

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 21/58</b>
<b>Meeting:</b>	<b>NHS Board</b>
<b>Meeting Date:</b>	<b>21 September 2021</b>
<b>Title:</b>	<b>Governance Framework Review</b>
<b>Sponsoring Director/Manager</b>	<b>Ms Elaine Vanhegan, Head of Corporate Governance and Administration</b>
<b>Report Author:</b>	<b>Mrs Geraldine Mathew, Secretariat Manager</b>

## 1. Purpose

**The purpose of the attached paper is to:**

To present the Governance Framework Review to the NHS Board, for approval of 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;
- The Standing Committee Terms of Reference.

## 2. Executive Summary

**The paper can be summarised as follows:**

Ensuring the Board has reviewed its governance framework on an annual basis is illustrative of good governance. Due to the COVID-19 pandemic, this has been delayed from June 2021 to September 2021.

Board Members will be aware of the work underway in developing the Board's approach to Active Governance, defining an Assurance Framework and developing an Information Assurance System, which may result in further review in terms of Committee remits and the Scheme of Delegation over time.

In addition, Board Members will also be aware of the work which has been ongoing since April 2019 to strengthen and improve governance arrangements in line with the

standards set out in the Blueprint for Good Governance. The national process through the NHS Scotland Corporate Governance Steering Group to implement NHS Scotland's 'A Blueprint for Good Governance' continues. This nationally led work has resulted in the introduction of nationally consistent NHS Board Standing Orders. Further publications are still expected in respect of 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.

**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 September 2020. Following a recent Scottish Government consultation on the Model Code of Conduct, it is anticipated that the final, revised Model Code and associated guidance, will be published circa December 2021, once laid before Parliament, in autumn 2021. Thereafter, the Model Code of Conduct will be presented to the NHS Board for formal adoption.

**Standing Orders**

NHS Board Standing Orders remain unchanged from September 2020.

**Standing Financial Instructions**

The Standing Financial Instructions have been reviewed and amendments made. The main areas of amendment include Section 10 – Orders, Quotations and Tenders; and Section 12 – Capital Investment, with minor amendments made to other sections.

**Scheme of Delegation – including Matters reserved for the NHS Board**

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

Clarification of approval of capital investments, acquisitions and disposals.

**Committee Terms of Reference**

All Standing Committee Terms of Reference are formatted in the same template ensuring consistency, and amendments are described below:

- Update to the Membership sections of the Committee Terms of Reference to reflect the description of the key responsibilities of Board Members, as described within Paper No. 21/33 – Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Phase 1 Update, presented to the NHS Board on 29<sup>th</sup> June 2021;
- Inclusion of the NHS Board Chair and Chief Executive within the membership sections of the Committee Terms of Reference, to reflect ex-officio membership of all Board Committees;
- Inclusion of the relevant sections of the Scheme of Delegation as Appendix 1 of the Committees Terms of Reference;
- Inclusion of the Corporate Objectives as Appendix 2 of the Committees Terms of Reference, as detailed within the Remit of the Committee sections;
- Clarification of the Remit of the Committee to include any other operational objectives, as required;

- Inclusion of risk management duties within the Key Duties of the Committee sections, to strengthen the role of Committees in ensuring appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, reviewing risk identification, assessment, and mitigation in line with the NHS Board's risk appetite and ensuring appropriate escalation;
- Clarification of Reporting Arrangements, to describe the process of ratification of Committee minutes.

### **Governance Committee Annual Reports**

Board members will be aware of the requirement by Governance Committees to provide an Annual Report to the NHSGGC Board for assurance purposes, as agreed at the NHSGGC Board Meeting at its meeting on 25 June 2020 [Paper No. 19/38]. The Annual Reports are included within Paper No. 06.

## **3. Recommendations**

**The NHSGGC Board is asked to consider the following recommendations:**

- Note the work undertaken to review the governance framework across NHSGGC ensuring an annual update is presented.
- Note that further alteration may be required as part of the work underway in developing the Board's approach to Active Governance and defining an Assurance Framework and developing an Information Assurance System. In addition, the national review of governance has yet to finally report on a number of elements for adoption by all Boards.
- Approve the key elements of the governance framework as noted within the paper as endorsed by the Audit and Risk Committee at its meeting of 14 September 2021.

## **4. Response Required**

**This paper is presented for approval.**

## **5. Impact Assessment**

**The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:**

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <b><u>Positive</u></b> |
| • Better Care          | <b><u>Positive</u></b> |
| • Better Value         | <b><u>Positive</u></b> |
| • Better Workplace     | <b><u>Positive</u></b> |
| • Equality & Diversity | <b><u>Positive</u></b> |
| • Environment          | <b><u>Positive</u></b> |

## **6. Engagement & Communications**

**The issues addressed in this paper were subject to the following engagement and communications activity: N/A**

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development:**

Board Standing Committees have reviewed and approved their respective Committee Terms of Reference.

The Audit and Risk Committee endorsed this paper at its meeting on 14 September 2021.

## **8. Date Prepared & Issued**

Date Prepared: 17 September 2021

Date Issued: 17 September 2021



NHS Greater Glasgow and Clyde  
Governance Framework  
September 2021

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*Note - The Endowments Committee Terms of Reference are derived from the Endowments Charter and Operating Instruction, therefore these documents are not included.*



# 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**

## BOARD OFFICIAL

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 Regulations<sup>1</sup> 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.

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

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

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

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

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

### **Category Two: Related Undertakings**

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

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

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

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

### **Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 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;

## BOARD OFFICIAL

- (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

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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.

## **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.

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**“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.

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

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

**1 General**

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Greater Glasgow and Clyde NHS Board, the common name for Greater Glasgow and Clyde Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019\) 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (<https://learn.nes.nhs.scot/17367/board-development> )

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

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- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

### Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Greater Glasgow and Clyde NHS Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however they may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, they must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

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- 1.11 The Board's Head of Corporate Governance and Administration shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

### **2 Chair**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

### **3 Vice-Chair**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Head of Corporate Governance and Administration should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

### **4 Calling and Notice of Board Meetings**

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.

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- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. This standardises the approach across NHS Scotland Boards. However, NHSGGC will continue to 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).
- 4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.

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The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

### **5 Conduct of Meetings**

#### Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

#### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

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- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

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### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

### Business of the Meeting

#### *The Agenda*

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, they must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

#### *Decision-Making*

- 5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will

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summarise the outcome of the discussion and the proposal(s) for the members to vote on.

- 5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### *Board Meeting in Private Session*

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
  - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### Minutes

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board's Head of Corporate Governance and Administration (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

## **6 Matters Reserved for the Board**

### Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Improving the Health of the population (shared responsibility with the Integration Joint Partnership Boards (HSCP's);
  - b) Setting strategic direction and development;
  - c) Development and implementation of the Annual Operational Plan;
  - d) Monitoring of aggregated/exception reports from the Acute Services Committee, the Finance, Planning and Performance Committee and HSCP IJBs on key performance indicators;
  - e) Resource Allocation (for both Capital and Revenue resource allocation);
  - f) Approval of Annual Accounts;
  - g) Scrutiny of Public Private Partnerships;
  - h) Approve appointment process of Executive Directors;
  - i) NHS Statutory Approvals;
  - j) Corporate Objectives;
  - k) Sets Values of the organisation;
  - l) Corporate Governance Framework including:
    - i. Standing Orders
    - ii. Establishment, remit, and reporting arrangements of all Board Standing Committees;
    - iii. Scheme of Delegation;
    - iv. Standing Financial Instructions;
- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

## **7 Delegation of Authority by the Board**

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.

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- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## 8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 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.

## 9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. (<https://learn.nes.nhs.scot/17367/board-development>)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.

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- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Greater Glasgow and Clyde NHS Board and is not to be counted when determining the committee's quorum.

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# 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
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# 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, the Scotland Act 1998 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 2012 Working Together for Patients;
- The NHSGGC Whistleblowing Policy;
- The NHSGGC Fraud Policy.

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

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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 personally responsible for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under section 15 of the Public Finance and Accountability (Scotland) Act 2000.

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.

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;
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 Annual Operational Plan and the Strategic Plans developed by HSCPs;
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 Annual Operational 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, and the underspend arises from specific management action, in line with the Integration Scheme and the IJB Reserves policy, this will be retained by the Integration Joint Board to either, with the exception of ring fenced budgets, fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic

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Plan subject to the terms of the Integration Joint Board's Reserves Strategy. 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 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, Planning and Performance 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:

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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, Planning and Performance 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 Annual Operational Plan and the HSCP's Strategic 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;

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8. risk management - plan for management of implementation and financial risks associated with preferred option; and
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 19 of the Public Finance and Accountability (Scotland) Act 2000;
4. ensure that the Accounts comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM), as approved by the Financial Reporting Advisory Board (FRAB), which is in force for the financial year for which the accounts are prepared;;
5. ensure that the Accounts are produced in accordance with the timetable set down by the SGHSCD and by the Auditor General for Scotland; 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 Audit and Risk Committee is subject to the guidance in the Audit Committee Handbook published by the Scottish Government.

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, Corporate Governance and Value in the first instance).

The Director of Finance will be responsible for ensuring that an adequate internal audit service is provided. The Audit and Risk committee has a key role in ensuring the effectiveness of the internal audit functions including:

- Overseeing the selection process for new internal auditors.
- Reviewing and agreeing the annual internal audit work plan.
- Ensuring recommendations are actioned by the Executive Leadership Team.
- Disseminating audit reports to the relevant Board Committees.
- Encouraging the use of audit reports as improvement tools.
- Monitoring and assessing the effectiveness of the audit team.
- Awarding and termination of the contract for internal audit services.

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**

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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.

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 Audit and Risk Committee is responsible for the oversight of the Board's relations with the external auditors including reviewing the scope of the annual audit plan. 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 (PSIASs). These standards are mandatory and specifically it will be the responsibility of the Chief Internal Auditor/Audit Manager to effectively manage the internal audit activity to ensure it adds value to the organisation.

The role of the internal audit team should include:

1. Reviewing accounting and internal control systems;
2. Reviewing the economy, efficiency and effectiveness of operations;
3. Assisting with the identification of significant risks;
4. Examining financial and operating information;
5. Special investigations;
6. Reviewing compliance with legislation and other external regulations.

The Director of Finance or other officers, such as the Chief Internal Auditor/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 Internal Auditor/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 Internal Auditor/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 Internal Auditor/Audit 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.

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The Chief Internal Auditor/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 Internal Auditor/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 Internal Auditor/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 Internal Auditor/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, subject to para 5.5 on Project Bank Accounts, 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. Similarly non-NHSGGC entities should not use Board premises as an address for correspondence as to do so may imply a relationship with the Board.

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

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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.

Balances in commercial bank accounts should be kept to the minimum consistent with the principles of not providing funding in advance of need and avoiding accounts being overdrawn. 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.

### **5.5 PROJECT BANK ACCOUNTS**

A Project Bank Account (PBA) operates as a legal trust through the signing of a trust deed by the trustees (NHSGGC and the main contractor) signing a trust deed which complies with the law of Scotland and which names the beneficiaries to be paid from the PBA (main contractor and sub-contractors). They will be set up by NHSGGC (the commissioning body) and opened in joint names with the main contractor. The Director of Finance will oversee the opening of the PBA which will operate the authorisation of payments for qualifying projects in the same way other construction assessments/interim certificates are made at present on construction schemes within NHSGGC.

**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. Where income generation work is not undertaken as part of an NHS Body's function under the National Health Service (Scotland) Act 1978 appropriate insurance cover or indemnity must be obtained which covers the Board's legal liability arising from such work. Any additional cost incurred must be recovered by the fees charged.

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 – Financial Services, Capital and Payroll

Acute:           a) the Director of Finance  
                      b) the Assistant Director of Finance – Acute and Access  
                      c) the Directorate Heads of Finance

HSCPs: the CFO of the HSCP in conjunction with the Director of Finance or the Assistant Director of Finance – Financial Planning and Performance where appropriate.

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

Advice should be obtained in relation to non standard contracts and agreements. Prior approval will be required prior to contacting the NHS Scotland Central Legal Office.

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**

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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. Any increase or decrease in the level of funds held, whether temporary to cover exceptional periods or permanent, must be authorised by the Head Cashier.

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 safe/petty cash key should be held by a manager outwith the Cash Office for instances where the keyholder has an

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unplanned absence. The manager will take adequate precautions surrounding the security of the spare key and will keep a record of any instances where it is issued.

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 be 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 contravene subsidy control rules.

### **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/e-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 Payroll 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 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 whilst maintaining overall responsibility for commercial arrangements.

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
Pharmacy Services:	All medicines
Capital Planning:	All major building projects
Operational Estates:	Minor building and building repair projects
eHealth:	All IT projects, software, hardware and desktop.
Procurement:	All other 'in-scope' non-pay expenditure

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

The Director of Finance and Head of Procurement will ensure that appropriate segregation is in place at all times. There must normally be segregation of duties between the activities of requisitioning, order approval, receipting and paying of goods and services. Exceptions are where:-

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- 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.

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.

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 SFI10 "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

The Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act 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.

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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.

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 is 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

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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 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,

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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.

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 Procurement Lead/ Head of Capital Planning 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 Procurement Reform (Scotland) Act 2014 and Public Contracts (Scotland) Regulations 2015 are mandatory and must be adhered to. Collectively, these two laws cover contracts for goods and services above £50,000 (£2m for works) which are referred to as Regulated Procurements. The Procurement Reform (Scotland) Act 2014 and Public Contracts (Scotland) Regulations 2015 set 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 Acts are met.

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).

- **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 is equal to or 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 .)

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 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 or Procurement Reform (Scotland) Act requirements 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. Smaller lots may still be considered to improve the accessibility of contracts for SMEs. 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 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;
4. where the Chief Executive or the Director of Finance has approved negotiation with a single tenderer; this must be evidenced in writing;

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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.

As per Regulation 13 (8) of the Public Contracts (Scotland) Regulations (Exclusions: Public contracts between entities within the public sector) it is not necessary to seek a Waiver to the Tender / Quotation Procedure for the procurement of a public contract between the Health Board and other public sector bodies where -

- (a) the contract is for the purpose of establishing or implementing co-operation between the contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;
- (b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and
- (c) the contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.

Although contracts between public sector bodies are exempt from procurement regulations, budget holders must still ensure that the expenditure represents best value for money.

## **10.10 TENDERING PROCEDURE**

### **Advertising**

The Procurement Reform (Scotland) Act requires the publication of an Annual Report as soon as is reasonably practical after the end of each financial year. The Annual Report details as a mandatory requirement, a 'Future Regulated Procurements Summary' covering the ensuing two full financial years.

All regulated procurements have minimum advertising times defined within the legislation and these must be adhered to. All regulated procurements must be advertised on the Public Contracts Scotland (PCS) Portal.

For non-regulated procurements (such as competitive quotations) which are distributed to suppliers who are being invited to quote, there is no minimum advertising time, however consideration must be given to allowing sufficient time for suppliers to respond in order to ensure equal treatment, transparency, fairness and sufficiency of competition.

In exceptional circumstances the Head of Procurement or authorised nominee can waive these requirements.

### **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 pre-qualification 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 available to suppliers who register interest in advertised tender opportunities on the Public Contracts Scotland (PCS) or PCS-Tender portal. These electronic systems are tamper-proof and prevent any unauthorised access to tender submissions prior to tender submission deadline dates / times. These systems are fully electronic and have now replaced paper-based tendering. Access to these systems are controlled by the Head of Procurement and can be made available to internal / external audit as appropriate.

### **Tender Acceptance**

Where competitive tenders have been obtained the Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act mandate that awards of contract must be on the basis of the most economically advantageous bid based on the contract award criteria set out in the invitation to tender . 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. 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 according to the requirements of the Public Contracts (Scotland) Regulations and the Procurement Reform (Scotland) Act. Contract award notices shall be published on the Public Contract Scotland (PCS) website in accordance with the

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timescales mandated in the Public Contracts (Scotland) Regulations and the Procurement Reform (Scotland) Act. .

### **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. Under the Procurement Reform Act the register shall be made available to the public.

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 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 Director of Pharmacy ; 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, Capital and Payroll 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, Capital and Payroll.

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, the Scottish Government Construction Procurement Handbook 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 Property and Asset Strategy Group (PASG). This will be submitted to the Finance, Planning and Performance 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 Annual Operational Plan. The Capital Plan will detail specific ring fenced allocations plus the national formula capital allocation.

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

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

The requirements for each level of expenditure are:

- up to £3m a Summary Business Case
- Between £3m and £10m a Standard Business Case
- Over £10m an Initial Agreement, Outline Business Case and Full Business Case

The Director of Finance will ensure that for every capital expenditure proposal, the PASG 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 Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £10m however proposals above £5m will be submitted to the Capital Investment Group (CIG) at SGHSCD to allow for additional scrutiny prior to approval by the Board. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board.
- b) Business Cases for capital expenditure proposals between £3m and £10m will be reviewed by the CMT prior to submission to the Finance, Planning and Performance Committee for approval.
- c) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to the Corporate Management Team (CMT).

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- d) Authority to approve capital proposals, including unfunded proposals, up to £2m is delegated to PASG.
- e) Authority to approve capital proposals, including unfunded proposals, up to £1m is delegated to CPG  
A Business Case will be required for each proposal commensurate with the size and complexity of the project.

In addition for IM&T proposals the Director of eHealth has authority to approve proposals up to £0.5m from national formula capital allocation.

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

The Property Management Group will approve the following property transactions;

- a) acquisitions and disposals where the value is up to £0.150m,
- b) where the annual lease/rental charge is up to £0.150m

PASG will approve property lease/rentals and property acquisitions and disposals between £0.015m and £1.5m.

The Finance, Planning and Performance 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 Handbook 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 an 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 PASG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

## **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 PASG.

## **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.

## **12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA ensures that subcontractors get paid promptly for work done and that those payments are ring fenced if the main contractor ceases trading. A PBA will be a condition of tender for all such projects.

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A PBA operates as a legal trust and a trust deed must be agreed for each project that uses a PBA. A template is provided in the SG guidance on Implementing Project Bank Accounts in Construction Projects. Any arrangement for a trust deed to cover more than one main contract, from the commissioning body's perspective, is not recommended. Further information on PBAs is provided in the SG guidance Implementing Project Bank Accounts in Construction Projects.

**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 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 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.

It is the responsibility of PASG to identify properties that are surplus to requirements. The Property Management Group 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 PASG is maintained by the Property Management Group. 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, Planning and Performance Committee. Disposals up to £0.150m must be approved by the Property Management Group and disposals between £0.150m and £1.5m must be approved by PASG. 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 of 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 PASG.

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.

The complexity of delivering healthcare services means there is a need to facilitate appropriate access in a seamless manner to patients' information throughout the patient journey. Information sharing between organisations should be in accordance with the Intra-NHS Scotland Information Sharing Accord (2020).

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.

Directors should discharge these responsibilities in accordance with the Scottish Government Information Security Policy Framework.

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 Digital Strategy;

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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 2020 and the NHSGGC Corporate Records Policy 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.

**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 Operating Officer

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.

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;

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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 and Counter Fraud 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 2019 (“DES Directions 2019”), the Board must provide primary medical services within its area or secure their provision within its area, by establishing and operating the following services:

- Childhood Immunisation \*Pneumococcal Immunisation \*
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation \*
- Shingles (Herpes Zoster) Immunisation \*
- Meningitis B Immunisation \*
- Preschool Boosters
- Rotavirus
- Seasonal Influenza \*

\*Note that funding for Immunisation Schemes will transfer to the Global Sum from 2022/23.

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 2019 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2019.

Coronavirus Vaccinations (Directed Enhanced Services)(Scotland) Directions 2020: During the period in which these Directions are in force, the Board must ensure that arrangements are in place for the provision of coronavirus vaccinations to all eligible persons within their area in accordance with the 2018 Directions as amended by these Directions.

#### **National Enhanced Services**

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

The GMS Operational 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**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The enhanced service specifications outline the more specialised services to be provided. The specification of these services 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 these specifications by commission, omission or implication defines or redefines essential or additional services.

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

The specifications for the Local Enhanced Services will be agreed by the GMS Operational Group in consultation with the local Medical Committee.

### **16.6 PAYMENT VERIFICATION**

Accountability for carrying out payment verification ultimately rests with the Board. Whilst the majority of payment verification will be undertaken by Practitioner Services (in accordance with the Partnership Agreement between Practitioner Services and the NHS Boards) there may be instances where it is more appropriate for payment verification to be undertaken by the NHS Board. Consequently, there is an onus on Practitioner Services and NHS Boards to agree the annual payment verification programme. Payment verification will be undertaken in accordance with the payment verification protocols issued in DL (2020)26.

**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, supported by the Chief Finance 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 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 will continue to be managed centrally on account of their nature and/or scale.
- 6. Set Aside (including Acute)**

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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.

### **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**

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 and Loss Report. Managers must submit a copy of their formal investigation report (which will be satisfied by a Datix Report 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 and Risk 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.

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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 Corporate Governance and 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 and Risk 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.

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In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £36,000 (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 £36,000 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	September 2021
Date for Review	April 2022
Replaces Previous Version	Scheme of Delegation – 6 <sup>th</sup> Revision, approved 29 <sup>th</sup> September 2020

# 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.

# NHS Greater Glasgow and Clyde Scheme of Delegation

## 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.

<b>Table</b>	<b>Title</b>	<b>SFI section</b>
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
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4.8	Orders, Quotations and Tenders	10
4.9	Management and Control of Stock	11
4.10	Capital Investment	12
4.11	Endowment Funds	15
4.12	Family Health Services	16
4.13	Health and Social Care Partnerships	17
4.14	Fraud, Losses and Legal Claims	18
4.15	Patients' Private Funds and Property	19

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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	Integration 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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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 Partnerships/ 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 Partnerships/ HSCP Chief Financial Officers	Where not determined by SGHSCD or statute

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.6 Pay expenditure**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of relevant 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 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	Oversight of compliance with current nationally agreed terms and conditions respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally 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 Terms and Conditions
11	External contractors		Budget Holder	Within approved budget

# NHS Greater Glasgow and Clyde Scheme of Delegation

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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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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; Property and Asset Strategy Group up to £2m Capital Planning Group 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; Capital Planning Group 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				

## NHS Greater Glasgow and Clyde Scheme of Delegation

	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

**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.

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.10 Capital Investment**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non IM&T	<p>CIG Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>SGHSCD CIG approval required over £10m (note that Business Cases between £5m and £10m will be submitted to CIG for scrutiny after provisional approval by the FP&amp;P)</p> <p>Finance, Planning &amp; Performance Committee over £3m</p> <p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m (where expenditure not included in approved Capital Plan)</p>
2	Approval of Business Cases -IM&T	<p>SG eHealth Programme Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of eHealth	<p>SGHSCD eHealth Programme approval required over £10m (note that Business Cases between £5m and £10m will be submitted to the SG eHealth Programme for scrutiny after provisional approval by the FP&amp;P)</p> <p>Finance, Planning and Performance Committee over £3m;</p> <p>CMT up to £3m;</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m</p>
3	Property acquisitions/ disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £1.5m</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>

## NHS Greater Glasgow and Clyde Scheme of Delegation

4	Lease/rental agreements	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	<p>Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer</p>	<p>Finance, Planning and Performance Committee over £1.5m.</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m.</p>
5	Strategy for Investment in GP practices	<p>Finance, Planning and Performance Committee</p>	<p>Director of Estates and Facilities</p>	
6	Concessionary Leases (a lease at below market terms to voluntary/community/ social enterprise)	<p>Finance, Planning &amp; Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	<p>Director of Estates and Facilities</p>	<p>Finance, Planning and Performance Committee over £1.5m.</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m.</p>
7	Hub contracts (revenue funded)	<p>Board (exercised by Finance, Planning and Performance Committee on behalf of Board)</p>	<p>Director of Estates and Facilities</p>	<p>Within limits of agreed project budget</p>

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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	

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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		Director of Primary Care	
3	Agreement of local aspects of GMS Contracts	GMS Operational Group	Director of Primary Care	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		Director of Primary Care 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		Director of Primary Care 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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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 Communications and Public Engagement/ 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 Communications and Public Engagement/ 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)

## NHS Greater Glasgow and Clyde Scheme of Delegation

6	Maintenance of medical negligence claims register		Head of Corporate Governance and Administration	
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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	

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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	

## NHS Greater Glasgow and Clyde Scheme of Delegation

### 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.

<b>Table</b>	<b>Title</b>
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 Policy	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 and 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	Interim Executive Director of Infection Prevention and Control
7	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
8	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Clinical and Care Governance Committee	Medical Director and Nurse 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 Population Health and Well Being 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 and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
9	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
10	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.3 Risk Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Risk Management Strategy	Risk Management Steering Group onwards to Audit and Risk Committee	Chief Executive
2	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum 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 delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Audit and Risk Committee	Director of Finance
7	Oversight of Corporate Risk Register	Audit and Risk Committee; relevant risks to Standing Committees for review	Director of Finance

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.4 Health Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Annual Operational Plan	Finance, Planning and Performance Committee onward to Board	Medical Director/ Director of Finance
2	Appraisal of Board Strategy	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
5	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Finance, Planning and Performance Committee	Director of Finance
6	Oversight of the relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Finance, Planning and Performance Committee	Director of Finance

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.5 Performance Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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
4	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Acute Services Committee	Director of Finance
5	Oversight of the relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Acute Services Committee	Director of Finance

# NHS Greater Glasgow and Clyde Scheme of Delegation

**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 and Care 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 Deputy Director of Public Health
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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.7 Communication**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Communication Strategy and Public Engagement Strategy	CMT and onwards to Board	Director of Communications and Public Engagement
2	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.8 Emergency and Continuity Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.9 Public Health**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Public Health Strategy	Population Health and Wellbeing Committee	Director of Public Health
2	Strategy implementation and Public Health programme	Population Health and Wellbeing Committee	Director of Public Health
3	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
4	Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health
5	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
6	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate	Population Health and Wellbeing Committee	Director of Public Health

# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.10 Other Areas**

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



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 Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 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.
- 1.3 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.
- 1.4 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

## BOARD OFFICIAL

review, on the organisation's governance, risk management and internal control framework.

### **2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The ARC will consist of 8 Non-Executive Directors, including the Chair of the NHS Board, and 2 Executive Directors of the NHS Board, including the Chief Executive, and will be supported by Corporate Directors, and other relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 2.3 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.
- 2.4 At least one member of the ARC should have recent and relevant financial experience.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. 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 4 Non Executive Members are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting 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, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. 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, a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support preparation of an Annual Report on the work of the Committee for presentation to the Board.

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- 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 of the Committee**

- 4.1 The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control in respect of the following key areas. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of the Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives as required.
  - (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.

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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, risk identification, assessment and mitigation in line with the Board's risk appetite, agreeing appropriate escalation where necessary, and reviewing 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.

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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.

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- 6.2 The draft minute of the ARC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the ARC and distribution to the ARC for ratification at the next Committee meeting. The ratified minutes of the ARC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 6.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 6.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 6.5 The ARC will produce an Annual Report to be presented to the NHS Board as part of the Annual Review of Governance.

### 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.

<b>Version Control</b>	<b>Final Draft 1<sup>st</sup> September 2021</b>
Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	14 <sup>th</sup> September 2021
Date for review:	March 2022
Replaces previous version:	September 2020

Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

**NHS Greater Glasgow and Clyde  
Scheme of Delegation**

<b>Table 4.2 Annual Accounts and Reports</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Preparation of Governance Statement	Audit and Risk Committee and onwards to Board	Director of Finance	In accordance with Accounts Manual
<b>Table 4.3 Audit</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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
<b>Table 5.3 Risk Management</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	
1	Risk Management Strategy	Risk Management Steering Group onwards to Audit and Risk Committee	Chief Executive	
2	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board	Audit and Risk Committee	Director of Finance	

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2	Oversight of Corporate Risk Register	Audit and Risk Committee; relevant risks to Standing Committees for review	Director of Finance
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**Table 5.6 Information Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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	Freedom of Information Policy	Audit and Risk Committee	Head of Corporate Governance and Administration
5	Records Management Plan	Audit and Risk Committee and onwards to Board	Director of eHealth

**Table 5.8 Emergency and Continuity Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan	Audit and Risk Committee and onwards to Board as required	Director of Public Health

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2	Preparation and maintenance of Business Continuity Plan	Audit and Risk Committee and onwards to Board as required	Director of Public Health

**Table 5.10 Other Areas**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	SFIs and Scheme of Delegation	Audit and Risk Committee and onwards to Board	Director of Finance

<b>Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



**NHS Greater Glasgow and Clyde**  
**Finance, Planning and Performance Committee**

Terms of Reference

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Finance, Planning and Performance Committee (FP&PC) is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 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.
- 1.4 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.
- 1.5 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 and Health and Social Care Partnership strategic plans.

**2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The FP&PC will consist of 13 Non-Executive Directors of the Board, including the Chair of the NHS Board, and 5 Executive Directors of the NHS Board, including the Chief Executive, and will be supported by Corporate Directors, Health and Social Care Partnership (HSCP) Chief Officers and other relevant senior managers. Other Board members will have access to the Committee meeting papers via

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Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair and endorsed by the Board at the next scheduled meeting.

- 2.2 The Non-Executive Directors of the NHS Board 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 Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. 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 Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when 6 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting 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 a minimum of six 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 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the

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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 Annual Cycle of Business, provide appropriate support to the Chair and Committee members, 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 remit of the Finance, Planning and Performance Committee is to scrutinise the following key areas and provide assurance to the NHS Board. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
  - 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&PC 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

- NHS Board's Strategic Plans: ensure that strategic planning objectives are aligned with the NHS Board's overall strategic vision, aims and objectives, and make recommendations to the NHS Board;
- NHS Board's Annual Operational Plan (Currently Remobilisation Plan): ensure that the Annual Plan is fit to deliver key local and national objectives and priorities (including Regional Planning requirements), and make recommendations to the NHS Board.
- IJB Strategic Plans: ensure NHSGGC input, at an appropriate level, to draft IJB Strategic Plans, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives.
- Strategic Board-wide Initiatives: maintain oversight of progress with the implementation of Strategic Board-wide initiatives (such as the Moving Forward Together Programme and eHealth Strategy)
- External Inquiries: oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry and Oversight Board) ensuring completeness and transparency.
- QEUH Legal Claim: Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.

## Financial Oversight

- Financial Strategy: approve the NHS Board's three year Financial Strategy and receive annual updates on its progress, advising the NHS Board as appropriate
- Annual Financial Plan: approve the NHS Board's Annual Financial Plan, advising the NHS Board as appropriate.
- Financial Performance: have oversight and receive 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.
- Non-recurrent Funds: oversee the use of non-recurrent funds and reserves.

## Performance Oversight

- Performance Management Framework: review and approve the NHS Board's Performance Management Framework, ensuring that it is able to reflect progress on delivering the Board's objectives, and provide evidence of the effectiveness of mechanisms that are in place to promote best value, improved efficiency and effectiveness.
- Performance Management Framework: ensure that the Performance Management Framework provides a rigorous and

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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.

- Risk Based Approach: The FP&PC 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.

### Property and Asset Oversight

- Property & Asset Strategy: ensure that the strategy reflects the NHS Board's strategic direction, and that the NHS Board's property and assets are developed and maintained, to meet the needs of 21<sup>st</sup> Century service models.
- New Developments: oversee developments to the values indicated by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery on budget, and to agreed standards. This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per values indicated by SoD) and recommend to the NHS Board as appropriate.
- Acquisitions and Disposals: ensure 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).
- Capital Plan: review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FP&PC will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation.
- Continuous Improvement: receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.

### 6. Authority

- 6.1 The Finance, Planning and Performance Committee is a Standing Committee of the NHS Board.

**7. Reporting Arrangements**

- 7.1 The FP&PC will report to the NHS Board.
- 7.2 The draft minute of the FP&PC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the FP&P Committee and distribution to the FP&PC for ratification at the next Committee meeting. The ratified minutes of the FP&PC will be presented to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair’s Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chairperson of the Committee shall draw to the attention of the NHS NHS Board any issues that require escalation or noting.
- 7.5 The FP&PC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

**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.

<b>Version Control</b>	<b>Final draft 1<sup>st</sup> September 2021</b>
Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Director of Finance
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Date for review:	March 2022
Replaces previous version:	September 2020

Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

**NHS Greater Glasgow and Clyde  
Scheme of Delegation**

<b>Table 4.1 Allocations and Budgets</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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	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
3	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

<b>Table 4.5 Contracts/Service Level Agreements</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Contracts/ Service Level Agreements	CMT and onwards to Finance, Planning and	Constituent members of the CMT	Finance, Planning and Performance Committee approval required for all

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		Performance Committee		agreements >£1.5m
2	Resource Transfer	Finance, Planning and Performance Committee	HSCP Chief Officers	Within approved budget

**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

**Table 4.8 Orders, Quotations and Tenders**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	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
2	Approval of Non IM&T Capital expenditure	Finance, Planning and Performance Committee over £3m; CMT up to £3m; Property and Asset Strategy Group up to	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

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		£2m Capital Planning Group up to £1m		
3	Approval of IM&T Capital expenditure	Finance Planning & Performance Committee over £2m; CMT up to £2m; Property and Asset Strategy Group up to £2m Capital Planning Group up to £1m	Chief Executive up to £2m; Director of Finance up to £2m;	Within limits of approved scheme
4	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.

**Table 4.10 Capital Investment**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of Business Cases - non IM&T	CIG Finance, Planning and Performance Committee CMT Property and Asset Strategy Group  Capital Planning Group	Director of Estates and Facilities	SGHSCD CIG approval required over £10m (note that Business Cases between £5m and £10m will be submitted to CIG for scrutiny after provisional approval by the FP&PC)  Finance, Planning & Performance Committee over £3m

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				<p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m (where expenditure not included in approved Capital Plan)</p>
2	Approval of Business Cases -IM&T	<p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p>	Director of eHealth	<p>SGHSCD eHealth Programme approval required over £10m (note that Business Cases between £5m and £10m will be submitted to the SG eHealth Programme for scrutiny after provisional approval by the FP&amp;PC)</p> <p>Finance, Planning and Performance Committee over £3m;</p> <p>CMT up to £3m;</p> <p>Capital Planning Group up to £1m</p>
3	Property acquisitions/ disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>All property acquisitions and disposals</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>

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4	Lease/rental agreements	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	Finance, Planning and Performance Committee over £1.5m Property and Asset Strategy Group between £0.15m and £1.5m Property Management Group up to £0.15m
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/comm unity/ social enterprise)	Finance, Planning & Performance Committee CMT Property and Asset Strategy Group Property Management Group	Director of Estates and Facilities	Finance, Planning and Performance Committee over £1.5, Property and Asset Strategy Group between £0.15m and £1.5m Property Management Group up to £0.15m
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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<b>Table 4.13 Health and Social Care Partnerships</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	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
2	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
3	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme

<b>Table 5.4 Health Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Annual Operational Plan	Finance, Planning and Performance Committee onward to Board	Medical Director/ Director of Finance
2	Appraisal of Board Strategy	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	Finance, Planning	Medical Director

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	Planning	and Performance Committee	
5	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Finance, Planning and Performance Committee	Director of Finance
6	Oversight of the relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Finance, Planning and Performance Committee	Director of Finance

**Table 5.5 Performance Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	<b>Lead Committee: Finance, Planning and Performance Committee</b> /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	<b>Finance, Planning &amp; Performance Committee</b>

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	<b>Finance, Planning &amp; Performance Committee</b>
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	<b>Finance, Planning &amp; Performance Committee</b>
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	<b>Finance, Planning &amp; Performance Committee</b>
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	<b>Finance, Planning &amp; Performance Committee</b>

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Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



**NHS Greater Glasgow and Clyde  
Clinical & Care Governance Committee**

Terms of Reference

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 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.
- 1.3 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.
- 1.4 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 shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The C&CGC will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board and 4 Executive Directors of the NHS Board, including the Chief Executive, and will be supported by the Director of Clinical and Care Governance, Corporate Directors and other relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 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 Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. 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 Non-Executive Directors of the NHS Board are present.

**3.3 Voting**

Should a vote need to be taken, all of the voting 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 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 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, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. 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

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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 Annual Cycle of Business, provide appropriate support to the Chair and Committee members, 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 remit of the C&CGC is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy 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 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;
- Provide scrutiny in respect of clinical services proposals, to ensure that they 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 Policy 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;

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- 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, infection control, complaints, feedback from patients, carers and families, 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.
- Seek assurance regarding executive and professional oversight of NHS Greater Glasgow & Clyde (NHSGGC) Child Protection and Adult Support and Protection arrangements taking into account the other public protection agendas identified in National policy including; Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS).

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

- Board Clinical Governance Forum
- Public Protection Forum

### **6. Authority**

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

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### 7. Reporting Arrangements

- 7.1 The C&CGC will report to the NHS Board.
- 7.2 The draft minutes of the C&CGC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the C&CGC and distribution to the C&CGC for ratification at the next Committee meeting. The ratified minutes of the C&CGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the Committee shall routinely draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The C&CGC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

### 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.

<b>Version Control</b>	<b>Final draft 1<sup>st</sup> September 2021</b>
Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
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Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

**NHS Greater Glasgow and Clyde  
Scheme of Delegation**

<b>Table 5.1 Clinical Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Clinical Governance Policy	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 and 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	Interim Executive Director of Infection Prevention and Control
7	Oversight of delivery of	Clinical and Care	Medical Director and Nurse

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	the relevant Corporate Objectives as delegated by the NHS Board.	Governance Committee	Director
8	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Clinical and Care Governance Committee	Medical Director and Nurse Director

**Table 5.2 Staff Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Safe Staffing Legislation	Staff Governance Committee referring to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

**Table 5.6 Information Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Board Digital Strategy	Audit and Risk Committee with reference to Clinical and Care Governance Committee in terms of clinical impact	Medical Director/Director of eHealth

**Table 5.10 Other Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Patient Experience, and Feedback	Clinical and Care Governance	Nurse Director

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		Committee	
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<b>Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

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Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	<b>Clinical &amp; Care Governance Committee</b>
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: <b>Clinical &amp; Care Governance Committee</b> / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: <b>Clinical &amp; Care Governance Committee</b> / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

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Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## **NHS Greater Glasgow and Clyde**

### **Staff Governance Committee**

#### Terms of Reference

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 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 overall purpose of the SGC is to provide assurance to the NHS 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 shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The SGC will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board and the Employee Director. The Chief Executive will also be a member, and the Committee will be supported by the Director of Human Resources and Organisational Development, Corporate Directors and relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of

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the Committee shall be filled by the Board Chair and endorsed by the Board at the next scheduled meeting.

- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 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 Staff Side Co-Chair representative
  - Area Partnership Forum HSCPs Staff Side Co-Chair representatives one representing Glasgow City HSCP and one to represent the non city partnerships
- 2.4 The SGC may invite to attend other senior managers and staff side representatives e.g. Head of Health & Safety, Head of Equality and Human Rights.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

- 3.2 The Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. 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.

#### **3.3 Quorum**

- 3.4 Meetings will be considered quorate when at least four Non-Executive Members of the Committee are present.

#### **3.5 Voting**

- 3.6 Should a vote need to be taken, all of the voting Members of the Committee

shall be allowed to vote, either by show of hands, or by a ballot.

**3.7 Frequency of Meetings**

3.8 The SCG shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Co-Chairs after consulting with the NHS Board Chair and Chief Executive.

**3.9 Declarations of Interest**

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

3.11 All declarations of interest will be minuted.

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

**3.13 Administrative Support**

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

3.15 The administrative support to the SGC will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide support to the Co-Chairs and Committee members, 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 remit of the SGC is to 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. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## 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\(2000\)25](#) – and any subsequent amendments.
- 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 draft minute will be reviewed by the nominated Executive Lead prior to clearance by the Co-Chairs of the SGC and distribution to the Staff Governance Committee for ratification at the next Committee meeting. The ratified minutes of the SGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

7.4 In addition, the NHS Board Meeting receives a Co-Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.

7.5 The Co-Chairs of the SGC shall draw to the attention of the NHS Board any issues that require escalation or noting.

7.6 The SGC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

**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.

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<b>Version Control</b>	<b>Final draft 1<sup>st</sup> September 2021</b>
Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	3 <sup>rd</sup> August 2021
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Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde  
Scheme of Delegation

**Table 4.6 Pay expenditure**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight and approval of relevant Human Resource policies	Staff Governance Committee	Director of Human Resources and Organisational Development

**Table 5.2 Staff Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

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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 Population Health and Well Being 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	Safe Staffing Legislation	Staff Governance Committee referring to Clinical Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
8	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
9	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development

**Table 5.3 Risk Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum onward to CMT and Staff Governance Committee	Director of Human Resources and Organisational Development/ Chief Executive

**Table 5.9 Public Health**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health

<b>Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	<b>Staff Governance Committee</b>
COBW16	To ensure our people are well informed.	<b>Staff Governance Committee</b>
COBW17	To ensure our people are appropriately trained and developed.	<b>Staff Governance Committee</b>
COBW18	To ensure our people are involved in decisions that affect them.	<b>Staff Governance Committee</b>
COBW19	To promote the health and wellbeing of our people.	<b>Staff Governance Committee</b>
COBW20	To provide a continuously improving and safe working environment.	<b>Staff Governance Committee</b>



## **NHS Greater Glasgow and Clyde Remuneration Committee**

### Terms of Reference

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Remuneration Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a subcommittee of the Staff Governance Committee.
- 1.3 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.
- 1.2 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 Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The membership of the Remuneration Committee will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board, and the Vice Chairs of the NHS Board. The Chief Executive will also be a member of the Committee and the 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**

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The NHS Board Chair will Chair 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 of the Remuneration Committee, as appointed by the 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 **Voting**

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

### 3.4 **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.

### 3.5 **Declarations of Interest**

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

### 3.6 **Administrative Support**

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

3.7 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, and provide support to the Chair and Committee members, as required.

## 4. **Remit of the Committee**

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

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determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments. This includes approval of the areas as outlined in the Scheme of Delegation (**Appendix 1**) and any operational objectives, as required.

- 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\(2000\)25](#) – and any subsequent amendments, ensuring 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 (SGHD) 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; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 5.3 Seek assurance of the 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 Seek assurance of the 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 process of the Executive Directors, Directors and Senior Management Cohorts is rigorously assessed against objectives agreed by the relevant line manager, and seek assurance from the Chair and Chief Executive as respective grandparent reviewers.
- 5.6 Receive updates on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.7 Agree any severance Processes/Policies/Procedures in respect of all staff including Executive and Senior Managers, e.g. premature retirements under the NHS Superannuation Scheme.

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- 5.8 Agree any salary placing, responsibility allowances, severance packages for the Executive Directors Cohort recommended by the Accountable Officer as per DL(2019)15 as amended.
- 5.9 Receive updates on any severance packages awarded to Senior Managers (Grades A to C) and other Directors (Grades D to I) approved by the Accountable Officer.
- 5.10 Approve any new substantive posts and temporary posts in excess of 12 months within the Executive Director cohort (national pay grades – D to I)
- 5.11 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.
- 5.12 Seek assurance on the application of the national system for the annual process for the awarding of Discretionary Points to relevant clinical staff and receive an update on annual outcomes.
- 5.13 Undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and seek assurance of their application and implementation within NHSGGC.

### **6. Authority**

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

### **7. Reporting Arrangements**

- 7.1 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 Committee.

### **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.

<b>Version Control</b>	<b>Final draft 1<sup>st</sup> September 2021</b>
Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Remuneration Committee

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Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde  
Scheme of Delegation

<b>Table 4.6 Pay expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
2	Oversight of compliance with current national terms and conditions in respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally agreed terms and conditions

## **NHS Greater Glasgow and Clyde**

### **Acute Services Committee**

#### Terms of Reference

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Acute Services Committee (ASC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.
- 1.3 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.
- 1.4 The overall 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 nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The Acute Services Committee will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board, and 5 Executive Director of the Board, including the Chief Executive. The Committee will be supported by the Chief Operating Officer and relevant Executive Directors and senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 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 Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. 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 Non Executive Members are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting 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 six 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, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. 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 Annual Cycle of Business, provide support to the Chair and Committee members, 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 remit of the ASC is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services; efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute Services Committee. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## **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;
- Supporting the Acute Services aspects of the Remobilisation Plan/Annual Operational Plan and oversight of implementation;
- Highlighting positive performance and sharing learning on improvement;

### **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.

### **Risk Management**

- To ensure appropriate governance in respect of risks, as allocated to the Acute Services Committee by the Audit Committee; reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

## **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 draft minute will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the ASC and distribution to the Acute Services Committee for ratification at the next Committee meeting. The ratified minutes of the ASC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair’s Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The ASC will produce an Annual Report to be presented to the NHS Board as part of the Annual Review of Governance.

## 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.

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Author:	Head of Corporate Governance and Administration
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Approved by:	Acute Services Committee
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**Appendix 1**

Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

**NHS Greater Glasgow and Clyde  
Scheme of Delegation**

<b>Table 5.5 Performance Management</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of Acute Services Performance	Acute Services Committee	Chief Operating Officer
2	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Acute Services Committee	Director of Finance
3	Oversight of the relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Acute Services Committee	Director of Finance

APPENDIX 2

<b>NHS GGC - Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee <b>/Acute Services Committee</b>
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee <b>/ Acute Services Committee</b>
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee <b>/ Acute Services Committee</b>
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

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Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

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Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## **NHS Greater Glasgow and Clyde**

### **Population Health and Wellbeing Committee**

#### Terms of Reference

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Population Health and Wellbeing Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.
- 1.3 The Population Health and Wellbeing Committee is a Standing Committee of the NHS Board.
- 1.3 The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy – Turning the Tide Through Prevention - August 2018, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

#### **2.0 Membership**

- 2.1 The Committee membership shall be appointed by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The Population Health and Wellbeing Committee will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board, and 2 Executive Directors of the Board, including the Chief Executive, and will be supported by a number of professional advisors including:
  - Head of Health Improvement;
  - Two Consultants in Public Health Medicine;
  - Two HSCP Chief Officers;
  - Director - Glasgow Centre for Population Health; and
  - Representative of Public Health Scotland.

The Committee will be supported by the Director of Public Health, and other Executive Directors as appropriate. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which

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occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.

- 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 Chair and Vice Chair of the Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. 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 Non-Executive Members are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of meetings**

The Population Health and Wellbeing Committee 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 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, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. 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.

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- 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 Annual Cycle of Business, provide appropriate support to the Co-Chairs and Committee members, 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 Population Health and Wellbeing 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. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1) and delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

### **5.0 The Key Duties of the Population Health and Wellbeing Committee are as follows:**

#### **Planning**

- To support the Board in taking a long term strategic approach to the health of the population;
- To review the application and monitor the Strategic Plan for Public Health – Turning the Tide Through Prevention, through regular progress reports and review of intermediate measures and long term outcomes making recommendations to the NHS Board;
- To develop a whole system approach to support population wellbeing, working with partners to deliver improved services for people living with mental illness. (This includes focusing on expanding the workforce, development primary care and community mental health services and using new methods to deliver services for people living with mental illness).
- To ensure that public health strategic planning objectives are part of the Board's overall objectives, strategic vision and direction;
- 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 ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical service changes & Child Health Services;

### **Performance**

- 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 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.

### **Risk Management**

- To ensure appropriate governance in respect of risks, as allocated to Population Health and Wellbeing Committee by the Audit Committee relating to *public and population health* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

## **6.0 Authority**

- 6.1 The Population Health and Wellbeing Committee is a Standing Committee of the NHS Board.

## **7.0 Reporting Arrangements**

- 7.1 The Population Health and Wellbeing Committee will report to the NHS Board.
- 7.2 The draft minute will be reviewed by the nominated Executive Lead, prior to clearance by the Chair of the Population Health and Wellbeing Committee and distribution to the Population Health and Wellbeing Committee for ratification at the next Committee meeting. The ratified minutes of the Population Health and Wellbeing Committee will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The Population Health and Wellbeing Committee will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

**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.

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Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde  
Scheme of Delegation

**Table 5.2 Staff Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Staff elements of Equality legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development

**Table 5.9 Public Health**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Public Health Strategy	Population Health and Wellbeing Committee	Director of Public Health
2	Strategy implementation and Public Health programme	Population Health and Wellbeing Committee	Director of Public Health
3	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health

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4	Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health
5	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
6	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Population Health and Wellbeing Committee	Director of Public Health

<b>NHS GGC - Corporate Objectives Approved October 2020</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	<b>Population Health and Wellbeing Committee</b>
COBH2	To reduce health inequalities through advocacy and community planning.	<b>Population Health and Wellbeing Committee</b>
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	<b>Population Health and Wellbeing Committee</b>
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	<b>Population Health and Wellbeing Committee</b>
COBH5	To promote and support good mental health and wellbeing at all ages.	<b>Population Health and Wellbeing Committee</b>

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee  /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee  / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee  / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

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Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**NHS Greater Glasgow and Clyde  
Area Clinical Forum**

Terms of Reference

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 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.
- 1.3 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 will not have a vote. NHS Greater Glasgow and Clyde Board's Chief Executive, Medical Director, Nurse Director, Director of Public Health, Pharmaceutical 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.

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 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 Board.

3.4 Membership of NHS Greater Glasgow and Clyde Board 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 Board, 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.

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### 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 Board, they will not be functioning as a Non-Executive Director of NHS Greater Glasgow and Clyde Board.

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. Members will serve for a maximum of 4 consecutive years however in exceptional circumstances, ACF can agree to extend the maximum term by one year however succession planning for membership of the ACF is a key aspect of the role of Advisory Committees. If a member resigns or retires, the appropriate Area Professional Committee will choose a replacement. The replacement will hold office for the remainder of the period for which the member they replace would have held office.

### 3.12 **Quorum**

Meetings of the Forum will be considered quorate when there is 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. Additional meetings may be arranged at the discretion of the Forum Chair.

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, is present at the meeting at

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which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee'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 an Annual Cycle of Business, providing appropriate support to the Chair and Forum members, and support preparation of an Annual Report on the work of the Forum for presentation to the Board.

### 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 health and social care 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 strategic plans 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, regular updates should be sought;
- 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

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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 draft minutes of the ACF will be cleared by the Chair of the Forum prior to distribution to the Area Clinical Forum for ratification at the next Forum meeting. The ratified minutes of the Area Clinical Forum will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.

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

### 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 in June of each year, and more frequently if required by the NHS Board.

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