions that evidence may be destroyed. Further guidance is available from the Fraud Liaison Officer.

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In cases of theft, line managers should contact the police. Local managers should assume that they have delegated authority to investigate minor thefts (subject to the approval of their service head) but should still contact the Fraud Liaison Officer in cases of doubt and where they may require specialist assistance. Any major thefts, a series of thefts or theft involving some form of deception should be discussed immediately with the Fraud Liaison Officer as these may require investigation by NHS Counter Fraud Service. There is a presumption that all thefts should be reported to the police and that the crime reference should be entered on the Datix Report/ Form IR1 and Loss Report. Managers must submit a copy of their formal investigation report (which will be satisfied by a Datix Report/Form IR1 or Loss Report in simple cases) to NHSGGC's Fraud Liaison Officer.

NHSGGC is not authorised to carry out any form of covert surveillance. If any manager considers that such a measure is necessary to detect or prevent a crime then they should contact the Fraud Liaison Officer to arrange assistance from the NHS Counter Fraud Service.

It is possible that any instance of fraud or other financial irregularity, may attract enquiries from the media or other outside sources. Staff should not make statements to the media regarding any financial irregularity, as this could prejudice the outcome of any criminal enquiry or proceedings. Any enquiries from the media or third parties should, in line with normal NHSGGC policy, be referred to NHSGGC's Communications Office, which will provide an appropriate response after consultation with the NHS Counter Fraud Service and/or the Fraud Liaison Officer.

18.2 LOSSES AND SPECIAL PAYMENTS

The Director of Finance will ensure that procedural instructions on the recording of, and accounting for, condemnations, losses and special payments are prepared and issued.

Any officer discovering or suspecting a loss of any kind will immediately inform their local manager. The manager will complete a loss form which will be signed by a budget holder and submitted to Financial Services. Losses in excess of the Budget Holder's delegated authority to write off losses should also be authorised by the appropriate Chief Officer. Where the loss is due to fraud or theft, the manager will immediately act as detailed at section 18.1 above.

The Director of Finance will ensure that a losses register in which details of all losses and compensations will be recorded as they are known is maintained.

The Board will approve the writing off of losses, within the limits delegated to it from time to time by the SGHSCD, except that delegated responsibility may be given by the Board to the Chief Executive or other officers. Any significant losses written off under this delegated authority will be reported to the Audit Committee of NHSGGC. Details of the delegated levels of authority are given in the Scheme of Delegation.

No losses or special payments that exceed the limits delegated to NHSGGC by the SGHSCD will be made without their prior approval.

The Director of Finance is authorised to take any necessary steps to safeguard NHSGGC's interest in bankruptcies and company liquidations.

For any loss, the Director of Finance will consider whether

1. any insurance claim can be made against insurers; or
2. legal action can be taken to recover all or part of the amount of the loss.

NHS Greater Glasgow & Clyde Standing Financial Instructions

All changes to securities will require the approval of the Director of Finance since they affect the Board's financial exposure and risk of bad debts

18.3 CLAIMS FOR MEDICAL/CLINICAL NEGLIGENCE

The Head of Board Administration will arrange for the Acute Services Division and HSCPs to hold a register of claims for medical and clinical negligence including details of payments made.

18.4 OTHER LEGAL CLAIMS

The Head of Corporate Governance and Administration will arrange for the Acute Services Division and HSCPs to hold a register of other legal claims e.g. under Health and Safety legislation.

18.5 DISPOSALS AND CONDEMNATIONS

The procedures for the disposal of assets are set out in these instructions at Section 13 - Assets.

The Director of Finance will ensure that procedures for the recording and condemnation of all unserviceable items are prepared and issued.

18.6 REPORTING

Results of this work will be reported to the Audit Committee.

SECTION 19

PATIENTS' PRIVATE FUNDS AND PROPERTY

19.1 PROCEDURE

NHSGGC has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, found in the possession of unconscious or confused patients, found in the possession of mentally disordered patients, or found in the possession of patients dying in hospital. Such property shall be dealt with as provided below and in accordance with the Adults with Incapacity (Scotland) Act 2000.

Patients or their guardians, as appropriate, shall be informed before or at admission by:

- notice and information booklets;
- hospital admission documentation and property records;
- the oral advice of administrative and/or nursing staff responsible for admissions;

that NHSGGC will not accept responsibility or liability for patients' property brought into Board premises, unless it is handed in for safe custody and a receipt is obtained acknowledging property handed over.

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

Any money or property handed over for safekeeping will be evidenced by the issue of an official receipt.

Records of patients' property shall be completed by a member of the hospital staff in the presence of a second member of staff and in the presence of the patient or the personal representative, where practicable. It should be signed by the member of staff and by the patient, except where the latter is restricted by physical or mental incapacity, in which case it should be witnessed by the signature of a second staff member.

Patients' income, including pensions and allowances, shall be dealt with in accordance with current SGHSCD guidelines and Department of Work and Pensions regulations.

Where monies or valuables are handed in other than to the Patients' Funds Cashier then they will be held securely and transferred to the Patients' Funds Cashier at the first reasonable opportunity.

Patients' funds will be banked and administered in accordance with instructions provided by the Director of Finance. Any funds not required for immediate use will be lodged in an interest bearing account with interest being credited to individual patients based on the level of funds held by each patient. Bank and funds reconciliations should be prepared on a monthly basis and reviewed by a more senior officer not involved in the day to day operation of the funds.

In the case of patients incapable of handling their own affairs, and unless their affairs are managed under legal authority by some other party, their affairs will be managed in accordance with the Adults with Incapacity (Scotland) Act 2000 and the associated policies approved by the Board's Supervisory Body.

NHS Greater Glasgow & Clyde Standing Financial Instructions

In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £10,000 (or such other amount as may be prescribed by legislation and advised by the SGHSCD), production of a Confirmation of Estate will be required before any of the property is released. Where the total value of the property is less than £10,000 forms of indemnity will be obtained (although confirmation of estate should still be obtained in instances where dispute is likely).

In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests in the Crown, and particulars will, therefore, be notified to the Queen's and Lord Treasurer's Remembrancer.

Staff should be informed on appointment, by the appropriate departmental or senior manager, of their responsibilities and duties for the administration of the property of patients.

Staff should not benefit directly or indirectly from the management of patients' private funds or property. Where it could be perceived that a member of staff may benefit, directly or indirectly (e.g. through accompanying a patient on holiday), then the expenditure and activity should be approved by the Multi-disciplinary Review Team.

The Board is not authorised to hold funds or valuables on behalf of patients in a community setting. Staff should decline requests to do so otherwise they could become personally liable in the event of loss.

19.2 OUTSIDE CONTRACTORS

Where NHSGGC contracts with a private, voluntary sector or non NHS body for the provision of NHS patient care, the Director of Finance will ensure that the relevant contract specifies standards to be adopted for the administration and management of patients' private funds and property.

Detailed instructions, equivalent to those adopted by the Health Board, will be required and will form the basis of the standards required contractually of health care providers in respect of the administration and control of patients' funds and property. The Director of Finance will ensure the performance of partnership providers is monitored and measured against these procedures.

SECTION 20

USE OF CONSULTANCY SERVICES (NON-MEDICAL)

20.1 DEFINITION

An external consultancy service is defined as:

- a) an ongoing exchange of intellectual or professional information; where
- b) the commission ends on completion of a defined output; and
- c) the day to day management of the consultant remains with the supplier.

External consultants should only be used where the required skills and expertise to deliver the project cannot be provided internally.

20.2 MANAGEMENT CONSULTANTS

Where use of management consultants is being considered, the guidance contained in Circular NHS MEL (1994) 4 must be observed. This guidance covers the engagement, control and reimbursement of fees to management consultants.

20.3 CAPITAL PROJECTS

Where external consultants such as architects, design consultants, surveyors etc are engaged on capital projects, including IM&T projects, the Board should follow the guidance contained in SCIM including the requirement for a post project evaluation.

20.4 REVENUE FUNDED PROJECTS

External consultants for revenue funded projects should only be engaged where it is considered to be the best way to deliver an outcome of value to the Board.

All engagements must have a clearly defined remit and outcome which will enable the Board to deliver its approved clinical strategy.

Any internal resources required to support the external consultant should be identified prior to engaging the external consultant.

A post project evaluation should be undertaken to assess whether the required outcome has been achieved.

20.5 PROCUREMENT

Engagement of all external consultants will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

All legal services will be obtained through NHS Central Legal Services (CLO) other than where the Board has appointed external legal advisers to a specific project. Note that prior approval will be required before consulting CLO.



NHS Greater Glasgow and Clyde Scheme of Delegation

NHS Greater Glasgow and Clyde Scheme of Delegation

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
Date for Review	April 2020
Replaces Previous Version	Scheme of Delegation – 4th Revision, approved April 2018

NHS Greater Glasgow and Clyde Scheme of Delegation

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NHS Greater Glasgow and Clyde Scheme of Delegation

1. MATTERS RESERVED FOR THE BOARD

Background

As defined in the NHS Circular HDL(2003) 11 “Moving Towards Single System Working”, Greater Glasgow and Clyde NHS Board is a board of governance, delivering a corporate approach to collective decision making based on the principles of partnership working and devolution of powers. Local leadership will be supported by delegating financial and management responsibility as far as is possible consistent with the Board’s own responsibility for governance.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Board to delegate some of its functions to an Integration Joint Board in order to create a single system for local joint strategic commissioning of health and social care services. The Integration Joint Board may, by direction, require the Board to carry out a function delegated to the integrated authority. These functions, which the Board is directed to carry out by the Integration Joint Board, are subject to the Board’s Scheme of Delegation.

The Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs and that of its operating sectors and partnerships, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Board has an ongoing responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The Board is required to ensure that it conducts a review of its systems of internal control, including in particular its arrangements for risk management, at least annually, and to report publicly on its compliance with the principles of corporate governance codes.

The following matters shall be reserved for agreement by the Board: -

1. Improving the Health of the population (shared responsibility with the Integration Joint Partnership Boards (HSCPs);
2. Setting strategic direction and development;
3. Development and Implementation of the Annual Operational Plan;
4. Monitoring of aggregated/exception reports from the Acute Services Committee, the Finance Planning and Performance Committee and HSCP IJBs on key performance indicators;
5. Resource Allocation (for both Capital and Revenue resource allocation);
6. Approval of Annual Accounts;
7. Scrutiny of Public Private Partnerships;
8. Approve appointment process of Executive Directors;
9. NHS Statutory Approvals;
10. Corporate Objectives;
11. Sets Values of the organization;
12. Corporate governance framework including
 - Standing Orders
 - Establishment, remit, and reporting arrangements of all Board Standing Committees
 - Scheme of Delegation
 - Standing Financial Instructions

NHS Greater Glasgow and Clyde
Scheme of Delegation

NHS Greater Glasgow and Clyde Scheme of Delegation

2. MATTERS DELEGATED TO OFFICERS OF THE BOARD

The Corporate Management Team (CMT) is the senior management decision-making body for NHSGGC and carries out an overview of the Board's responsibilities in developing strategy, policy and assessing performance against agreed objectives.

It also manages the business of the NHS Board by reviewing and endorsing Board-wide strategies, policies and actions to ensure a corporate position is achieved prior to submission to the NHS Board and its Standing Committees for consideration and approval.

Any reference in this scheme to a statutory or other provision shall be interpreted as a reference to that provision as amended from time to time by any subsequent legislation.

Any power delegated to an officer in terms of this scheme may be exercised by such an officer or officers of his or her department as the officer may authorise in writing.

3. SCHEME OF DELEGATION ARISING FROM BOARD STANDING ORDERS

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Maintenance of Register of Board Members interests		Head of Corporate Governance and Administration
2	Maintenance of a Register of gifts/hospitality for Board members		Head of Corporate Governance and Administration
3	Document or Proceeding requiring authentication by the Board		One Board Member, the Head of Corporate Governance and Administration and the Director of Finance
4	Execution of Documents on behalf of Scottish Ministers relating to Property transactions		Chief Executive/ Director of Finance/ Medical Director / Chief Officer – Acute Services/Director of Estates and Facilities.

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4. SCHEME OF DELEGATION ARISING FROM BOARD STANDING FINANCIAL INSTRUCTIONS

A scheme of delegation operates for various Standing Financial Instructions (SFIs), each of which is described in the tables that follow the list below. The list below therefore includes a cross reference to the relevant section of the standing financial instructions.

Table	Title	SFI section
4.1	Allocations, Business Planning, Budgets, Budgetary Control and Monitoring	2
4.2	Annual Accounts and Reports	3
4.3	Audit	4
4.4	Banking Arrangements	5
4.5	Healthcare Service Provision	7
4.6	Pay Expenditure	8
4.7	Non-Pay Expenditure	9
4.8	Orders, Quotations and Tenders	10
4.9	Management and Control of Stock	11
4.10	Capital Investment	12
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4.12	Family Health Services	16
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4.14	Fraud, Losses and Legal Claims	18
4.15	Patients' Private Funds and Property	19

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Table 4.1 Allocations and Budgets

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit
3	Preparation and submission of Budgets - Acute Division		Director of Finance	Limit as per Financial Plan
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee and onward to the Board	Chief Executive	Resources within scope of Integration Plan
5	Establishment and maintenance of Budgetary Control System		Director of Finance	
6	Delegation of Budgets		Chief Executive/Director of Finance	Limit as per Financial Plan
7	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
8	Authority to use N/R budget to fund recurring expenditure		Chief Executive	Within available resources
9	Virement of budget – Acute Services		Chief Operating Officer /Director of Finance	Within available budget in support of agreed Board strategy
10	Virement of budget – HSCP	Integrated Joint Board	HSCP Chief Officers (requires support of Board Director of Finance and Local Authority Finance Officer)	Within available budget in support of agreed Strategic Plan

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Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Board	Chief Executive/ Director of Finance	Board – within available resources Chief Executive up to £2m Director of Finance up to £250k

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Table 4.2 Annual Accounts and Reports

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Submission of monitoring returns		Director of Finance	In accordance with SGHSCD requirements
2	Approval of Annual Accounts	Board	Chief Executive	In accordance with Accounts Manual
3	Preparation of Governance Statement	Audit and Risk Committee and onwards to Board	Director of Finance	In accordance with Accounts Manual

Table 4.3 Audit

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Conduct of Business and Stewardship of Funds under Board control	Audit and Risk Committee	Chief Executive	In accordance with SGHSCD requirements
2	Provision of Internal Audit Service	Audit and Risk Committee	Director of Finance	In accordance with the Public Sector Internal Audit Standards
3	Appointment of external auditors	Scottish Ministers	Director of Finance	In accordance with the Audit Scotland Code of Audit Practice

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Table 4.4 Banking Arrangements

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Opening of Bank accounts in the Board's name	Board	Director of Finance	N/A
2	Notification to bankers of authorised signatories on bank accounts	Board	Director of Finance	N/A
3	Transfers to/ from GBS Account; to/ from Bank Accounts		2 signatories from panel authorised by the Board	N/A
4	BACS/CHAPS/SWIFT /Faster Payments/ cheque/ Payable Order payments		2 signatories from panel authorised by the Board	N/A
5	Direct Debit/Standing Order mandates		1 signatory from panel authorised by the Board	N/A

*BACS – Bankers Automated Clearing System; CHAPS – Clearing Houses Automated Payment System;

SWIFT – Society for World-wide Interbank Financial Telecommunication;

GBS – Government Banking Service

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Table 4.5 Contracts/Service Level Agreements

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Contracts/ Service Level Agreements	CMT and onwards to Finance, Planning and Performance Committee	Constituent members of the CMT	Finance, Planning and Performance Committee approval required for all agreements >£1.5m
2	Resource Transfer	Finance, Planning and Performance Committee	HSCP Chief Officers	Within approved budget
3	Setting of Fees and Charges: income generation - Board		Director of Finance/ Assistant Director of Finance – Corporate Services and HSCPs/ Assistant Director of Finance - Financial Services	Where not determined by SGHSCD or statute
4	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services – Acute Services		Director of Finance/ Assistant Director of Finance – Acute Services/ Directorate Heads of Finance	Where not determined by SGHSCD or statute
5	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services - Health and Social Care Partnerships		Director of Finance/ Assistant Director of Finance – Corporate Services and HSCPs/ HSCP Chief Financial Officers	Where not determined by SGHSCD or statute

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Table 4.6 Pay expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Human Resource policies	Staff Governance Committee	Director of Human Resources and Organisational Development	
2	Responsibility for implementing changes to terms and conditions of service	CMT	Director of Human Resources and Organisational Development	Within national guidance
3	Preparation of contracts of employment		Director of Human Resources and Organisational Development	Compliance with current legislation and agreed terms and conditions
4	Approval of Severance agreements – Executive cohort	Remuneration Sub-Committee	Chief Executive (Chairman where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding
6	Settlement of employment litigation claims		Director of Human Resources and Organisational Development with a Board Director	
7	Executive and Senior Management Pay	Remuneration Sub-Committee	Director of Human Resources and Organisational Development	Compliance with current legislation and agreed terms and conditions
8	Engagement, termination, re-engagement, re-grading of staff		Budget Holder	Within approved budget and funded establishment and in accordance with approved HR policies
9	Approval of hours worked		Budget Holder	Within approved budget
10	Approval of Leave		Budget Holder	In accordance with agreed Ts&Cs
11	External contractors		Budget Holder	Within approved budget

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Table 4.7 Non-Pay Expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	Finance, Planning and Performance Committee	Director of Estates and Facilities	N/A
2	Oversight of Procurement Strategy	Procurement Steering Group	Director of Estates and Facilities	N/A

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Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Request for tender/purchase (including specification) revenue - Health supplies/ services revenue - other supplies/ services expenses		Budget holder	In accordance with approved strategy/ Business Case/ Project Authorisation Checklist
2	Approval of Non Pay revenue expenditure	Finance, Planning and Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Chief Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.	Within limits of available budget
3	Approval of Non IM&T Capital expenditure	Finance, Planning and Performance Committee over £3m; CMT up to £3m; Capital Planning Group (CPG) up to £1m	Chief Executive up to £5m; Director of Finance up to £4m; Director of Estates and Facilities up to £4m; Senior General Managers - Capital Planning up to £1m;	Within limits of approved scheme
4	Approval of IM&T Capital expenditure	Finance Planning & Performance Committee over £2m; CMT up to £2m; CPG up to £1m	Chief Executive up to £2m; Director of Finance up to £2m;	Within limits of approved scheme
5	Placing external commitments/ contract awards	Finance, Planning & Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Head of Procurement up to £2m;	Approval requests will be accompanied by a tender report signed by the Head of Procurement supporting award of the contract.
6	Maintenance of Contract Register		Head of Procurement	
7	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
8	Waivers to Tender		Relevant Director and Head of Procurement; Director of Finance when >£250k or >£50k	Required >£10k. Additional requirements for DoF sign off when >£250k (urgent or no competition) or >£50k when tender process not followed

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Note: Where a proposal by an HSCP requires capital expenditure the proposal will be approved by the HSCP Board prior to submission to the Capital Planning Group for consideration.

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Table 4.9 Management and Control of Stock

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Issue of Stores recording and operating procedures		Director of Estates and Facilities	All stocks
2	Day to day management and security arrangements		Director of Pharmacy	Pharmacy stock
3	Day to day management and security arrangements		Director of eHealth	IM&T stock
4	Day to day management and security arrangements		Director of Estates and Facilities	All other stocks

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Table 4.10 Capital Investment

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non IM&T	CIG Finance, Planning and Performance Committee CMT CPG	Director of Estates and Facilities	SGHSCD CIG approval required over £5m Finance, Planning & Performance Committee over £3m CMT up to £3m CPG up to £1m (where expenditure not included in approved Capital Plan)
2	Approval of Business Cases -IM&T	CIG Finance, Planning and Performance Committee CMT	Director of eHealth	SGHSCD CIG approval required over £2m Finance, Planning and Performance Committee approves prior to submission to CIG CMT up to £2m;
3	Property acquisitions/ disposals	Finance, Planning and Performance Committee	Director of Estates and Facilities	All property acquisitions and disposals Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required
4	Lease/rental agreements	Finance, Planning and Performance Committee	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	All lease/rental agreements
5	Strategy for Investment in GP practices	Finance, Planning and Performance Committee	Director of Estates and Facilities	
6	Concessionary Leases (a lease at below market terms to voluntary/community/ social enterprise)	Finance, Planning & Performance Committee	Director of Estates and Facilities	All concessionary leases

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Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Hub contracts (revenue funded)	Board (exercised by Finance, Planning and Performance Committee on behalf of Board)	Director of Estates and Facilities	Within limits of agreed project budget

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Table 4.11 Management of Endowment Funds

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Endowment Trustees		
2	Approval of expenditure from Endowment Funds	Endowment Trustees	Endowment Trustees Fundholder/ authorised signatory plus Chief Exec. or Director of Finance or Chief Operating Officer Fundholder/ authorised signatory to fund	Over £250,000 Between £250,000 and £50,000 Up to £50,000
3	Appointment to endowment funded posts	Endowment Management Committee	Director of Finance	All Endowment funded posts
4	Maintenance of Accounts and Records		Director of Finance	
5	Access to share and stock certificates, property deeds		Director of Finance	
6	Opening of Bank accounts in the Endowment Fund name		Director of Finance	
7	Acceptance of endowment funds	Endowment Trustees	Director of Finance	Funds may only be accepted where consistent with the charitable purpose of the Endowment Funds
8	Correspondence re legacies and giving good discharge to executors		Director of Finance	
9	Investment of Endowment Funds	Endowment Trustees	Director of Finance	
10	Nominee for grants of probate or letters of administration		Director of Finance	

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Table 4.12 Family Health Services

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Agreement of General Medical Services (GMS) budget	Board	Chief Executive/ Director of Finance	Within limits of Financial Plan
2	Preparation of local aspects of GMS Contracts		Chief Officer Renfrewshire HSCP	
3	Agreement of local aspects of GMS Contracts	GMS Steering Group	Chief Officer Renfrewshire HSCP	Chief Executive/ Director of Finance counter signature required
4	Individual GP Practice Contract changes		Lead Chief Officer Primary Care Support and HSCP Chief Officers	
5	GMS payments		Practitioner Services on behalf of the Chief Executive	In accordance with NHS (General Medical Services Contracts) (Scotland) Regulations 2004 and subsequent amendments
6	Monitoring of contractors covered by GMS Contract		Head of Primary Care Support on behalf of the Chief Executive	
7	General Pharmaceutical Service payments		Practitioner Services on behalf of the Chief Executive	In accordance with NHS (Pharmaceutical Services) (Scotland) Regulations 2009 and subsequent amendments
8	Monitoring of contractors covered by GPS Contract		Head of Pharmacy and Prescribing Support on behalf of the Chief Executive	
9	General Dental Service payments		Practitioner Services on behalf of the Chief Executive	In accordance with NHS (General Dental Services) (Scotland) Regulations 2010 and subsequent amendments
10	Monitoring of contractors covered by GDS Contract		Chief Officer East Dunbartonshire HSCP	
11	General Ophthalmic Service payments		Practitioner Services on behalf of the Chief Executive	In accordance with NHS (General Ophthalmic Services) (Scotland) Regulations 2006 and subsequent amendments
12	Monitoring of contractors covered by GOS Contract		Head of Primary Care Support on behalf of the Chief Executive	
13	Verification of FHS payments		Practitioner Services on behalf of the Chief Executive	In accordance with DL(2018) 19 and Partnership Agreement with Practitioner Services

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Table 4.13 Health and Social Care Partnerships

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Delegation of functions to IJBs	Board	Chief Executive	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	Delegation of funds to IJBs	Finance, Planning and Performance Committee	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
3	Agreement of Strategic Plans for IJBs	Finance, Planning and Performance Committee onwards to Board	Chief Executive	In accordance with Integration Scheme and within limits of Financial Plan
4	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme

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Table 4.14 Fraud, losses and Legal Claims

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Notification of discovered fraud/criminal offences to SGHSCD		Director of Finance	
2	Writing off of losses	SGHSCD		Over £20,000 other than losses relating to: - Stores/Procurement - Fixed Assets(other than equipment related fraud/ theft where the limit is over £20,000) - Abandoned RTA claims In these exceptions the limit is over £40,000
3	Writing off of losses		Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Corporate Communications/ Director of Public Health/ Director of eHealth / Chief Operating Officer/ HSCP Chief Officers/ Head of Corporate Governance and Administration	Up to limit of Board delegated authority (see above)
4	Ex-gratia payments	SGHSCD		Financial loss over £25,000; Extra contractual payments over £20,000; Other payments over £2,500
5	Ex-gratia payments		Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Corporate Communications/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Head of Corporate Governance and Administration	Up to limit of Board delegated authority (see above)
6	Maintenance of medical negligence claims register		Head of Corporate Governance and Administration	

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Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Maintenance of legal claims register		Head of Corporate Governance and Administration	
8	Overview of claims, liability and settlement status	Audit and Risk Committee	Head of Corporate Governance and Administration	
9	Settlement of legal claims and Compensation Payments	Audit and Risk Committee onwards to SGHSCD		Clinical claims Over £250,000; Non-Clinical claims over £100,000
10	Settlement of legal claims and Compensation payments		Nominated Directors and Head of Corporate Governance and Administration	Clinical claims up to £250,000; non-Clinical claims up to £100,000
11	Action to safeguard the Board's interests in bankruptcies and company liquidations.		Director of Finance	

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Table 4.15 Patients Private Funds and Property

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Authorisation of Manager and Establishments to manage residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
2	Monitoring and reviewing arrangements for the management of residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
3	Establishment of arrangements for the safe custody of patients' and residents' property		Chief Executive	Within the terms of the Mental Health Act 1984, Adults with Incapacity Act 2000 and guidance laid down by the Scottish Government.
4	Arrangements for the opening and management of bank accounts		Director of Finance	
5	Establishment of detailed procedures for the safe custody and management of patients' and residents' property		Director of Finance	
6	Provision of a receipts and payments statement in the approved format annually		Director of Finance	
7	Preparation and Approval of Annual Accounts	Board	Director of Finance	

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5. SCHEME OF DELEGATION ARISING FROM OTHER AREAS OF CORPORATE GOVERNANCE

A Scheme of Delegation operates for the areas of non financial corporate governance listed below.

Table	Title
5.1	Clinical Governance
5.2	Staff Governance
5.3	Risk Management
5.4	Health Planning
5.5	Performance Management
5.6	Information Governance
5.7	Communication
5.8	Emergency and Continuity Planning
5.9	Public Health
5.10	Other Areas

NHS Greater Glasgow and Clyde Scheme of Delegation

Table 5.1 Clinical Governance

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Clinical Governance Strategy/Framework	Clinical and Care Governance Committee onward to Board	Medical Director
2	Quality Strategy	Clinical and Care Governance Committee onward to Board	Nurse Director
3	Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies	Research and Ethics Committees with Annual Report to Clinical Care Governance Committee	Medical Director
4	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
5	Monitoring and reporting of Patients complaints including trends and learning	Clinical and Care Governance Committee	Nurse Director
6	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board	Medical Director

NHS Greater Glasgow and Clyde Scheme of Delegation

Table 5.2 Staff Governance

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Monitoring of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
3	Workforce Strategy/Workforce Plan	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Dignity at Work	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Staff elements of Equality legislation.	Staff Governance Committee with reference to Public Health Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
6	Monitoring of Whistleblowing Policy	Staff Governance Committee	Head of Corporate Governance and Administration
7	Operation of Whistleblowing Policy	Area Partnership Forum	Head of Corporate Governance and Administration
8	Safe Staffing Legislation	Staff Governance Committee referring to Clinical Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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Table 5.3 Risk Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Risk Management Strategy	Risk management Steering Group onwards to Audit and Risk Committee	Chief Executive
2	Health & Safety	Health & Safety Committee onward to CMT and Staff Governance Committee	Director of Human Resources and Organisational Development/ Chief Executive
3	Health & Safety Prosecutions	CMT	Chief Executive where CLO advice not acted on; Nominated Director where CLO advice acted on
4	Prescribing policies	Area Drug & Therapeutic Committee	Director of Pharmacy
5	Establishment and administration of insurance arrangements		Director of Finance
6	Oversight of Corporate Risk Register	Audit and Risk Committee; relevant risks to Standing Committees for review	Director of Finance

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Table 5.4 Health Planning

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Operational Plan	Finance, Planning and Performance Committee onward to Board	Medical Director/ Director of Finance
2	Appraisal of Board Strategy (Moving Forward Together)	Finance, Planning and Performance Committee onward to Board	Medical Director
3	Agreement of IJB Strategic Plans	Finance, Planning and Performance Committee onward to Board	Medical Director
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director

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Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval of Performance Management Framework	Finance, Planning and Performance Committee	Director of Finance
2	Oversight of System wide Performance	Finance, Planning and Performance Committee	Director of Finance
3	Oversight of Acute Services Performance	Acute Services Committee	Chief Operating Officer

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Table 5.6 Information Governance

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of Information Management Systems & Strategy	Audit and Risk Committee	Director of eHealth
2	Board Digital Strategy	Audit and Risk Committee with reference to Clinical Governance Committee in terms of clinical impact	Medical Director/Director of eHealth
3	Data Protection Act	Audit and Risk Committee	Director of eHealth and Director of Finance as SIRO
4	Caldicott Guardian		Director of Public Health supported by the Medical Director
5	Freedom of Information Policy	Audit and Risk Committee	Head of Corporate Governance and Administration
6	Records Management Plan	Audit and Risk Committee and onwards to Board	Director of eHealth

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Table 5.7 Communication

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Communication Strategy	CMT and onwards to Board	Director of Corporate Communications
2	Board Annual Report	CMT and onwards to Board	Director of Corporate Communications
3	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

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Table 5.8 Emergency and Continuity Planning

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Preparation and maintenance of comprehensive Civil Contingency Plan	Audit and Risk Committee and onwards to Board as required	Director of Public Health
2	Preparation and maintenance of Business Continuity Plan	Audit and Risk Committee and onwards to Board as required	Director of Public Health

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Table 5. Public Health

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Public Health Strategy	Public Health Committee	Director of Public Health
2	Strategy implementation and Public Health programme	Public Health Committee	Director of Public Health
3	Health Promotion and Education	Public Health Committee	Director of Public Health
4	Equality Scheme as per legislation	Public Health Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health

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Table 5.10 Other Areas

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Patient Experience, and Feedback	Clinical Care Governance Committee	Nurse Director
3	SFIs and Scheme of Delegation	Audit and Risk Committee and onwards to Board	Director of Finance
4	Public engagement		Nurse Director



NHS Greater Glasgow and Clyde
Governance Committees Terms of
Reference

NHS Greater Glasgow and Clyde Audit and Risk Committee

Terms of Reference

1. Introduction

- 1.1 The Audit and Risk Committee (ARC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The purpose of the ARC 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;
 - Reasonable steps are taken to prevent and detect fraud and other irregularities; and
 - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC 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.

2. Membership

- 2.1 The Committee shall be appointed by the NHS Board Chair and endorsed by the NHS Board. The ARC will consist of up to 9 Non Executive Directors, and will be supported by the Director of Finance, Chief Executive, and senior managers.
- 2.2 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. A schedule of meetings will be published, and those NHS Board members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.3 At least one member of the ARC should have recent and relevant financial experience.
- 2.4 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair will appoint a Committee Chairperson and Vice Chairperson which will be endorsed by the NHS Board. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

3.2 Quorum

Meetings will be considered quorate when 4 Non Executive Members are present.

3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

3.4 Frequency of Meetings

The ARC shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair, Director of Finance, and Chief Executive.

3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

- 3.6 All declarations of interest will be minuted.

- 3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.
- 3.8 **Support Arrangements**
The Director of Finance shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit and Risk Committee. This will be by way of an executive group which shall provide support to the Audit and Risk Committee by ensuring that reports and relevant matters are being actioned at local level by management. It will also agree which responsible officers should be instructed to attend the Audit and Risk Committee to be responsible for an audit report. These arrangements shall be subject to review, evaluation and approval on an annual basis by the Audit and Risk Committee.
- 3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a committee agenda forward planner, providing appropriate support to the Chairperson and Committee members.
- 3.11 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.12 The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.13 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 meeting.
- 3.14 The Chair 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.
- 3.15 The Audit and Risk 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 Annual Report and Accounts, including the Governance Statement. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

4.0 Remit

- 4.1 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. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
 - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer;
 - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence.
4. The Audit and Risk 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. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
7. 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.
8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
9. Oversight of and monitoring of the Board's systems for information governance receiving minutes and updates from the Information Governance Steering Group.
10. Oversight of claims against the Board, liability and settlement status.

(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 Code of Conduct for Staff 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, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
2. Monitoring the delivery of internal audit and the annual performance of external audit.
3. Approving and reviewing internal audit plans, and receiving reports on their subsequent achievement.
4. Reviewing external audit plans, and receiving reports on their subsequent achievement.
5. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
6. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
7. 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.
8. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chair of the Committee.
9. Ensuring co-ordination between internal and external audit.
10. Receiving and approving the internal auditor's report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Government Health Directorates in accordance with the NHS Scotland Property Transactions Handbook.

(iv) Annual Accounts

1. Approving changes to accounting policies, and reviewing the Board's Annual Report and 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 and Risk 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 Chair of the Audit and Risk Committee (or nominated deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

5. Authority

- 5.1 The ARC is a Standing Committee of the NHS Board.

6. Reporting Arrangements

- 6.1 The ARC will report to the NHS Board.
- 6.2 The approved minutes of the ARC will be presented in draft form to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the ARC the nominated Director of Finance prior to distribution. The final approved minute will be represented to the Board at a later date.
- 6.3 The Chairperson of the Committee shall draw to the attention of the NHS NHS Board any issues that require escalation or noting.

7.0 Conduct of the Committee

- 7.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 7.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

VERSION CONTROL

Revised September 2016

Revised August 2017

Revised March 2018

Revised June 2019

NHS Greater Glasgow and Clyde
Finance, Planning and Performance Committee

Terms of Reference

1. Introduction

- 1.1 The Finance, Planning and Performance (FP&P) Committee is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.2 The Finance, Planning and Performance Committee is a Standing Committee of the NHS Board.
- 1.3 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.4 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHS GGC strategic plans (including Moving Forward Together) and Health and Social Care Partnership strategic plans.

2. Membership

- 2.1 The Committee shall be appointed by the NHS Board Chair and endorsed by the NHS Board. The FP&P Committee will consist of 14 Non Executive Directors, and will be supported by the Chief Executive, Executive Directors, Health and Social Care Partnership (HSCP) Chief Officers and relevant senior managers.
- 2.2 The Non Executive Directors will be mainly drawn from the NHS Board's statutory committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and

when appropriate.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair will appoint a Committee Chairperson and Vice Chairperson which will be endorsed by the Board. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

3.2 Quorum

Meetings will be considered quorate when 7 Non Executive Members are present.

3.3 Voting

Should a vote need to be taken, only the Non Executive Members of the Committee shall be allowed to vote, either by a show of hands, or a ballot.

3.4 Frequency of Meetings

The Finance, Planning and Performance Committee shall meet six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chairman and Chief Executive.

3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the committee.

3.8 Administrative Support

3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.

3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a committee agenda forward planner, providing appropriate support to the Chairperson and Committee

members.

4. Remit of the Committee

4.1 The remit of the Finance, Planning and Performance Committee is to scrutinise the following key areas and provide assurance to the NHS Board regarding:

- Whole system strategic planning and performance including oversight of the healthcare services delegated to IJBs;
- Whole system financial planning, including an overview of budgets delegated;
- The Property and Asset Management Strategy and Capital Plans of the NHS Board;
- Robust and effective stakeholder engagement across the planning processes and work programmes;
- Appropriate governance in respect of risks, as allocated to FP&P by the Audit Committee relating to *finance, planning, performance* and *property*, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

5. Key Duties of the Committee

5.1 The Key Duties of the Finance, Planning and Performance Committee are as follows:

Planning and Commissioning

- To review the development of the NHS Board's Strategic Plans, ensuring that strategic planning objectives are aligned with the NHS Board's overall strategic vision, aims and objectives, and make recommendations to the NHS Board;
- Ensure appropriate inclusion of National and Regional Planning requirements and monitor overall progress with the West of Scotland planning agenda;
- To ensure NHSGGC input, at an appropriate level, to draft IJBs Strategic Plans, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives. Oversee the NHS Board's required formal responses to consultation by IJBs and make recommendations to the NHS Board;
- To consider the NHS Board's Annual Operational Plan and make recommendations to the NHS Board;
- To maintain oversight of progress with the implementation of the Moving Forward Together Programme; receiving reports from the Programme Board, scrutinising cases for change, receiving assurance on effective engagement, providing support and advise to the Programme Board, and making

recommendations to the NHS Board

- To ensure oversight of the development of national shared services, considering action required and any impacts on the NHS Board and IJBs.

Financial Management

- To review the development of the NHS Board's Financial Strategy over a three year period and the Board's Annual Financial Plan making recommendations to the NHS Board;
- To have oversight and undertake analysis of financial performance across the whole system in order to consider significant issues which may impact adversely on the NHS Board's financial position, including budgets delegated to IJBs;
- To oversee the use of non-recurrent funds and reserves.

Performance Management

- To review the NHS Board Performance Management Framework ensuring it is in line with the National Performance Framework and make recommendations to the NHS Board;
- To review the NHS Board's overall performance and planning objectives, and ensure mechanisms are in place to promote best value, improved efficiency and effectiveness;
- To seek assurance on a rigorous and systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the full NHS Board.
- To seek assurance as to the adoption of a risk based approach to performance management through routine review, focussing on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against whole system performance targets.

Property and Asset Management

To ensure that the Property & Asset Management Strategy is in line with the NHS Board's strategic direction and;

- That the NHS Board's property and assets are developed, and maintained to meet the needs of 21st Century service models
- That developments are supported by affordable and deliverable Business Cases with detailed project implementation plans with key milestones for timely delivery, on budget and to agreed standard
- That the property portfolio of NHS GGC and key activities relating to property

are appropriately progressed and managed within the relevant guidance and legislative framework;

- That there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook (PTHB).
- To review the Capital Plan and submit to the NHS Board for approval and oversee the overall development of major schemes over £5m, including approval of capital investment business cases. The committee will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation.
- To review all Initial Agreements, Outline Business Cases and Full Business Cases and recommend to the NHS Board as appropriate.
- To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.

The F&P Committee will receive minutes from the:

- MFT Programme NHS Board
- West of Scotland Regional Planning Group
- Capital/ Property Planning Group

6. Authority

6.1 The Finance & Planning Committee is a Standing Committee of the NHS Board.

7. Reporting Arrangements

7.1 The FP&P Committee will report to the NHS Board.

7.2 The approved minutes of the FP&P Committee will be presented in draft form to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the Finance, Planning and Performance Committee and the nominated Lead Director prior to distribution. The final approved minute will be represented to the Board at a later date.

7.3 The Chairperson of the Committee shall draw to the attention of the NHS NHS Board any issues that require escalation or noting.

8. Conduct of the Committee

8.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for

Members.

- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

Version Control	
Version 1	May 2019 EV

NHS Greater Glasgow and Clyde Clinical & Care Governance Committee

Terms of Reference

1. Introduction

- 1.1 The Clinical & Care Governance Committee (C&CGC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The overall purpose of the Clinical & Care Governance Committee is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS Board.

2. Membership

- 2.1 The Committee Chair, Vice Chair and members shall be appointed by the NHS Board Chair and endorsed by the NHS Board. The C&CGC & Committee will consist of eight Non Executive Directors, and will be supported by the Chief Executive, Medical Director and Nurse Director, Head of Clinical Governance and other relevant senior managers.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

3.2 Quorum

Meetings will be considered quorate when four Members are present.

3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

3.4 Frequency of meetings

The Clinical & Care Governance Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

3.5 Declaration of Interests

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

3.8 Administrative Support

3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.

3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a committee agenda forward planner, providing appropriate support to the Chairperson and Committee members.

4. Remit of the Committee

4.1 The remit of the C&CGC is to scrutinise and provide assurance to the NHS Board regarding the following key areas:

- Development and oversight of the NHS Board's Clinical Governance Strategy and Quality Strategy;
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care;
- Ensure oversight of a person centred care and feedback reflecting learning;
- That NHS GGC fulfils its statutory obligations relating the Board's Duty of Quality – including Duty of Candour;
- To provide advice and assurance to the NHS Board that clinical service

proposals i.e. in respect of Moving Forward Together and other relevant strategies, are consistent with the continued provision of safe and effective care;

- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated;
- Appropriate governance in respect of risks, as allocated to the CCGC by the Audit Committee relating to *clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care.

5. Key Duties of the Committee

5.1 The key duties of the CC&GC are to receive and review reports and, as appropriate, seek direct feedback from staff concerning:

- Implementation of a Clinical Governance Strategy/supporting Framework ensuring a robust system assurance is in place across the whole system;
- Implementation of the Quality Strategy and monitoring delivery of the agreed priorities;
- Ensure learning is shared and best practice highlighted;
- Relevant data and trends in patient safety, experience and outcomes, including feedback from patient safety walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care;
- Compliance with relevant regulatory requirements and national clinical standards;
- The processes within NHSGGC to ensure that appropriate action is taken in response to *adverse clinical incidents, complaints* and *SPSO feedback*, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care;
- Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans; and
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour.

- Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required.
- Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.

The C&CGC will receive minutes/reports from the:

- Board Clinical Governance Forum

6. Authority

- 6.1 The Clinical & Care Governance Committee is a Standing Committee of the NHS Board.

7. Reporting Arrangements

- 7.1 The C&CGC will report to the NHS Board.
- 7.2 The approved minutes of the C&CGC will be presented in draft form to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the C&CGC and the nominated Lead Director prior to distribution. The final approved minute will be represented to the Board at a later date.
- 7.3 The Chairperson of the Committee shall routinely draw to the attention of the NHS Board any issues that require escalation or noting.

8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board for approval.

Version Control	
Version 1	May 2019

NHS Greater Glasgow and Clyde
Staff Governance Committee

Terms of Reference

1. Introduction

- 1.1 The Staff Governance Committee (SGC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The purpose of the SGC is to provide assurance to the Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'). The Staff Governance Committee is a Standing Committee of the NHS Board.
- 1.4 In particular, the SGC will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

2. Membership

- 2.1 The Committee membership shall be appointed by the NHS Board Chair and endorsed by the Board, and will be given a remit, including providing advice to the Board on the conduct of its business.
- 2.2 The Board Chair shall appoint up to eight Non-Executive Members of the NHS Board, which shall include the Employee Director. The Committee will be co-chaired by the Employee Director and a Non-Executive Director appointed from within the membership of the Committee.
- 2.3 Members of the Area Partnership Forum listed below shall be ex-officio Members of the Committee (without voting rights):

- Director of Human Resources and Organisational Development
- Depute Director of Human Resources
- Head of People & Change as appropriate
- Chief Officer (representing HSCPs)
- Chief Operating Officer (representing Acute)
- Area Partnership Forum Staff Side Secretaries (2)
- Area Partnership Forum Acute Division Joint Trade Union representative
- Area Partnership Forum HSCPs Joint Trade Union representatives one representing Glasgow City HSCP and one to represent the non city partnerships

The SGC may invite to attend other senior managers and trade union representatives e.g. Head of Health & Safety, Head of Inequalities.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair shall appoint two co-chairs, one of whom will be the Employee Director. In the event of a co-chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired solely by the other co-chair. In the absence of both co-chairs, the meeting shall be chaired by another voting member of the committee as agreed by the voting membership present.

3.2 Quorum

At least four Non Executive Members of the Committee must be present in order to form a quorum.

3.3 Voting

Should a vote need to be taken, only the voting Members of the Committee shall be allowed to vote. Such a vote shall be either by show of hands, or by ballot.

3.4 Frequency of Meetings

There should be a minimum of four meetings per annum. Additional meetings may be arranged at the discretion of the Committee Co-Chairs after consulting with the NHS Board Chairman and Chief Executive.

3.5 Declarations of Interest

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest at the start of the meeting and depending on the significance of the interest may not thereafter participate in the discussions. The Chair of the meeting will have the power to request that member to

withdraw until the Committee's consideration of the relevant matter has been completed.

3.6 All declarations of interest will be minuted.

3.7 **Administrative Support**

Administrative support for the Committee will be provided by a member of the HR Team supported by the Corporate Services Team.

3.8 The administrative support to the SGC will attend to take the minutes of the meeting, maintain a log of actions and a Committee forward planner, provide appropriate support to the Co-Chairs and Committee, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

4. **Remit of the Committee**

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

5. **Key Duties of the Committee**

5.1 The Committee shall act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.

5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc groups as agreed by the NHS Board.

5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff

Governance Standard.

- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in MEL(1993)114 (amended).
- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer Staffing Regulations.

6. Authority

- 6.1 The SGC is a Standing Committee of the NHS Board.

7. Reporting Arrangements

- 7.1 The SGC will report to the NHS Board.
- 7.2 The approved minutes of the SGC will be presented in draft form to the next NHS Board meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft minutes will be cleared by the Co-Chairs of the Committee and the Director of Human Resources and Organisational Development prior to distribution. The final approved minute will be presented to the Board at a later date.
- 7.3 The Co-Chairs of the SGC shall draw to the attention of the NHS Board any issues that require escalation.

8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The SGC will participate in an annual review of the Committee's remit

and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board. Note, this is in addition to the report noted in para 3.8 which fulfils a separate function.

Version Control	
Version 1	June 2019 GF

NHS Greater Glasgow and Clyde
Remuneration Committee

Terms of Reference

1. Introduction

- 1.1 The Remuneration Committee is a Sub Committee of the Staff Governance Committee, which is a formal Standing Committee of the Board.
- 1.2 The Remuneration Committee will ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health Directorate.

2. Membership

- 2.1 The membership of the Remuneration Committee will be:
 - NHS Board Chair and up to 7 Non Executive Members (including the Vice Chair and Employee Director)
- 2.2 Members shall be appointed by the NHS Board Chair and endorsed by the the NHS Board.
- 2.3 The Board Chief Executive and Director of Human Resources and Organisational Development will be in attendance to provide advice and support.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair will Chair the Committee. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson of the NHS Board.

3.2 Quorum

Meetings will be considered quorate when 3 Non Executive Members are present (one of whom may be the Chair).

3.3 Frequency of Meetings

The Committee shall meet a minimum of twice per annum. Additional meetings may be arranged at the discretion of the Committee Chair.

3.4 Administrative Support

The Head of Corporate Governance and Administration and (or authorised nominee) will provide secretariat services.

4. Remit

4.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.

4.2 The Remuneration Committee shall provide assurance that systems and procedures are in place to manage senior manager pay as set out in MEL(1993)114 and subsequent amendments, so that overarching staff governance responsibilities can be discharged.

5. Key Duties of the Committee

5.1 The remit of the Remuneration Committee is to scrutinise the following key areas and provide assurance to the Staff Governance Committee regarding:

5.2 In accordance with Scottish Government Health Directorate guidance, determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades – D to I) and Senior Management Cohort (national pay grades – A to C) and ensure that an effective system of performance management for these groups is in operation; as well determine and regularly review the remuneration arrangements for Non-Executive Members of the NHS Board.

5.3 Ensure implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, including job descriptions, job evaluation, terms of employment, basic pay and performance related pay increases.

5.4 Ensure implementation and maintenance of the electronic performance

management system - Turas Appraisal for Executive and Senior Management Cohorts for the forthcoming year.

- 5.5 Ensure that the performance of the Executive and Senior Management Cohorts is rigorously assessed against agreed objectives and act as reviewer for the Chief Executive; objectives may, by agreement with the individual being assessed, be revised in the course of the mid-year review to reflect unforeseen changes in circumstances.
- 5.6 Review any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.7 Agree any severance Policies/Procedures in respect of all staff including Executive and Senior Managers, e.g. premature retirements under the NHS Superannuation Scheme.
- 5.8 Approve any new posts within the Executive cohort (national pay grades – D to I).
- 5.9 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.
- 5.10 Approve the annual process for the awarding of Discretionary Points to relevant clinical staff.
- 5.11 Undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and their application and implementation within NHSGGC.

5. Authority

- 5.1 The Remuneration Committee is a Sub Committee of the Staff Governance Committee, which is a formal Standing Committee of the Board.

6. Reporting Arrangements

- 6.1 To ensure that the Staff Governance Committee is fully apprised of the work of the Remuneration Committee, the Employee Director will present a summary of key issues discussed and processes applied, the terms of which shall be agreed with the Chair of the Committee.

7. Conduct of the Committee

- 7.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

Version Control	
Version 1	June 2019 GM

NHS Greater Glasgow and Clyde

Acute Services Committee

Terms of Reference

1. Introduction

- 1.1 The Acute Services Committee (ASC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The purpose of the ASC is to oversee acute services across Greater Glasgow and Clyde (GGC) and provide assurance to the NHS Board regarding performance, financial governance and quality of acute care.

2. Membership

- 2.1 The Committee shall be appointed by the NHS Board Chair and be endorsed by the NHS Board. The ASC will consist of 11 Non Executive Directors, and will be supported by the Chief Executive, Chief Operating Office and relevant Executive Directors and senior managers.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair will appoint a Committee Chairperson and Vice Chairperson which will be endorsed by the NHS Board. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

3.2 Quorum

Meetings will be considered quorate when five Non Executive Members are present.

3.3 Voting

Should a vote need to be taken, only the Non Executive Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

3.4 Frequency of Meetings

The ASC shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair, Chief Executive and Chief Operating Officer.

3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

3.8 Administrative Support

3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team

3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a committee agenda forward planner, providing appropriate support to the Chairperson and Committee members.

4. Remit of the Committee

4.1 The remit of the ASC is to scrutinise the following key areas and provide assurance to the NHS Board regarding:

- Performance management and improvement across all aspects of the Acute Service's consistent with Corporate Objectives, relevant Annual Operating Plan targets, locally-based targets and priorities;

- The efficiency, effectiveness and quality of services delivered to patients in acute care;
- Acute Services Financial Planning and Management;
- Whether current or developing Acute service proposals i.e. in respect of Moving Forward Together and other relevant strategies, are consistent with the continued provision of safe and effective acute care;
- Appropriate governance in respect of risks, as allocated to the ASC by the Audit Committee relating to aspects of Acute Services, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

5. Key Duties of the Committee

- 5.1 The key duties of the ASC are to receive and review reports and, as appropriate, seek direct feedback from staff in respect of:

Performance Management

- Ensuring a co-ordinated approach to the management of performance across acute services scrutinising areas of challenge, highlighting risk and seeking remedial action;
- Developing the Acute Services aspects of the Annual Operational Plan and oversight of implementation;
- Highlighting positive performance and sharing learning on improvement;
- Considering relevant extracts from the Corporate Risk Register, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agree appropriate escalation as required.

Resources

- Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Reflecting on the role of the Finance Planning & Performance Committee in the overall monitoring of the Board's financial position across the whole system.

Quality

- Ensuring an integrated approach is taken to delivery of priorities within the Quality Strategy in respect of acute care ensuring efficiency and effectiveness

in service provision;

- Seeking assurance that systems for monitoring and development are in place within Acute Services and which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care referring to the Clinical Care Governance Committee as required;
- Reviewing, as relevant to acute services, the Clinical Governance Strategy and Quality Strategy and respective implementation plans;
- Monitoring Acute Services activities in connection with the person-centeredness approach and oversee patient experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations within Acute.

Capital Projects

- By exception, receive reports on Acute Capital schemes and monitor the impact on service delivery of any major issues with these schemes and any delays;
- Providing advice to the Finance, Planning & Performance Committee in respect of acute services on business cases to be submitted to SGHD for approval (usually above £5m), acknowledging it is for the Finance, Planning & Performance Committee to approve such business cases.

6. Authority

6.1 The Acute Services Committee is a Standing Committee of the NHS Board.

7. Reporting Arrangements

7.1 The Acute Services Committee will report to the NHS Board

7.2 The approved minutes of the ASC will be presented in draft form to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the ASC and the nominated Chief Operating Officer prior to distribution. The final approved minute will be represented to the Board at a later date.

7.3 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation.

8. Conduct of the Committee

8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

Version Control	
Version 1	June 2019

PUBLIC HEALTH COMMITTEE

Terms of Reference

1. Introduction

- 1.1 The Public Health Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.
- 1.2 The Public Health Committee is a Standing Committee of the NHS Board.
- 1.3 The overall purpose of the Public Health Committee is to ensure a dedicated focus on public health across the whole system, working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

2.0 Membership

- 2.1 The Committee shall be appointed by the NHS Board Chair and endorsed by the Board, and will consist of up to six Non-Executive Members and supported by the following eight Professional Advisors, who shall be ex-officio Members of the Committee (without voting rights), as follows -

- Director of Public Health;
- Head of Health Improvement;
- Two Consultants in Public Health Medicine;
- Two HSCP Chief Officers;
- Director - Glasgow Centre for Population Health; and
- Representative of Health Scotland.

The Committee will be supported by the Director of Public Health, and other Executive Directors as appropriate. Other Non-Executives will also receive a set of papers separately, for their information.

- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

3.0 Arrangements for the Conduct of Business

3.1 Chairing the Committee

The NHS Board Chair shall appoint a Chair and Vice Chair. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

3.2 Quorum

Meetings will be considered quorate when three Non-Executive Members are present.

3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

3.4 Frequency of meetings

The Public Health Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

3.5 Declaration of Interests

Declarations of interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest at the start of the meeting and depending on the significance of the interest may not thereafter participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

3.8 Administrative Support

3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.

3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee forward planner, provide appropriate support to the Co-Chairs and Committee, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

4.0 Remit of the Committee

4.1 The remit of the Public Health Committee is to promote public health and oversee population health activities with regular feedback to the full Board to ensure that the Board develops a long term vision and strategy for public health.

5.0 The Key Duties of the Public Health Committee are as follows:

- To consider the public health priorities for NHS Greater Glasgow and Clyde;
- To review the application and monitor the Strategic Plan for Public Health – Turning the Tide, through regular progress reports and review of intermediate measures and long term outcomes making recommendations to the NHS Board;
- To ensure that public health strategic planning objectives are part of the Board’s overall objectives, strategic vision and direction;
- To support the Board in taking a long term strategic approach to the health of the population;
- To review the development of the Board's Public Health Directorate’s Annual Work-plan across the three domains of Health Protection, Health Improvement and improving the quality of Health Services;
- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff;
- To oversee the funding allocated to public health activities by the Board;
- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- To provide the Board members who are part of IJBs with information and evidence to promote public health;
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical Services Strategy and Child Health Services;
- To oversee the adherence to Equality legislation referring specific staffing elements e.g. Equal Pay, to the Staff Governance Committee;
- To oversee the requirements of legislation in respect of child poverty making recommendations to the NHS Board.

6.0 Authority

6.1 The Public Health Committee is a Standing Committee of the NHS Board.

7.0 Reporting Arrangements

7.1 The Public Health Committee will report to the NHS Board and submit an Annual Report on its activities to the NHS Board.

7.2 The approved minutes of the Public Health Committee will be presented in draft form to the next NHS Board meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft minutes will be cleared by the Chair of the Public Health Committee and the nominated lead Director prior to distribution. The final approved minute will be presented to the Board at a later date.

7.3 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation.

8.0 Conduct of the committee

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board. Note, this is over and above the Annual Report noted in para 7.1 which serves a different purpose.

Version Control	
Version 1	June 2019 GF

NHS Greater Glasgow and Clyde Area Clinical Forum

Terms of Reference

1. Introduction

- 1.1 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.
- 1.2 The Forum will be called NHS Greater Glasgow and Clyde Area Clinical Forum.

2. Membership

- 2.1 The Area Clinical Forum will comprise the Chairs and Vice Chairs (or relevant Deputy) of the *statutory* Area Professional Committees as follows:-
- Medical
 - Dental
 - Nursing and Midwifery
 - Pharmaceutical
 - Optometric
 - Area Allied Professionals and Healthcare Scientists
 - and the Chair and Vice Chair (or relevant Deputy) of the Area Professional Committees as follows:-
 - Psychology

2.2 Persons 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.

A Chief Officer of a Health and Social Care Partnership will be invited to attend meetings of the Forum.

3. Arrangement for Conduct of Business

3.1 Chairing the Forum

3.2 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.

3.3 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.

3.4 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.

3.5 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.

3.6 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.

3.7 Vice Chair

3.8 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.

3.9 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.

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

3.11 **Officers of the Forum**

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.

3.12 **Quorum**

A quorum of the Forum will be representation from at least four of the constituent subcommittees. 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.

3.13 **Frequency of Meetings**

3.14 The Area Clinical Forum will meet at least four times each year. This can be varied at the discretion of the Chairman.

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

3.16 **Declarations of Interest**

Declarations of interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting and depending on the significance of the interest may not thereafter participate in the discussions. The Chair will have the authority to request that member to withdraw until the Forum's consideration has been completed.

3.17 All declarations of interest will be minuted.

3.18 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Forum.

3.19 **Administrative Support**

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

3.20 The Administrative Support to the Forum will attend to take the minutes of the

meeting, maintain a log of actions and a Forum agenda forward planner, providing appropriate support to the Chairperson and Forum members.

3.21 Alterations to the Constitution and Standing Orders

3.22 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.

3.23 Guest Speakers

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

4. Remit of the Forum

4.1 To represent the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology 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.

5. Key Duties of the Forum

5.1 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;

5.2 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.

5.3 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.

6. Authority

6.1 The Area Clinical Forum is a Standing Committee of the NHS Board.

7. Reporting Arrangements

7.1 The Area Clinical Forum will report to the NHS Board and submit an Annual Report on its activities to the NHS Board.

7.2 The approved minutes of the ACF will be presented in draft form to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the Forum prior to distribution. The final approved minute will be represented to the Board at a later date.

7.3 The Chair of the Forum shall draw to the attention of the NHS Board any issues that require escalation.

8. Conduct of the Forum

8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Forum will participate in an annual review of the Forum's remit and membership, to be submitted to the NHS Board for approval.

Version Control	
Version 2	June 2019 GM



NHS Greater Glasgow and Clyde
Secretariat and Reporting
Templates

**Meeting of the xxxxxxxx Committee on
xxxxxx at xxxx in the
Meeting Room, JB Russell House, Gartnavel Royal Hospital,
Glasgow, G12 0XH**

AGENDA

1.	Welcome and Apologies		
2.	Declarations(s) of Interest(s)		
3.	Minutes of Previous Meeting: a) Rolling Action List		
4.	Matters Arising		
TOPIC			
5.	Agenda item Paper presented by the Director of	Paper/Verbal/ Presentation	Paper No.19/xx
6.	Agenda Item Paper presented by the Director of		Paper No. 19/xx
7.	Agenda Item Paper presented by the Director of		
8.	Agenda Item Paper presented by the Director of		
9.	Agenda Item Paper presented by the Director of		
TOPIC			
10.			
11.			
12.			

OFFICIAL SENSITIVE

13.			
14.			
15.			
TOPIC			
16.			
17.			
18.			
19.			
20.			
ITEMS FOR NOTING			
21.			
22.			
	Date and Time of Next Scheduled Meeting		

NHSGG&C(M) 19/xx

Minutes: xx - xx

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
XXXXXXXXXXXX
held in the XX
on XXXXXXXXXXXXXXXX**

PRESENT

xxxxxxx (in the Chair)

IN ATTENDANCE

Name	..	Title
	..	
	..	
	..	
	..	
	..	
	..	
	..	
	..	
	..	
	..	

		ACTION BY
01.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of XXXXXXXXXXXXXXXXXXXXX. NOTED	
02.	DECLARATIONS OF INTEREST	
	XXXXXXXXXXXXXXXXXXXXXX NOTED	
03.	MINUTES OF THE MEETING HELD xxxxxxxx	

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	APPROVED		
04.	MATTERS ARISING		
a)	ROLLING ACTION LIST		
	XXXXXXXXXXXXXXXXXXXX		
	<u>NOTED/APPROVED/AGREED</u>		
05.	AGENDA ITEM		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	<u>NOTED/APPROVED/AGREED</u>		
06.	AGENDA ITEM		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	<u>NOTED/APPROVED/AGREED</u>		
07.	AGENDA ITEM		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	<u>NOTED/APPROVED/AGREED</u>		

MATTERS ARISING
Rolling Actions List
Name of Committee

Paper Number 19/xx
Meeting Date:



Ref		Action Required	Owner	Expected Completion Date	Update	Status	
Meeting Date	Minute No					Ongoing	Closed
							✓
							✓
							✓
							✓
							✓
							✓
TOTAL						0	6

NHS Greater Glasgow & Clyde	
Meeting:	Board Meeting
Date of Meeting:	25th June 2019
Purpose of Paper:	Approval/For Noting (delete as appropriate)
Classification:	Official Sensitive/Board Official (delete as appropriate)
Sponsoring Director:	

Paper Title

Recommendation

Purpose of Paper

Key Issues to be considered

Any Patient Safety /Patient Experience Issues

Any Financial Implications from this Paper

Any Staffing Implications from this Paper

Any Equality Implications from this Paper

Any Health Inequalities Implications from this Paper

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

Highlight the Corporate Plan priorities to which your paper relates

**Author
Tel No
Date**

GREATER GLASGOW AND CLYDE NHS BOARD

ANNUAL REPORT OF XXXX GOVERNANCE COMMITTEE 2018/2019

1. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. xxxxxx GOVERNANCE COMMITTEE

2.1 Purpose of Committee

The purpose of the XXX Governance Committee is to provide the NHS Board with the assurance that –

-

2.2 Composition

During the financial year ended 31 March 2019 membership of **XXX Governance Committee** comprised:

- Chairperson –

MEMBERSHIP

IN ATTENDANCE

2.3 Meetings

The Committee met on four occasions during the period from 1 April 2018 to 31 March 2019 on the undernoted dates:

-

The attendance schedule is attached at Appendix 1.
All meetings of the XX Governance Committee were quorate.

2.4 Business

The Committee considered both routine and specific work areas during the financial year 2018/2019. Areas considered included:

-

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

3. OUTCOMES

Through the financial year the Committee were presented with various items and these can be summarised as follows:-

Title and brief outline of each

4. CONCLUSION

STATEMENT OF ASSURANCE

As Chair of the XXX Governance Committee during financial year 2018/2019 I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective XXX Governance arrangements were in place across NHS XXX during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the XXX Governance Committee. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and XXX for their excellent support of the Committee.

Name

Chairperson

On behalf of XXX GOVERNANCE COMMITTEE

**STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 19**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED

NHS Greater Glasgow & Clyde	
Meeting:	Board Meeting
Date of Meeting:	25th June 2019
Purpose of Paper:	For Noting
Classification:	Official Sensitive/Board Official (delete as appropriate)
Name of Reporting Committee	i.e. Acute Services Committee
Date of Reporting Committee	
Committee Chairperson	

Paper Title: Update on Key Items of Discussion at Governance Committee

Recommendation:

That the Board note the key items of discussion at the recent meeting of the NAME OF COMMITTEE as set out below.

Key Items of Discussion:

1. Key item of discussion 1
2. Key item of discussion 2
3. Key item of discussion 3

...



NHS Greater Glasgow and Clyde
Draft Governance Framework
Diagram of Committees

