



NHS Greater Glasgow and Clyde Annual Review of Governance – Operating Requirements

June 2024

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Section 1

Model Code of Conduct for Members of NHS Greater Glasgow and Clyde

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the “Act”).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

- 1.4 I understand that the 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. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

- 1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

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

Selflessness

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

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

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

Honesty

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

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Leadership

I 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 my public body and its members in conducting public business.

Respect

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

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
 - a) a one-off incident,
 - b) part of a cumulative course of conduct; or
 - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I

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know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
 - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
 - b) a gift being offered to my public body;
 - c) hospitality which would reasonably be associated with my duties as a board member; or
 - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.
- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

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- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Appointments to Outside Organisations

- 3.22 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.
- 3.23 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body

SECTION 4: REGISTRATION OF INTERESTS

- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
 - b) self-employed;
 - c) the holder of an office;
 - d) a director of an undertaking;
 - e) a partner in a firm;
 - f) appointed or nominated by my public body to another body; or
 - g) engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

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- 4.6 I understand that 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, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.8 of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number 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 I am a director and from which I receive remuneration.

Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:
- a) under which goods or services are to be provided, or works are to be executed; and
 - b) which has not been fully discharged.
- 4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I 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 my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:
 - a) The matter being considered by my public body is quasi-judicial or regulatory; or
 - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

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- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
 - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
 - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will 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 I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I 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 I understand the basis on which I am being lobbied in order to ensure that any action taken in

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connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

- a) which would involve me 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 my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland (“Standards Commission”) and the post of Commissioner for Ethical Standards in Public Life in Scotland (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the

evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
 - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
 - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
 - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
 - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the

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5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

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

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“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.



Section 2

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

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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).

The NHS Scotland Blueprint for Good Governance (second edition) (issued through DL (2022) 38) 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 ([NHS Scotland - blueprint for good governance: second edition - gov.scot \(www.gov.scot\)](https://www.gov.scot/nhs-scotland-blueprint-for-good-governance-second-edition)).

- 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.
- 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.

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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.
- 1.11 The Board Secretary 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.

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- 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 Director of Corporate Services and Governance 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.
- 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

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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.

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 themselves 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.

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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.
- 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 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.

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- 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 Secretary (or their 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 minutes.

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:
- Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
 - Setting the organisation's strategic direction and development goals;
 - Approval of the organisation's Corporate Strategies
 - Development and Implementation of the Annual Delivery Plan and Medium Term Plan as per Scottish Government Guidance;
 - Approval of the IJB Integration Schemes;
 - Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;

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- Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
- Allocating financial resources for both Capital and Revenue resource allocation;
- Scrutinise key data and information as per the Board's Assurance Information Framework.
- Approval of Annual Accounts;
- Scrutiny of Public Private Partnerships;
- NHS Statutory Approvals;
- Approval of the Corporate governance framework including:
 - Standing Orders
 - Establishment, remit, and reporting arrangements of all Board Standing Committees
 - Scheme of Delegation
 - Standing Financial Instructions
 - Code of Conduct for Board Members
 - Business Code of Conduct for Staff

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.

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. ([NHS Scotland - blueprint for good governance: second edition - gov.scot \(www.gov.scot\)](http://www.gov.scot/publications/blueprint-for-good-governance-2016-2018/pages/100.aspx))
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees annually.. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.
- 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

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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.



Section 3

NHS Greater Glasgow and Clyde Standards of Business Conduct for Staff (Governance Framework)

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1. Introduction

The NHSGGC Standards of Business Conduct forms part of the Board's standard contract of employment for all staff and is an integral part of the NHSGGC Governance Framework. It provides instructions on those issues or matters which staff are most likely to encounter in carrying out their day to day duties.

These Standards build upon the Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] which set out accepted practice in the NHS Scotland as a whole. However, professionally registered staff should also ensure they do not breach the requirements in respect of their Professional Codes of Conduct.

2. Scope

All staff, including permanent post-holders, Bank staff, Agency staff, Locums, other temporary staff and Honorary Consultants are required to adhere to this Policy and Guidance. Any advice on its application should be sought from your Line Manager/Head of Department/Director.

It is the responsibility of staff to ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. This is of particular relevance to those who commit NHS resources directly (e.g. by the ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines). A comprehensive list of the types of interests covered by this Policy is provided in Section 5.

The NHS must be impartial and honest in the conduct of its business and its employees should remain beyond suspicion. Under the Bribery Act 2010, it is an offence to request, agree to receive or accept a bribe in return for improperly performing a function or activity.

Staff need to be aware that a breach of the provisions of this Act renders them liable to prosecution and may also lead to potential disciplinary action and the loss of their employment and superannuation rights in the NHS.

These Standards reflect the minimum standards of business conduct expected from all NHS staff. Any breaches of these Standards may lead to disciplinary action.

3. Key Principles

The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] provided guidance to staff in maintaining strict ethical standards in the conduct of NHS business: [1994_48.pdf \(scot.nhs.uk\)](#).

The NHSGGC Standards of Business Conduct aims to embed these well-established ethical standards into the organisation by ensuring that all staff:

1. Safeguard the interest of patients at all times;
2. Remain impartial and honest in the conduct of their business;
3. Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money;
4. Do not abuse their official position for personal gain or to benefit their family and/or friends;

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5. Do not seek to advantage or further their private business or other interests, in the course of their official duties.

4. Acceptance of Gifts and Hospitality

NHSGGC will comply with the Bribery Act 2010 (“the Act”). This commitment applies to every aspect of the Board’s activity, including dealings with public and private sector organisations and the delivery of care to patients.

The Act recognises a number of offences including the following:-

- The offering, promising or giving of a bribe (active bribery)
- The requesting, agreeing to receive or accepting of a bribe (passive bribery)

Any employee who commits active or passive bribery will be subject to disciplinary action. In addition, the matter will be referred to relevant authorities for criminal investigation. The maximum sentence for any individual convicted of bribery is 10 years.

The Act also recognises a further offence of corporate liability for failing to prevent bribery on behalf of a commercial organisation. For the purposes of the Act, NHS Boards are considered commercial organisations.

Gifts

NHSGGC staff can accept items that are reasonable and proportionate, such as:

- Small gifts of a promotional or advertising nature such as calendars, pens and diaries, from suppliers or hosts.
- Small gifts from patients and their families, such as flowers and chocolates, following treatment.
- Low value gifts to be shared among colleagues such as confectionary, sweets or cakes.

These gifts do not need to be registered.

Where an unsolicited, inappropriate or high value gift is received and the individual is unable to return it or the donor refuses to accept its return, the employee should report the circumstances to their line manager/Head of Department/Director who will ensure that the donor is advised of the course of action.

All unsolicited, inappropriate or high value gifts, whether accepted or declined, must be entered in the online [Register of Interests, Gifts and Hospitality system](#).

Under no circumstances should staff accept:

- **Gifts of cash or gift vouchers, regardless of the amount.**
- **Gifts of alcohol, hampers of food, jewellery, event tickets or other mid to high value articles that could be misinterpreted by the public or assume a more serious importance in any form of future enquiry or investigation.**

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Financial donations to a department fund (e.g. to support staff training) must be administered through the Board's Endowment Funds. Please refer to the Endowment Charter and Endowment Operating Instructions.

Gifts of equipment not for individual use *may* be accepted, provided that:-

- they are in no way related to purchasing decisions and do not commit NHSGGC to any obligations with the supplier or funder;
- they are entered in the on-line Register of Interests, Gifts and Hospitality;
- a risk assessment is carried out before acceptance of NHSGGC's potential liabilities of accepting the asset (e.g. recurring maintenance or support costs);
- the budget holder's approval to accepting the gift is sought, particularly if there are any recurrent or non-recurrent costs associated with accepting the gift;
- they are recorded under the procedures for accepting donated assets and details notified to the Board's asset accountant.

Hospitality

Modest hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches in the course of a working visit. Any hospitality accepted should be similar in scale to that which NHSGGC as an employer would be likely to offer. **Hospitality in excess of this level should normally be declined.**

Should an individual wish to accept hospitality, then approval of the appropriate line manager/Head of Department/Director is required. All hospitality exceeding what the NHS would be likely to provide, whether accepted or declined, must be entered in the on-line Register of Interests, Gifts and Hospitality system.

It may not always be clear whether an employee is being invited to an event involving the provision of hospitality (e.g. a formal dinner) in a personal/private capacity or as a consequence of the position which they are employed by NHSGGC.

- If the invitation is the result of the employee's position within NHSGGC, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the employee should ensure that their line manager/Head of Department/Director is fully aware of the circumstances and approves their attendance. An example of such an event might be an awards ceremony involving a formal dinner. If the line manager/Head of Department/Director grants approval to attend, the employee should declare their attendance for registration in the on-line Register of Interests, Gifts and Hospitality.
- If the employee is invited to an event in a private capacity (e.g. as result of their qualification or membership of a professional body), they are at liberty to accept or decline the invitation without referring to their line manager/Head of Department/Director. The following matters should, however, be considered before an invitation to an individual in a private capacity is accepted:

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- The employee should not do or say anything at the event that could be construed as representing the views and/or policies of NHSGGC.
- If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with NHSGGC, then it could be difficult for an employee to demonstrate that their attendance was in a private and not an official capacity. Attendance could create a perception that the employee's independence had been compromised, especially where the scale of hospitality is lavish. Employees should therefore exercise caution before accepting invitations from such bodies and must inform their line manager/Head of Department/Director.

Where suppliers of clinical products provide hospitality, it should only be accepted in association with scientific meetings, clinical educational meetings or equivalent, which must be modest, normal and reasonable in the circumstances and in line with what NHS would normally provide and held in appropriate venues conducive to the main purpose of the event

It is the responsibility of the recipients of gifts and hospitality to declare all items of excessive value received, whether accepted or declined, via the on-line Register of Interests, Gifts and Hospitality system.

Where it is necessary to *provide* hospitality outside of an NHS facility, prior authorisation by the relevant Director is required. The hospitality provided should be on a modest scale. NHSGGC will not provide alcohol or tobacco as part of the hospitality.

5. Register of Staff Interests

To avoid conflicts of interest and to maintain openness and accountability, employees are required to register all interests that may have any relevance to their duties/responsibilities within NHSGGC. These include any financial interest in a business or any other activity or pursuit that may compete for a contract to supply goods or services or in any other way could be perceived to conflict with the interests of NHSGGC. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest in question could potentially affect the employee's responsibilities to the organisation and/or influence their actions. If in doubt, the employee should register the interest or seek further guidance from their line manager/Head of Department/Director.

Interests that it may be appropriate to register include:

- **Financial interests** – where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interests** – where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career.
- **Non-financial personal interests** – where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

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- **Indirect interests** – where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
- **Loyalty interests** - these relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however 'loyalty' interests can nevertheless influence decision making. In this context, a 'benefit' may be financial gain or avoidance of loss. Loyalty interests should be declared by staff involved in decision making where they:
 - Hold a position of authority in a commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
 - Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
 - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
 - Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Specific areas where staff may derive personal benefit from official expenditure would include:

- **Patents/Intellectual property** - Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- **Shareholdings/Other Ownership** - Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation. Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then management actions should be considered and applied to mitigate risks.

There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

The above list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interests upon the work of NHS GGC. Any interests of a spouse, partner or civil partner, close relative or associate, or persons living with the employee as part of a family unit, could also require registration if a potential conflict of interests exists.

All members of staff are responsible for entering their interests in the on-line Register of Interests, Gifts and Hospitality system.

Declaration of an interest should be completed at the commencement of employment or on the acquisition of the interest. Any changes to interests should be notified at the earliest opportunity, or within 4 weeks of the change occurring.

Entries in the online Register of Interests, Gifts and Hospitality will be retained in respect of any registration for a period of 6 years after the registration ceases or the member of staff leaves.

6. Purchase of Goods and Services

NHSGGC operates a Central Procurement Department to purchase the goods and services required for service delivery. With the exception of certain staff within Estates & Facilities, Pharmacy and Prescribing Services and eHealth, no other member of staff is authorised to make a commitment to a third party for the purchase of goods or services. The Procurement Department should be contacted for advice on all aspects of the purchase of goods and services.

All staff who are in contact with suppliers and contractors (including external consultants), and, in particular, those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to professional procurement standards. They should also be aware of their responsibilities to comply with the Bribery Act 2010.

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of the NHSGGC Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) and of the Public Sector Procurement Regulations. This means that:

- No private or public company, firm or voluntary organisation which may bid for business should be given any advantage over its competitors, such as advance notice of NHSGGC requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
- Each new contract should be awarded solely on merit in accordance with the NHS Board SFIs and relevant Board procedures.
- No special favour should be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or managerial capacity. Contracts must be won in fair competition against other tenders and scrupulous care must be taken to ensure that the selection process was conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.
- All invitations to potential contractors to tender for business should include a notice warning tenderers of the consequences of engaging in any corrupt practices involving NHSGGC employees.

Staff should consult Sections 9 and 10 of the Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) for further information on the procedures to be followed to purchase goods and services.

7. Purchase, Sale and Lease of Property

NHSGGC is authorised by the Scottish Government Health and Social Care Directorate to acquire, manage and dispose of property on behalf of Scottish Ministers, with appropriate officers being authorised in turn to execute instruments relating to these functions. The appropriate officers are the Chief Executive, Director of Finance, Medical Director, Chief Operating Officer and the Director of Estates and Facilities.

No other member of staff is authorised to make any commitment in respect of the purchase, sale or lease of property. Any proposed transaction must be referred to the Director of Estates and Facilities in the first instance.

8. Benefits Accruing From Official Expenditure

The underlying principle is to obtain best value from public expenditure and as such decisions should not be determined by private/personal benefit.

Employees as individuals must not derive personal benefit from public expenditure. Staff should not use their official position for personal gain or to benefit their family and friends.

Employees should not seek nor accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had or may have official dealings on behalf of the Board. This does not apply to concessionary agreements negotiated on behalf of NHS staff as a whole.

Staff should not collect air miles arising from official travel unless these are to be applied to future business travel.

A small number of staff might find their duties require them to make official purchases from retail outlets which promote loyalty schemes (e.g. loyalty cards). Staff should not make purchase decisions which allow them to benefit personally from such schemes when they are applied to official expenditure.

9. Contracts and Agreements

Where it is proposed to enter into an agreement with a non-NHS body (for example, a Service Level Agreement or a Memorandum of Understanding with a University), the legal status of the agreement needs to be considered. It is very likely that, to safeguard the interests of NHSGGC, a formal, legally binding document will be required which, among other matters, will specify the service to be provided and the payment to be made by NHSGGC. Input from the NHS Central Legal Office will be required to prepare such a document unless a pre-existing CLO-drafted generic 'style' template is available.

Where the agreement is commercial in nature, the Procurement Department must be involved at the earliest stage to ensure that all contractual issues are fully addressed.

It is recognised that each agreement may be different and staff should therefore contact the Procurement Department for advice at an early stage.

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In cases of doubt, individuals should contact their line manager/Head of Department/ Director or Head of Procurement for advice.

Staff should not enter or sign binding contractual agreements unless they have the authority to do so under the NHSGCC Scheme of Delegation: [Financial Governance \(sharepoint.com\)](https://sharepoint.com)

10. Secondary Employment

Before taking up an offer of secondary employment outside of their NHSGCC contract, staff must obtain approval from their line manager/Head of Department/Director in the first instance. Any approval should be in writing and recorded on the employee's personal file. Approval is also required where the staff member is self-employed.

NHSGCC will require assurance that the secondary employment will not:

- Create a conflict of interest
- Interfere with or have a detrimental effect on the employee's duties
- Contravene the EU Working Time Directive
- Damage the reputation of NHSGCC

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake private practice in accordance with their respective Terms and Conditions of Service.

All staff should note that it may also be appropriate to declare secondary employment in the on-line Register of Interests, Gifts and Hospitality system (see Section 5).

11. Acceptance of Fees

Where an employee, other than a member of Medical and Dental staff, is offered fees by outside agencies, including clinical suppliers, for undertaking work or engagements (e.g. radio or TV interviews, lectures, consultancy advice, membership of an advisory board etc.) which have a bearing on their official duties, or draw on their official experience, the employee's line manager must provide written approval before any commitment is given by the employee.

Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chair of the Board before committing to such work.

In all cases, an assurance will be required that:

- The employee is not making use of his/her NHS employment to further his/her private interests
- Any outside work does not interfere with the performance of their NHS duties
- Any outside work will not damage the reputation of NHSGCC

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If the work carried out is part of the employee's normal duties, or could reasonably be regarded as falling within the normal duties of the post and is carried out in contracted hours, then any fee due is the property of NHSGGC and it should be NHSGGC (and not the employee) that issues any invoice required to obtain payment. The individual must not issue requests for payment in their own name and must pass the relevant details to the Directorate of Finance to allow the issue of an invoice and collection of the payment.

Employees should not commit themselves to any work which attracts a fee until they have obtained the required approval as described above. It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in question has been completed. The fact that the fee is unsolicited is not relevant and the process as set out above will apply.

It is also possible that an individual may be offered payment in kind e.g. book tokens. However, the principles set out in this section will still apply. If it is not appropriate for the individual to retain the payment in kind, then the gifts or tokens should be handed over to the individual's line manager/Head of Department/Director to be used for the benefit of the organisation as a whole.

A record in the on-line Register of Interests, Gifts and Hospitality should be made when a gift or token is handed over to a line manager/Head of Department/Director and the record should show how the gift or token is used.

A gift offered in respect of work undertaken as part of the employee's **normal** duties should be declined unless it is of minor in nature and of a low intrinsic value as per Section 4.

Certain other provisions apply specifically to the provision of lectures or interviews. A lecturer/interviewee should ensure that the audience is made aware of whether they are speaking on behalf of NHSGGC or in a private capacity.

It may not always be clear whether an individual is acting in a private capacity or as a representative of NHSGGC. An individual will be deemed to be acting in a private capacity where they are invited to speak because of their position within the organisation but is expected to express their personal thoughts and opinions on a subject. It is acknowledged that this may be a grey area and, in cases of doubt, employees should consult their line manager/Head of Department/Director. Directors in these circumstances should seek the endorsement of the Chief Executive.

Where an employee gives a lecture in a private capacity on a matter unrelated to the NHS and their job or profession (e.g. a hobby), they do not have to seek permission from his/her line manager/Head of Department/Director. In these circumstances, the individual should avoid referring to their official position with NHSGGC.

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake additional work and receive fees in accordance with their respective Grade Terms and Conditions of Service.

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Consultant staff may only accept fees for lecturing or other activity whilst on paid study leave with approval from the Chief of Medicine or relevant Director. This would not normally be granted if the fee is being paid by a supplier of medical products. In this circumstance, annual leave would need to be taken and any fee declared in the online Register of Interests.

12. Work Undertaken for Professional Bodies

Directors should obtain the written approval of the Chief Executive and if the Chief Executive wishes to fulfil such a role, they should obtain the written approval of the Chair of the Board.

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service should refer to their Terms and Conditions of Service for advice on additional work undertaken.

NHSGGC will require assurance that the employee's duties as an office bearer with the professional body will not interfere with their duties or damage the reputation of NHSGGC. The following matters will be agreed in writing before the individual takes up their duties with the professional body:

- The time off to be granted to allow the individual to fulfil his duties with the professional body
- Whether this time off is to be paid or unpaid
- The extent to which expenses will be met by NHSGGC in respect of travel and subsistence relating to the employee's work for the professional body
- The nature and extent of any support to be provided by NHSGGC in terms of secretarial duties, access to ICT, photocopying and printing etc
- Whether the costs of this support are to be charged to the professional body or met by NHSGGC

In deciding whether to allow an individual to act as an office bearer for a professional body and the level of financial and administrative support to be provided, the following questions will be considered:

- Will the employee's activities as an office bearer of the professional organisation benefit the NHS in general and NHSGGC in particular?
- Will the employee's activities interfere significantly with their NHS duties and/or the duties of any support staff that may be required to assist the individual?

Provided that the employee's activities in respect of the professional organisation will not interfere unreasonably with his/her duties and the duties of any relevant support staff, permission to act as an office bearer for a professional organisation should not be unreasonably withheld.

NHSGGC will not pay or reimburse the costs of subscriptions to professional bodies. It is the responsibility of each employee to meet the cost of their membership of the relevant organisation(s).

If an employee wishes to apply for study leave to attend an event organised by a professional body of which they are a member or any other event as part of a programme of CPD, they should submit a formal application for study leave to their

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line manager/Head of Department/Director. The HR Department can advise on the authorisation process. If the application for study leave is granted, it may be granted with or without reimbursement of travel expenses in respect of his/her attendance at the event at the discretion of their line manager.

Reimbursement of expenses associated with study leave taken by Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service will be in accordance with their respective Terms and Conditions of Service.

If any employee chooses to attend in an event organised by a professional body of which they are a member in their own time, any travel expenses will be met by the employee and not NHSGGC.

13. Working with Suppliers of Clinical Products

Declaring Interests

Further to the universal principles set out in Section 5 of this Policy, this section should also be read and understood by staff working with suppliers of clinical products.

Should suppliers of clinical products approach NHS staff, including honorary contract holders, for advice, this may be construed as a commercial interest, in potential conflict with public duties. Therefore, all individuals providing comparable advice to the Board, for example through their participation in Advisory Committees, must declare any relevant interests and must withdraw or modify their participation, as necessary, in meetings, consultation exercises and other relevant fora.

This requirement to declare an interest also applies to any individuals, including patient and lay representatives, who provide advice and/or influence decisions made by Advisory Committees and other relevant bodies.

Staff should be aware that the requirements for declaration at meetings are also applicable to independent primary care contractors directly involved with NHS decision making on the procurement of medicines and other clinical products, those undertaking research and innovation and those participating in Board Committees, for example, on issues related to the General Pharmaceutical Services Regulations. Community pharmacists and other independent primary care contractors who have commercial relationships with a wide range of suppliers, will require to declare relevant interests if they are involved with Board committees where particular products are being considered for inclusion in local policies.

It is the responsibility of the employee to declare any relevant interest to the Chair of any Board Standing Committee/Professional Advisory Committee/decision making group that they sit on so that the Chair is aware of any conflict which may arise. These Declarations of Interest will be recorded in the Minutes of the meeting.

Meeting with Suppliers

Interactions with suppliers of clinical products must follow the principles laid out in this document and, where appropriate, the Association of British Pharmaceutical Industry (ABPI) [Code \(pmcpa.org.uk\)](http://pmcpa.org.uk):

- Meetings should only involve those whose roles justify their participation.
- Individuals should obtain approval from their line manager/ clinical director or equivalent before participation. It is acceptable to arrange prior approval up to an agreed level of interaction, as part of the annual job planning, performance review or appraisal process, as appropriate for different professions.
- Only senior staff should participate in one to one meetings with representatives.
- Staff taking part in such meetings should ensure there is a clear understanding of the purpose of the meeting, including the aims and the potential outcomes which benefit the NHS and patients.
- No commercial commitments should be made during the course of such a meeting. Any appropriate recommendations should be referred to NHSGGC Procurement.

Samples

This refers to pharmaceuticals or any other clinical product including dressings, sundries, products for wound care and stoma care, equipment and devices. Samples should **not** be accepted from suppliers at any time. The exceptions are medicines or devices/ medical technology provided as part of a clinical trial or clinical evaluation study which have received prior Research & Innovation Management Team approval to commence.

Any requirements for pre-packed medication, for example, to be used as starter packs in compliance with the Formulary, should normally be satisfied through NHS Manufacturing Units. Advice should be sought from local pharmacy departments.

Leased devices and equipment should be inspected, approved and regulated via normal NHS procedures.

Partnership working at corporate level

In developing a joint working agreement at corporate level, consideration should be given to the following:

- The costs and benefits of any arrangement.
- Likely impact on purchasing decisions across the NHS structure, with such decisions being based on best clinical practice and value for money.
- Joint working linked to the purchase of particular products or services, or to supply from particular sources, is not permitted unless as a result of an open and transparent tendering process for a defined package of goods and services. In particular, no sponsorship, funding or resources should be accepted from a supplier who is actively engaged, or shortly to be engaged, in a potential supply to the Board unless it can clearly be demonstrated that the sponsorship has not influenced the procurement decision. It should be assumed that influence will be perceived unless it can be clearly demonstrated it was not.

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- A requirement that all participants observe Data Protection legislation and respect patient confidentiality.
- The employment or seconding of any person as a result of the agreement is covered by Section 11 of this Policy.
- Participants are made fully aware of the duration of the project with a clear definition of (1) the 'exit strategy' and (2) the implications for both patients and the service once the project comes to an end.
- The need to declare the agreement on the online Register of Interests.

Any possible partnership should always be discussed with the relevant line manager/Head of Department/Director before proceeding beyond the initial stages.

Procurement teams (and in the case of medicines, Pharmacy teams) will work with suppliers to establish the best arrangements for the supply of clinical products, in line with the Board's Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) and Public Sector Procurement Regulations.

No commercial relationships can be entered into other than by staff with formal delegated authority. Any discussion on commercial matters should be referred to the relevant Procurement or Pharmacy teams.

Industry sponsored research & innovation

NHSGGC, in collaboration with its academic partners, wishes to enhance patient care through advancement in clinical practice and acknowledges the support that companies who supply novel clinical products provides to research and innovation.

Research partnerships need to meet the rigorous requirements of clinical relevance and governance as set out in current guidelines and legislation. All projects must be formally approved by the relevant Research Ethics Committee(s), Medical Healthcare regulatory Authority (where relevant) and the Research & Innovation management team. All activity needs to be appropriately costed and invoiced through the Research & Innovation Finance.

All industry sponsored research/clinical trials and innovation projects are registered By the Department of research & innovation on behalf of the board.

If a product is subject to transfer from a research setting to commercial use, this should be planned through a formal agreement for service development, with an agreed funding stream. This should be progressed through NHSGGC managed entry processes for new products, procedures and services. Medicines are subject to an established process of 'managed introduction', given the role of (1) the regulatory authorities in marketing authorisation at a European or UK level; (2) the Scottish Medicines Consortium; and (3) the Area Drug and Therapeutics Committee.

Trial subjects/patients should be informed that NHSGGC cannot guarantee that a new medicine or device will be available in clinical practice following clinical trial activity, compassionate use prescribing or 'expanded access' programme (or equivalent). Such availability is dependent on marketing authorisation and national guidance (e.g. Scottish Medicines Consortium and/or National Institute for Health and Clinical Excellence), in addition to individual patient circumstances.

Market research activities, post marketing surveillance studies, clinical assessments and the like must be conducted with a primarily scientific or educational purpose and must not be disguised promotion. These may require approval from Research & Innovation and/or the Director if the relevant department. In the event that this activity involves a non-Formulary medicine, NHS prescribing should be conducted in line with accepted prescribing policies in acute services or primary care.

Intellectual Property Rights (IP)

All activity relating to IP must comply with the NHSGGC Intellectual Property Policy.

14. Directorship and Membership of Companies

As NHSGGC becomes increasingly involved in partnership working with other agencies, employees may be asked to hold a Directorship with a Company which has been established to progress a particular project. It is important that all staff are aware of the legal position.

NHSGGC has limited powers to become involved in the conduct of a Company as a subscriber to the Memorandum and Articles of Association or by being entitled to nominate Directors to the Board of Directors of a Company. While there is the power to form companies to provide facilities or services under the National Health Service (Scotland) Act 1978 as amended, such powers will only be exercised in very limited circumstances with the consent of Scottish Ministers. NHSGGC can, however, participate in a Company providing that it does not nominate a Director or take any steps which could be construed as entering into the day to day control and direction of a Company. NHSGGC could send a representative to Board meetings to act as an observer if this was acceptable to the Company and provided it is made explicit to the Company Secretary that the employee is not participating in the Company as a Director or Member of the Company.

Staff should be aware that as Members of a voluntary association there is a potential for unlimited liability on the part of individual employees and of NHSGGC as their employer. While this risk could be addressed by the Association granting an indemnity to the individuals and NHSGGC in respect of any claims arising, this indemnity would only be worthwhile if there was some significant financial backing to meet the claim, or related claims. If the voluntary association had little or no funds, such an indemnity could in fact be worthless. On balance, therefore, it is recommended that the Board and its officers normally take an advisory role in respect of a voluntary association rather than become a full member.

If an individual in a private capacity was appointed to the Board of a Company or becomes a member of a voluntary association, they must comply with NHSGGC's requirements in respect of secondary employment and declaration of interests. They should make it explicit to the body concerned that they are not representing the views of NHSGGC. Furthermore, they should also not act as an investigator in any trial of the company's product (e.g. medicine, devices, diagnostic tests) that may be active within NHSGGC.

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Individuals should seek advice and also the written approval of the Chief Executive before responding to an invitation to join a Company or the controlling body of a voluntary organisation.

15. Conduct During Election Campaigns

During election campaigns:

- NHSGGC will ensure even-handedness in meeting requests for factual information from individual candidates and those from different political parties
- Care will be taken over announcements of decisions made by NHSGGC to avoid accusations of political controversy or partisanship
- Care will be taken in respect of paid publicity campaigns to ensure they are not open to criticism of being undertaken for party political purposes
- Care will also be taken in relation to any publications planned by NHSGGC during the pre-election period for example, pieces of research which may be open to political interpretation
- NHSGGC will ensure that it does not do anything that could reasonably be construed as politically motivated
- Employees will not engage in activity that could reasonably be regarded as taking a political stance

The Freedom of Information (Scotland) Act 2002 remains in operation during the election period. NHSGGC will continue to respond to FOI requests in accordance with the legislation and associated FOI Policy: [Freedom Of Information Policy - NHSGGC](#)

16. Contact with the Media

If an employee is contacted direct by the media they should not enter into any discussions or make any comment and instead refer the enquiry to the NHSGGC Press Office (0141-201- 4429 (24 hours), Press.Office@ggc.scot.nhs.uk). They should also inform their line manager/Director so they are aware of the approach.

Employees must not invite journalists, photographers or camera crews onto any NHSGGC premises without the prior agreement of the NHSGGC Press Office and the relevant line manager/Director.

Employees are also reminded that in dealings with the media they should never pass over any copies of NHSGGC-owned material (e.g. reports or data) which are obtained as part of their normal employment.

Where an employee exercises the right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including online), they should make it clear that they are acting in a private capacity and any opinions expressed are not necessarily those of NHSGGC.

Employees must not make initial contact the media on NHSGGC matters.

Staff are also reminded of their expected professional and personal behaviours in the use of social media as set out in the NHSGGC policies available here: [Social Media and Personal Workplace Relationships - NHSGGC](#)

17. Reporting Breaches

Should employees have concerns about potential non-compliance with these Standards, they can raise these in confidence via the NHSGGC Whistleblowing Procedures: [Speak Up! - NHSGGC](#)

Specific concerns of a financial nature, should be reported immediately in accordance with the NHS Fraud Policy: [Fraud \(sharepoint.com\)](#)

Bribery, Gifts & Hospitality and Conflicts of Interest Guidance for NHSGGC Staff

Introduction

All NHSGGC staff must be aware of their responsibilities towards:

- **Compliance with the Bribery Act 2010.**
- **The need to record any accepted or declined gifts or hospitality.**
- **The requirement to declare any potential conflict between external interests and Health Board business.**

This is to ensure that all staff know what to do in each of the above situations.

Section 1: What is Bribery?

Bribery is the improper performance of a duty/function in return for an advantage. An advantage will include a traditional cash bribe as well as non-cash bribes and may include gifts or hospitality.

Section 2: What constitutes Gifts and Hospitality?

NHS staff can often be presented with gifts from patients or contractors/suppliers. This does not mean that you cannot accept gifts and hospitality, you *can*, as long as:

- **They are of low value.**
- **They do not create any feeling of expectation for something in return.**

Examples of generally acceptable gifts:

- Small gifts of a promotional or advertising nature such as calendars, pens and diaries, from suppliers or hosts.
- Small gifts from patients and their families, such as flowers and chocolates, following treatment.
- Low value gifts to be shared among colleagues such as confectionary, sweets or cakes.

The above do not need to be recorded.

- Gifts of equipment
- Financial donations to departments

The above do need to be recorded – see Section 8.

Example of unacceptable gifts:

- Gifts of cash or gift vouchers, regardless of the amount.

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- Gifts of alcohol, hampers of food, jewellery, event tickets or other mid to high value articles that could be misinterpreted by the public or assume a more serious importance in any form of future enquiry or investigation.

Examples of acceptable hospitality:

- A basic working lunch for business purposes.
- Attendance at a function in an official capacity, where lunch/meal is provided as part of the day.

Examples of unacceptable hospitality:

- The offer of a holiday or weekend hospitality.
- The use of a company flat or hotel suite.
- The use of a company vehicle.
- An invite to an event involving lavish hospitality.
- Repeat invitations by the same organisation or individual.
- Any offer of hospitality of any kind from an organisation seeking to do business with us or that is in a contractual dispute with us.
- Any offer of hospitality of any kind from an organisation seeking grant funding from us.
- **Any offer that creates a feeling of expectation in return.**

Please note that the above lists are not meant to be exhaustive and are provided as examples only. If you are in any doubt speak to your line manager.

Section 3: The Bribery Act 2010 – rules and your responsibilities

The Bribery Act 2010 details four offences:

- It is an offence to offer, promise or give a bribe.
- It is also an offence to request, agree to receive, or accept a bribe.
- The Act creates a separate offence of bribing a foreign public official with the intention of obtaining or retaining business or an advantage in the conduct of business.
- There is also a corporate offence under the Act of failure by an organisation to prevent bribery that is intended to obtain or retain business, or an advantage in the conduct of business, for the organisation.

Facilitation payments are unofficial payments to public officials in order to secure or expedite actions and are illegal. Similarly, the use of a third party as a conduit to channel bribes to others is a criminal offence.

Section 4: Penalties

Accepting or making a bribe constitutes gross misconduct under NHS Scotland's disciplinary procedures and could potentially result in **dismissal**.

Bribery is also a criminal offence and if convicted could result in up to 10 years **imprisonment** and an **unlimited fine**. Organisations that fail to prevent bribery also face unlimited fines.

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In addition, individuals and companies who are convicted of a bribery offence will be **excluded from NHS tendering processes**.

Section 5: How might you be influenced or affected by bribery and / or coercion?

Bribery or coercion will vary from service to service and seek different objectives. It may be attempted in order to gain advantage in the competition for business, bypass legal or regulatory processes, or gain preferential access to care and treatment for example.

Staff should consider what this might look like in their area of practice and managers should discuss relevant scenarios with their staff in order to build resilience to this threat.

If it does not feel right and creates a feeling of expectation in return then stop, check and report.

Section 6: Do's and Don'ts

DO:

- Read the NHSGGC Standard of Business Conduct for Staff.
- Be aware of your responsibilities with regards to the Bribery Act 2010: [Bribery Act 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)
- Familiarise yourself with the Association of British Pharmaceutical Industry (ABPI) Code if you work with suppliers of clinical products: [Code \(pmcpa.org.uk\)](http://pmcpa.org.uk)
- Speak to your line manager for further guidance.
- Ensure that mid to high value gifts or any hospitality offered, even if you have declined these, are recorded – see Section 8.

DO NOT:

- Give or promise to give, or offer a payment, gift or hospitality with the expectation or hope that a personal, commercial, regulatory or contractual advantage will be received, or to reward any such advantage already given.
- Give or promise to give, or offer a payment, gift or hospitality to a government official, agent or representative to facilitate or speed up a procedure.
- Accept payment from a third party that you know or suspect is offered with the expectation that it will obtain a business advantage for them.
- Accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a business advantage will be provided by NHSGGC in return.
- Retaliate against, threaten or victimise anyone who has refused to be involved in bribery or corrupt practices, or who has raised concerns under NHS Counter-fraud or Whistleblowing procedures.

The list above is not exhaustive but is intended to provide examples of conduct likely to be in breach of the NHSGGC Standards of Business Conduct.

Section 7: What should you do if you have been offered a bribe?

Specific concerns of a financial nature, should be reported immediately and in line with the NHSGGC Fraud Policy using the contact details here: [Fraud \(sharepoint.com\)](#)

If you have concerns about improper business conduct in general, these can be raised in confidence via the NHSGGC Whistleblowing Procedures:

ggc.whistleblowing@ggc.scot.nhs.uk.

Section 8: What should you do if you have been offered a gift or hospitality?

Where an unsolicited, inappropriate or high value gift is received and the individual is unable to return it or the donor refuses to accept its return, the employee should report the circumstances to their line manager who will ensure that the donor is advised of the course of action.

All high value gifts or hospitality, whether accepted or declined, must be entered in the online [Register of Interests, Gifts and Hospitality system](#):

[NHS GGC Gifts & Declarations - My Declarations \(scot.nhs.uk\)](#)

Section 9: What if I want to offer a gift or hospitality to someone external?

Gifts on behalf of NHSGGC should not be offered under any circumstances.

Where it is necessary to *provide* hospitality outside of an NHS facility, prior authorisation by the relevant Director is required. The hospitality provided should be on a modest scale. NHSGGC will not provide alcohol or tobacco as part of the hospitality.

Section 10: Conflicts of Interest

The NHSGGC Standards of Business Conduct requires all staff to declare any private interests which might affect their work.

All Board Members are required to submit an annual Declaration of Interests form in line with their Code of Conduct. However, *any* member of staff who considers that their outside interests may potentially conflict with those of NHSGGC should also make a declaration.

All new staff should complete a Declaration of Interest as part of their on-boarding process, but should continue to declare interests as they may evolve throughout their career within NHSGGC.

Conflicts of interests are not simply financial or professional in nature, but also based on *loyalty* where staff:

- Hold a position of authority in a commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.

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- Are aware that NHSGGC does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Declarations of Interest should be made via the same portal: [NHS GGC Gifts & Declarations - My Declarations \(scot.nhs.uk\)](https://scot.nhs.uk/nhs-ggc-gifts-declarations)

Further information on Conflicts of Interest is available in the NHSGGC Standards of Business Conduct.



Section 4

NHS Greater Glasgow and 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;

BOARD OFFICIAL

- 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 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.

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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.
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.

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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.

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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 Programme Initial Agreement, the Annual Operational Plan, the Strategic Commissioning Plans and the Annual Accountability Reports 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 3 year Delivery Plan which is aligned with the 3 year Financial Plan, the Annual Operational Plan and the Strategic Plans developed by HSCPs;

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2. accord with workload and manpower plans;
3. be produced following discussion with appropriate Divisional representatives and other budget holders;
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

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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 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 NHSGCC 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.

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2. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering areas for which they are responsible;
3. investigation and reporting of variances from financial, workload and manpower budgets;
4. monitoring of management action to correct variances; and
5. arrangements for the authorisation of in-year budget transfers.

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

1. any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent as outlined in section 2.4 above;
2. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement.

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

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

2.6 MONITORING RETURNS

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

2.7 CAPITAL EXPENDITURE

The general rules applying to delegation and reporting shall also apply to capital expenditure including the requirement to stay within the Capital Resource limit [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 Delivery Plan, 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;
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:

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- 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.

2.11 **PARTICIPATORY BUDGETS**

Where a participatory budget has been agreed which devolves decision making to local communities or service users expenditure must be compliant with these SFIs in particular Section 9: Non Pay Expenditure and Section 10: Orders, Quotations and Tenders.

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 and Social Care Finance, Digital and Governance 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.

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- 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

Responsibilities of external auditors are established by the Public Finance and Accountability (Scotland) Act 2000 and the Code of Audit Practice and their work is guided by Financial Reporting Council's Ethical Standard. NHSGGC's Accounts must be audited by auditors appointed by the Scottish Ministers. The Auditor General for Scotland will secure the audit of the Board's Accounts on behalf of the Scottish Ministers.

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;

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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, the Fraud Response Plan 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 and the Fraud Response Plan approved by the Audit and Risk Committee.

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

4.4 INTERNAL AUDIT

The role of internal audit will be based upon the guidance contained in the Public Sector Internal Audit Standards (PSIAs). These standards are mandatory and specifically it will be the responsibility of the Chief 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

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4. explanations concerning any matter under investigation.

The Chief Internal Auditor/Audit Manager reports functionally to the Audit and Risk Committee and has a right of access to the Chair of the Audit and Risk Committee, the Chief Executive and the NHS Board Chair.

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. The Director of Finance will ensure that appropriate responses are provided and action is taken in respect of all internal audit reports.
3. failure to take any necessary remedial action within a reasonable period will be reported to the Chief Executive.

The Chief Internal Auditor/Audit Manager will normally attend Audit and Risk Committee meetings. 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 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.

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

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

5.3 BANK ACCOUNTS

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

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 before 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

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

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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 out with the Cash Office for instances where the keyholder has an 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.

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;

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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.

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
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.

8.8 SUPPLEMENTARY STAFFING – AGENCY CONTROLS

Under no circumstances should current NHSGGC employees or NHSGGC Staff Bank workers be placed on shifts via an agency. A 6 month cooling off period applies from the date of termination of contract. All agency workers must only be registered with the Health Board under one agency and new agency workers registering with the Health Board must be from a National Procurement Framework Agency. Any off-framework agency worker must provide evidence of personal indemnity insurance cover.

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 Procurement 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.

Board Lead	Delegated Area of Responsibility
Pharmacy Services	All medicines
Property & Capital Planning	All major building projects
Operational Estates	Minor building and building repair projects
eHealth	All IT projects, software, hardware and desktop. Innovation Projects/ Partnerships
Procurement	Medical / Surgical Products, Medical / Imaging Equipment and associated maintenance, Estates, Facilities, Corporate (HSCP/Public Health and other corporate requirements) and all other ‘in-scope’ non-pay expenditure

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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 and subsequent amendments.

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:-

- 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

Unless a requirement is already covered by a local or national framework agreement, 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

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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.

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.

The Board complies with [CEL 05 \(2012\)](#)– Key Procurement Principles, which states that 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. For local contracting activity, the Health Board standard terms and conditions should be used. Where contracts are not of a standard form, the Central Legal Office should be consulted. Note that prior approval is required before consulting CLO. The Health Board Standard Terms and Conditions can be found online at: <https://www.nhsggc.scot/about-us/procurement/standard-terms-and-conditions>

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.

Requisitions

Unless agreed otherwise, prior to any official purchase order being raised a requisition (formerly known as a non-stock requisition or 'indent') must be submitted and approved in accordance with the Scheme of Delegation.

Authorisation

Another Key Procurement Principle contained with CEL 05 (2012) is 'No Purchase Order / No Payment. All requisitions and associated orders for the purchase of items must be properly authorised in accordance with these SFI's. The ordering/authorising officer are responsible for satisfying themselves that NHSGGC's contracting and ordering instructions have been properly complied with before they authorise an order and that the order does not commit NHSGGC to expenditure in excess of the budgeted amount. Committing expenditure with suppliers without first raising an official purchase order is therefore a breach of these SFIs.

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. Delegated limits will be reviewed annually by the relevant Head of Finance/Chief Financial Officer.

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

Purchase Orders

Only NHSGGC's authorised ordering officers, as approved by the, Director of Finance, 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 requisitioning 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 including relevant Construction Policy Notes (CPNs) and NHSGGC's Construction Procurement policy.

Trial/Loan Products

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

9.4 PAYMENT OF ACCOUNTS

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

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

Specifically the system will include checks that:

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

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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 locally tendered 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. Officers must follow the ***Pre Market Engagement Procedure*** here: [COM001 Pre-Market Engagement Procedure.pdf](#)

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 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

A key principle to ensure that a public body is obtaining best value is to expose the requirement to competition. In addition, for contracts over particular value thresholds, this is also a legal requirement under relevant procurement regulations. The regulations that apply are the Procurement Reform (Scotland) Act 2014 (PRSA) and Public Contracts (Scotland) Regulations 2015 (PCSR)

The table below sets out the thresholds at which there is a legal requirement to expose a contract to a competitive process. Note that these values refer to the lifetime value of the contract including any extensions. Also note that these values do not apply to further competitions (also known as mini competitions) from framework contracts or direct call-offs from frameworks (where this option exists). In those cases, any maximum values and framework call off methodology will be set out in the framework documents and call-off contracts must be awarded in accordance with Regulation 34 of the Public Contracts (Scotland) Regulations 2015.

Table 1: Procurement Thresholds

Category	Un-regulated (no VAT applied)	Regulated Procurement	
		PRSA (VAT applied to upper threshold)	PCSR (VAT applied to lower threshold)
Goods	£0 - £50k	£50k - £116,407	Over £116,407
Services	£0 - £50k	£50k - £116,407	Over £116,407
Social & Other Specific Services*	£0 - £50k	£50k - £552,950	Over £552,950
Works	£0 - £2m	£2m - £4,477,174	Over £4,477,174

*Social and Other Specific Services (also known as the Light Touch regime) represent a more narrowly defined form of service contract within the Procurement

Regulations. Guidance on how to tender for these type of contracts is available here: [COM004 Social and Other Specific Services Guidance.pdf](#)

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. 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. Care must be taken to ensure that frameworks used meet the requirements of Scottish Procurement Policy Note SPPN 03/2017:

<https://www.gov.scot/publications/speculative-framework-agreements-sppn-032017/>

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

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. The **Competitive Quotations Procedure** should be followed in these cases available here: [PS002 Competitive Quotations Procedure.pdf](#)

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. Supporting documents should be attached to the internal comments area of the purchase order to provide an audit trail.

Competitive Quotations can be used for works contracts up to a value of £2m, given the higher threshold for this category of contract. The **Competitive Quotations Procedure** should also be followed in these circumstances.

10.8 COMPETITIVE TENDERING

Where the supply of goods or services is estimated to be **£50,000** (ex VAT) or above, or over **£2m** (ex VAT) for a Works contract officers should comply with the **Regulated Procurements Procedure** available here: [COM003 Regulated Procurements Procedure.pdf](#)

This procedure also covers the conduct of framework further competitions (also known as mini competitions).

10.9 WAIVING OF TENDER/QUOTATION PROCEDURE

In exceptional circumstances a Director, as specified in the Scheme of Delegation, supported with approval from the Head of Procurement and/or Director of Finance, can approve the waiving of the above requirements. In such circumstances, the **SFI Waiver Procedure** should be followed: [PS001 SFI Waiver Procedure.pdf](#)

10.10 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 (Scotland) Act a contracts register detailing all contracts with a value in excess of £50k shall be made available to the public.

The agreed mechanism to achieve this to use the Contracts Register function embedded within the Public Contracts Scotland portal. Upon award of a Tender or Quick Quote, the details will automatically drop into the register. It can also be used to make manual entries if necessary.

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.

10.11 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.

10.12 CONCESSIONS CONTRACTS

Concessions Contracts are defined within the Concessions Contracts (Scotland) Regulations 2016. Where the Board have a requirement to enter into a Concessions Contract, it must do so in accordance with these regulations where the value of the contract is over the specified threshold. Concessions contracts with a value under the regulated threshold should still be awarded in accordance with the principle of Best Value, therefore a competitive quotations process should be undertaken in these circumstances.

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

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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.

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

Programme Initial Agreement

DL (2024)02 requires NHSGGC to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the Board and the Scottish Government. This replaces the requirement for Initial Agreements to be submitted for individual capital investment projects.

The full Programme Initial Agreement will require to be updated and resubmitted every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

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 as set out in the Programme Initial Agreement 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 Digital Services (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:

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- up to £3m a Summary Business Case
- Between £3m and £10m a Standard Business Case
- Over £10m an 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. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board where the proposal is between £10m and £20m. Proposals over £20m must be approved by the Board prior to submission to CIG.
- 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).
- d) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to PASG.
- e) Authority to approve capital proposals, including unfunded proposals, up to £2m is delegated to CPG
- f) The Chief Executive, the Director of Finance, the Director of Estates and Facilities and Senior Managers – Property & Capital Planning have authority to authorise capital proposals in accordance with the Scheme of Delegation.

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 Digital Services 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. 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.

CMT will approve property lease and rental agreements between £3m and £5m. The Finance, Planning and Performance Committee will approve all property lease/rentals and acquisitions and disposals above £.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

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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

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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.

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;

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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 “arm’s 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).

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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. nonverbal) is a FOISA request and must be responded to, within 20 working days. All requests should be received via the Board's FOI mailbox. Staff receiving FOI requests, or any request for business information that qualifies as an FOI request directly, should email it to the FOI mailbox immediately

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 (2023).

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.”

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:

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1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC's Digital Strategy;
2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;
3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

14.6 RETENTION OF RECORDS

The Scottish Government Records Management NHS Code of Practice 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 Healthcare Charity" 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.

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- 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.
- 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;
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;

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- (b) overpayments are prevented (or if not prevented, recovery measures are initiated); and
- (c) fraud is detected;

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 2018 (“DES Directions 2018”) and subsequent amendments 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
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation
- Shingles (Herpes Zoster) Immunisation
- Meningitis B Immunisation
- Preschool Boosters
- Rotavirus
- Coronavirus Vaccination

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 for enhanced services not funded in the Global Sum the Board will require contractors and providers who have entered into an arrangement

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in terms of the Extended Hours Access Scheme in the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018.

National Enhanced Services

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

The GMS 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 ((2023)24.

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)

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 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 (2022)06. This requires NHSGGC to adopt the Counter Fraud Standard which is a best practice approach to countering fraud. NHSGGC has a formal Fraud Policy and a Fraud Response Plan which set out the Board's policy and individuals' responsibilities. The following paragraphs provide an outline of the requirements but the Fraud Policy and Fraud Response Plan 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

A false pretence – a false pretence by word of mouth, writing or conduct, and an inducement – induce someone to pay over monies/hand over goods, and A practical result – that the cheat designed had been successful to the extent of gaining benefit of advantage, or of prejudicing, or tending to prejudice, the interests of another person).

Embezzlement (is the felonious appropriation of property (i.e. a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control).

Forgery and uttering (is the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document).

Bribery and Corruption The Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation.

Theft (the felonious taking or appropriating of property without the consent of the rightful owner or other lawful authority) of NHS property or funds with a high value or where a series of thefts has been identified.

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

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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 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 will be offered protection under the Whistleblowing Policy and 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.

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.

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 Director 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 Director 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

The Audit and Risk Committee will maintain an oversight of the settlement of legal claims and claims for compensation. Where a settlement is above the Board's delegated limit and is forwarded to SGHSCD the Board, the Chief Executive Officer, the Director of Finance and the Chief Operating Officer will be notified in accordance with the Scheme of Delegation.

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.

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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.

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.



Section 5

NHS Greater Glasgow and Clyde Scheme of Delegation

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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: -

- Determining the organisation’s Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
- Setting the organisation’s strategic direction and development goals;
- Approval of the organisation’s Corporate Strategies
- Development and Implementation of the Annual Delivery Plan;
- Approval of the IJB Integration Schemes;
- Monitoring of aggregated/exception reports from the Board’s Standing Committees and the Integration Joint Boards on key performance indicators;
- Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
- Allocating financial resources for both Capital and Revenue resource allocation;
- Scrutinise key data and information as per the Board’s Assurance Information Framework.
- Approval of Annual Accounts;
- Scrutiny of Public Private Partnerships;

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- NHS Statutory Approvals;

- Approval of the Corporate governance framework including:
 - Standing Orders
 - Establishment, remit, and reporting arrangements of all Board Standing Committees
 - Scheme of Delegation
 - Standing Financial Instructions
 - Model Code of Conduct

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		Board Secretary
2	Maintenance of a Register of gifts/hospitality/interest		Board Secretary
3	Document or Proceeding requiring authentication by the Board		One Non-Executive Board Member, the Director of Corporate Services and Governance 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 Operating Officer / Director of Estates and Facilities.

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. Where a Director post is referenced this will also cover any Interim appointments to that post.

Table	Title	SFI section
4.1	Allocations, Business Planning, Budgets, Budgetary Control and Monitoring	2
4.2	Annual Accounts and Reports	3
4.3	Audit	4
4.4	Banking Arrangements	5
4.5	Healthcare Service Provision	7
4.6	Pay Expenditure	8
4.7	Non-Pay Expenditure	9
4.8	Orders, Quotations and Tenders	10
4.9	Management and Control of Stock	11
4.10	Capital Investment	12
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

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 CMT	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit and per the Financial Plan

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Table 4.1 Allocations and Budgets				
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Executive	Resources within scope of Integration Scheme
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		Director of Finance	Up to £50,000 Head of Finance £50,000-£500,000 Asst DOFs Above £500,000 within available budget.
10	Virement of budget – HSCP		IJB Chief Officers / Board Director of Finance / Local Authority Finance Officer	Within available budget and local financial regulations/scheme of delegation regarding virement
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	FP&P above £5m– within available resources Chief Executive or Director of Finance up to £5m

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Table 4.2 Annual Accounts and Reports				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Submission of monitoring returns to Scottish Government Health and Social care Directorate (SGHSCD)		Director of Finance	In accordance with SGHSCD requirements
2	Approval of NHSGGC Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
3	Approval of Endowment Fund Annual Accounts	Endowment Management Committee to review and onwards to Board of Trustees for approval	Director of Finance	In accordance with The Charity Accounts (Scotland) Regulations 2006
4	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	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 for the NHSGGC accounts	Scottish Ministers	Director of Finance	In accordance with the Audit Scotland Code of Audit Practice
4	Appointment of internal auditors	Audit and Risk Committee	Director of Finance	
5	Appointment of external auditors for the Endowment Fund accounts	Board of Trustees Endowment Management Committee	Director of Finance	

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Table 4.4 Banking Arrangements				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Opening of Bank accounts in the Board's name	Audit and Risk Committee	Director of Finance	N/A
2	Notification to bankers of authorised signatories on bank accounts	Audit and Risk Committee	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		2 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

Table 4.5 Contracts/Service Level Agreements				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m CMT approval for all new contracts with an annual value between £1.5-5m
2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	<u>Substantive Service Changes</u> CMT and as appropriate Finance, Planning and Performance Committee <u>Financial Changes</u> Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m
2	Resource Transfer		Director of Finance and IJB Chief Officers	Within approved budget

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Table 4.5 Contracts/Service Level Agreements				
3	Setting of Fees and Charges: income generation - Board		Director of Finance	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	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

Table 4.6 Pay expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of any workforce related strategy	Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance
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	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Board Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Chief Executive or where appropriate Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding

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Table 4.6 Pay expenditure				
6	Oversight of Senior Management and high end employment litigation claims	Remuneration Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions and process 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
8	Engagement, termination, re-engagement, re-grading of staff		Budget Holder	Within approved budget and funded establishment and in accordance with approved Human Resources 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

Table 4.7 Non-Pay Expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

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

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Table 4.8 Orders, Quotations and Tenders				
2	Approval of Non Pay Revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive or Director of Finance up to £5m; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities Senior General Managers - Capital Planning	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m Property and Asset Strategy Group up to £3m Capital Planning Group up to £2m Deputy Director of Estates and Facilities - Capital Planning up to £2m
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning & Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning & Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m
5	Maintenance of Contract Register		Head of Procurement	
6	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	

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Table 4.8 Orders, Quotations and Tenders

7	Waivers to Tender	Audit and Risk Committee	<p>Relevant Director:</p> <ul style="list-style-type: none"> • IJB - Chief Officer • Acute Division – Chief Operating Officer or Directors who report to the COO • Other Corporate Directorates including Estates & Facilities – relevant Executive Director <p>And Head of Procurement</p>	<p>Required >£10k. Additional Director of Finance sign off required in the following circumstances:</p> <ul style="list-style-type: none"> • Waivers which are urgent or have no competition and are in excess of £250k • (Waivers where the tender process was not followed the threshold for DOF approval is over £50k
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Table 4.9 Management and Control of Stock

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

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Table 4.10 Capital Investment				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non Information Management & Technology (IM&T)	<p>Capital Investment Group (SG) Finance, Planning and Performance Committee CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;</p> <p>Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT £3-£5m</p> <p>Property and Asset Strategy Group up to £3m</p> <p>Capital Planning Group up to £2m Deputy Director of Estates and Facilities - Capital Planning up to £2m</p>
2	Approval of Business Cases - Information Management & Technology (IM&T)	<p>SG eHealth Programme Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group</p>	Director of eHealth	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;</p> <p>Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m</p> <p>Property and Asset Strategy Group up to £3m</p> <p>Capital Planning Group up to £2m General Managers - Capital Planning up to £2m</p>

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Table 4.10 Capital Investment				
3	Property acquisitions/disposals	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Director of Estates and Facilities	The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board) Property and Asset Strategy Group between £0.15m and £1.5m. Property Management Group up to £0.15m Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required
4	Property 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	The values below relate to value for the full period of the lease not just the annual value FP&P over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board) CMT between £3m and £5m PASG between the lesser of £1.5m <u>per annum</u> and £5m <u>in total over entire lease term</u> Prop Mgmt Group up to the lesser of £150k per annum or £1.5m <u>in total over entire lease term</u>
5	Strategy for Investment in Primary care	Board	Director of Estates and Facilities	Business case limits as above
7	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget

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Table 4.11 Management of Endowment Funds				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Healthcare Charity Committee	Director of Finance	
2	Approval of expenditure from Endowment Funds	Healthcare Charity Committee	Block Funding Grant	
			Fundholder/ authorised signatory to fund	Up to £50,000
			Fundholder/ authorised signatory plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Between £50,000 and £250,000
			Endowment Management Cttee approval plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Over £250,000
3	Creation of new endowment funded posts	Healthcare Charity 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	Healthcare Charity Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Healthcare Charity Committee	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	Healthcare Charity Committee	Director of Finance	
10	Nominee for grants of probate or letters of administration		Director of Finance	
11	Approval of endowment related policies	Endowment Trustees	Director of Finance	

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Table 4.12 Family Health Services				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Agreement of General Medical Services (GMS) budget	Board	Chief Executive/ Director of Finance	Within limits of Financial Plan
2	Preparation of local aspects of GMS Contracts		Director of Primary Care	
3	Individual GP Practice Contract changes		Director of Primary Care	
4	GMS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Medical Services Contracts) (Scotland) Regulations 2018 and subsequent amendments
5	Monitoring of contractors covered by GMS Contract		Director of Primary Care	
6	General Pharmaceutical Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (Pharmaceutical Services) (Scotland) Regulations 2009 and subsequent amendments
7	Monitoring of contractors covered by GPS Contract		Director of Pharmacy	
8	General Dental Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Dental Services) (Scotland) Regulations 2010 and subsequent amendments
9	Monitoring of contractors covered by GDS Contract		Chief Officer East Dunbartonshire IJB	
10	General Ophthalmic Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Ophthalmic Services) (Scotland) Regulations 2006 and subsequent amendments
11	Monitoring of contractors covered by GOS Contract		Director of Primary Care	
12	Verification of FHS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with DL(2018) 19 and Partnership Agreement with Practitioner Services

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Table 4.13 Health and Social Care Partnerships				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/Director of Finance	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	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
3	Delegation of funds to IJBs	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

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Table 4.14 Fraud, Losses and Legal				
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 Audit and Risk Committee	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/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> • Stores/ Procurement • Fixed Assets (other than losses due to fraud/ theft) • Abandoned Road Traffic Accident claims
3	Maintenance of medical negligence and legal claims register		Director of Corporate Services and Governance	
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers and HOF Management Accounts - Claims up to £6,000 Corporate Services Manager and Asst DOF - Claims £6,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £250,000 to £500,000
6	Oversight of settlement of legal claims and compensation payments – (non-	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Heads of Health and Safety/Depute Director of HR and HOF Management Accounts - Claims up to £10,000

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Table 4.14 Fraud, Losses and Legal

	clinical and employee claims)		Director of HR and Organisational Development	Director of HR and Organisational Development and Director of Finance - Claims £10,000-£100,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £100,000 to £500,000
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Table 4.15 Patients Private Funds and Property

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Authorisation of Manager and Establishments to manage residents affairs		Chief Officer – Within the terms of the Adults with Incapacity (Scotland) Act 2000.	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 IJB 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	Approval of Patient Private Funds Annual Accounts	Audit and Risk to Board NHS Board	Director of Finance	

5. Scheme of Delegation arising from Other Areas Of Corporate Governance

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

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

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
2	Oversight of relevant Corporate Strategies as delegated by the Board	Clinical and Care Governance Committee	Medical Director and Nurse Director
3	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
4	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
5	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
6	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director
7	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Nurse Director

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Table 5.2 Staff Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
3	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
4	Approval of Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
6	Approval of Workforce Plan and Workforce Strategy	Staff Governance Committee	Director of Human Resources and Organisational Development
7	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
8	Oversight of 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
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
11	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive

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Table 5.3 Risk Management			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Risk Appetite	Board	Director of Finance
2	Approval of Risk Management Strategy	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for endorsement and Board for approval.	Director of Finance
3	Approval of Risk Register Guidance	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for approval.	Director of Finance
4	Approval of the Corporate Risk Register	Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee – onward to the Board for approval twice annually.	Director of Finance
5	Oversight of the system for the management of operational risk	Audit and Risk Committee	Director of Finance

Table 5.4 Strategic Planning			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Medical Director/ Director of Finance
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Medical Director
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Medical Director
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director
5	Maintenance of the Strategic Planning Framework	Finance, Planning and Performance Committee	Medical Director

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Table 5.5 Performance Management			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval and implementation of Performance Management Framework aligned to Active Governance and Assurance Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

Table 5.6 Information Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of the delivery of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Scrutiny and oversight of the delivery and implementation of the 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 and Annual Report	Audit and Risk Committee	Director of Corporate Services and Governance
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

Table 5.7 Communication			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Communication and Public Engagement Strategy	Board	Director of Communications and Public Engagement
2	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

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Table 5.8 Emergency and Continuity Planning			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Preparation and maintenance of comprehensive Civil Contingency Plan(s)	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Annual report on the preparation and maintenance of Business Continuity Plan processes for the Board	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

Table 5.9 Public Health			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
2	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
3	Oversight of relevant Corporate Strategies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Director of Public Health
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

Table 5.10 Other Key Areas			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Complaints, Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
2	Standing Orders, SFIs, Scheme of Delegation and Non Exec Code of Conduct	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance Director of Corporate Services and Governance
3	Public engagement		Director of Communications and Public Engagement
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee	Director of Corporate Services and Governance

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Table 5.10 Other Key Areas			
5	Safe Management of Controlled Drugs (Health Act - the Controlled Drugs (Supervision of Management and Use) Regulations 2006)	Annual report to Clinical Governance Forum and onward to Clinical Governance Committee for assurance	Controlled Drug Accountable Officer, Director of Pharmacy
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities
7	Child and Adult Public Protection Annual Report and regular updates	Clinical Governance Committee	Director of Nursing



Section 6

NHS Greater Glasgow and Clyde Governance Committee Terms of Reference

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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 are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Acute Services Committee is established in accordance with NHS Greater Glasgow and 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.

2. Membership

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 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 a show of hands, or a ballot.

3.4 Frequency of Meetings

The Acute Services 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 Vice Chair, 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, and 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.

All declarations of interest will be minuted.

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

3.6 Administrative Support

Administrative support for the Committee will be provided by the Secretariat Team within Corporate Services.

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

- 4.1 The remit of the Acute Services Committee 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.

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This includes approval of the delivery of Corporate Objectives (Appendix 1 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 Acute Services Committee are to receive and review reports and, as appropriate, seek direct feedback from staff in respect of:

Performance Management:

- Ensuring a coordinated 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 Remobilisation Plan/Annual Operational Plan and oversight of implementation
- Highlight positive performance and sharing learning on improvement
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

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 role of Finance Planning and Performance Committee in the overall monitoring of the Boards 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 ensuring 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 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 in line with Acute

Risk Management:

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

Capital Projects:

- By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes
- Provide advice to the Finance, Planning and Performance Committee on business cases to be submitted to SGHD for approval (usually above £5m). However it is for the Finance, Planning and Performance Committee to approve such business cases

6. Authority

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

7. Reporting Arrangements

7.1 The Acute Services Committee will report to the NHS Board.

7.2 The draft minutes will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the Acute Services Committee and distribution to the Committee for ratification at the next Committee meeting.

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 Committee Chair approved minutes of the Acute Services Committee meetings will be presented to the NHS Board for noting.

7.5 The Acute Services Committee 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, for approval.

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Responsible Executive Lead:	Chief Operating Officer
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APPENDIX 1

Corporate Objectives Approved June 2022

Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver 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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /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.	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

Code	Corporate Objective	Lead Committee
	Better Value	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced 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

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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
 - 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.

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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.

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

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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 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;

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- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement;
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement;
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery;

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

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board where there is particular need for multi-disciplinary advice.
- Advise NHS Greater Glasgow and Clyde of the impact of national policies on the integration of services, both within the local NHS systems and across health and social care.

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

6. Authority

6.1 The Area Clinical Forum is a Standing Committee of the NHS Board.

7. Reporting Arrangements

7.1 The Area Clinical Forum will report to the NHS Board and submit an Annual Report on its activities to the NHS Board.

7.2 The 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.

7.4 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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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 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 is the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
 - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations
 - Public money is safeguarded and properly accounted for
 - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question
 - Reasonable steps are taken to prevent and detect fraud and other irregularities
 - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

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

2. Membership

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually

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and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.

- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 2.3 The Chair of the Board shall not be a member of the Committee, but shall have the right to attend meetings. As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow and Clyde, 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 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 a show of hands, or a ballot.

3.4 Frequency of Meetings

The Audit and Risk 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, Director of Finance, and Chief Executive.

3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, 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.

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All declarations of interest will be minuted.

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

3.6 Administrative Support

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.

- 3.7 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.8 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.
- 3.9 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.10 The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.11 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.
- 3.12 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.
- 3.13 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. Remit

4.1 The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control. This will include the following specific responsibilities.

- (i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud
 1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
 2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
 3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
 - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer
 - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence
 4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
 5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
 6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
 7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
 8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
 9. Oversight and monitoring of the Board's system for Information Governance (IG), receiving minutes and updates from the IG Steering Group and annual reports on IG, Data Protection and FOI; approving relevant policy.
 10. Oversight of claims against the Board, including Public Inquiries, Fatal Accident Inquiries and any police investigations.
 11. Monitoring and scrutinising key data and information as per the Board's Assurance Information Framework as part of Active Governance.
 12. Oversight of Civil Contingencies, with the Committee receiving reports and updates on Business Continuity arrangements.
 13. Oversight of eHealth, Digital and Cyber Security receiving updates on strategy implementation and reports on compliance and IT Security actions

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(ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation

1. As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Code of Conduct for Staff and recommend changes for Board approval.
2. Reviewing annually (or as required) the Scheme of Delegation.
3. Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.

(iii) Internal and External Audit

1. Approving the arrangements for securing an internal audit service, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
2. Monitoring the delivery of internal audit and the annual performance of external audit.
3. Approving and reviewing internal audit plans, and receiving reports on their subsequent achievement.
4. Reviewing external audit plans, and receiving reports on their subsequent achievement.
5. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
6. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
7. Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
8. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chair of the Committee.
9. Ensuring co-ordination between internal and external audit.
10. Receiving and approving the internal auditor's report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Government Health Directorates in accordance with the NHS Scotland Property Transactions Handbook.

(iv) Annual Accounts

1. Approving changes to accounting policies, and reviewing the Board's Annual Report and Accounts prior to their adoption by the full Board. This includes:
 - Reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts
 - Reporting in the Directors' report on the role and responsibilities of the Audit and Risk Committee and the actions taken to discharge those
 - Reviewing unadjusted errors arising from the external audit
 - Reviewing the schedules of losses and compensations

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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.

This includes approval of the delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

5. Authority

- 5.1 The Audit and Risk Committee is a Standing Committee of the NHS Board.

6. Reporting Arrangements

- 6.1 The Audit and Risk will report to the NHS Board.
- 6.2 The draft minutes of the ARC will be cleared by the Chair of the ARC and the nominated Director of Finance prior to 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.

7. Conduct of the Committee

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

Version Control	June 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
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Replaces previous version:	June 2023

APPENDIX 1

Corporate Objectives Approved June 2023
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Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver 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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	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.	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

Code	Corporate Objective	Lead Committee
	Better Value	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced 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

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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

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APPENDIX 2

Table 4.2 Annual Accounts and Reports				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of NHSGGC Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
4	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	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
4	Appointment of internal auditors	Audit and Risk Committee	Director of Finance	

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	Audit and Risk Committee	Director of Finance	N/A
2	Notification to bankers of authorised signatories on bank accounts	Audit and Risk Committee	Director of Finance	N/A

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Table 4.8 Orders, Quotations and Tenders				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> IJB - Chief Officer Acute Division – Chief Operating Officer or Directors who report to the COO Other Corporate Directorates including Estates & Facilities – relevant Executive Director And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> Waivers which are urgent or have no competition and are in excess of £250k (Waivers where the tender process was not followed the threshold for DOF approval is over £50k

Table 4.14 Fraud, Losses and Legal				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Writing off of losses	SGHSCD Audit and Risk Committee	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/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> Stores/ Procurement Fixed Assets (other than losses due to fraud/ theft) Abandoned Road Traffic Accident claims
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers an HOF Management Accounts - Claims up to £30,000 Corporate Services Manager and Asst DOF - Claims £30,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD -

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				Claims £250,000 to £500,000
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Table 4.15 Patients Private Funds and Property

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Approval of Patient Private Funds Annual Accounts	Audit and Risk Committee to Board	Director of Finance	

Table 5.3 Risk Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Risk Appetite	Board	Director of Finance
2	Approval of Risk Management Strategy	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for endorsement and Board for approval.	Director of Finance
3	Approval of Risk Register Guidance	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for approval.	Director of Finance
4	Approval of the Corporate Risk Register	Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee – onward to the Board for approval twice annually.	Director of Finance
5	Oversight of the system for the management of operational risk	Audit and Risk Committee	Director of Finance

Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

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Table 5.6 Information Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of the delivery of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Scrutiny and oversight of the delivery and implementation of the 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
5	Freedom of Information Policy and Annual Report	Audit and Risk Committee	Director of Corporate Services and Governance
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

Table 5.8 Emergency and Continuity Planning			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Preparation and maintenance of comprehensive Civil Contingency Plan(s)	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Annual report on the preparation and maintenance of Business Continuity Plan processes for the Board	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

Table 5.10 Other Key Areas			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Standing Orders, SFIs, Scheme of Delegation and Non Exec Code of Conduct	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance Director of Corporate Services and Governance
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee	Director of Corporate Services and Governance

NHS Greater Glasgow and Clyde Clinical and Care Governance Committee

Terms of Reference

1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) 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 and 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 membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 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.

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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**

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

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**

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 delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

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- 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 NHSGGC 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 C&CGC by the Audit and Risk 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 C&CGC 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
- 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
- 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.

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- Seek assurance regarding executive and professional oversight of 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)
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

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

- Board Clinical Governance Forum
- Board Infection Control Meeting
- Public Protection Forum

6. Authority

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

7. Reporting Arrangements

7.1 The C&CGC will report to the NHS Board.

7.2 The draft minutes 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.

8. Conduct of the Committee

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

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board for approval.

BOARD OFFICIAL

Version Control	March 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
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APPENDIX 1

Corporate Objectives Approved June 2023
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Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver 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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	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.	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

Code	Corporate Objective	Lead Committee
	Better Value	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced 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

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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

APPENDIX 2

Table 5.1 Clinical Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
2	Oversight of relevant Corporate Strategies as delegated by the Board	Clinical and Care Governance Committee	Medical Director and Nurse Director
3	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
4	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
5	Approval of Patients Complaints Policy and Procedure as per model Complaints Handling Policy	Clinical and Care Governance Committee	Nurse Director
6	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director
7	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Nurse Director

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 and Infrastructure Management, Scottish Government strategic planning, NHS GGC strategies and plans and Health and Social Care Partnership strategic plans.

2. Membership

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 2.2 The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board's standing committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.

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- 2.3 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 June 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 authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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

3.6 Administrative Support

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

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,

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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 and provide assurance to the NHS Board on the following key areas for healthcare services:

- Financial Management
- Property and Asset Infrastructure
- Strategic Planning
- Performance Monitoring
- Risk Management
- Stakeholder Engagement.

4.2 The Committee's remit includes those specific areas of NHS GGC business outlined in the Scheme of Delegation. The relevant section of the Scheme of Delegation can be found in Appendix 2. This includes the following responsibilities:

- Promoting active and collaborative governance across the healthcare system
- Monitoring progress towards the achievement of NHS GGC aims, corporate objectives (Appendix 1) and operational priorities as approved and allocated to the Committee by the NHS Board
- Oversight of the management of the specific corporate risks allocated to FP&PC by the Audit Committee relating to finance, planning, performance and property.

5. Key Duties of the Committee

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

Financial Management

- **Financial Strategy:** approve the NHS Board's three year Financial Strategy and receive regular updates on its progress, advising the NHS Board as appropriate. This includes approval of the any property and infrastructure plans and recommending approval of Capital Plans to the NHS Board
- **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, including HSCP hosted services. This analysis includes all financial resources delegated to NHS GGC Directorates and IJBs, including the use of non-recurrent funds and reserves.

Property and Asset Infrastructure

- **Property & Asset Infrastructure:** ensure that the overall strategy reflects the NHS Board's purpose, aims and corporate objectives and that the NHS Board's property and assets are developed and maintained to meet the needs of 21st

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Century service models in line with Moving Forward Together and the Clinical Infrastructure Strategy.

- **Developments:** oversee developments within the parameters set 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 limits indicated by the Scheme of Delegation) 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
- **Capital Strategy:** 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, audit reports and other Scottish Government Guidance.

Strategic Planning

- **NHS Board's Strategic Plans:** ensure that strategic planning objectives are aligned with the NHS Board's overall purpose, aims, and corporate objectives and make recommendations to the NHS Board
- **NHS Board's Annual Delivery Plan:** ensure that the Annual Delivery Plan is fit to deliver key local and national operational priorities (including Regional Planning requirements), and make recommendations to the NHS Board
- **NHS Board's Medium Term Plan:** ensure the Medium Term Plan is aligned to the Board's strategic plans and direction within annual plans, and make recommendation to the Board.
- **Integration Joint Boards' Strategic Plans:** ensure NHSGGC input, at an appropriate level, to the draft IJB Strategic Plans and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims, corporate objectives and operational priorities
- **Board Strategies:** Receive annual updates of relevant Strategies of which the Committee has oversight of as per the Terms of Reference and Scheme of Delegation e.g. Digital, Stakeholder Communication and Engagement Strategy
- **QEUH Legal Claim:** Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.

Performance Management

- **Performance Monitoring:** ensure assurance information flows are in place to support an active and collaborative governance approach to performance monitoring and reporting across the healthcare system to enable well-informed and evidence-based discussions to take place at the NHS Board and IJBs.
- **Governance:** Utilise all assurance information available to the FP&PC, including the HSCP Annual Performance Reports, to oversee and scrutinise the delivery of healthcare services provided by the NHS GGC Directorates and HSCPs.

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- **Service Delivery:** review and approve the NHS Board's Performance Management Framework ensuring that it is aligned to the Board's Assurance Framework and provides assurance on the effectiveness of the policies and systems in place to ensure progress on delivering the Board's purpose, aims, corporate objectives and operational priorities. This includes all healthcare services delivered by the NHS GGC Directorates and HSCPs
- **Continuous Improvement:** ensure that the NHS GGC Directorates and HSCPs encourage a quality improvement culture that promotes innovation and sharing of best practice across the healthcare system.

Risk Management

- **Governance Arrangements:** ensure appropriate governance arrangements are in place in respect of those corporate risks allocated to the Committee by the Audit and Risk Committee
- **Assurance:** review the appropriate risk registers to obtain assurance on risk identification, assessment and mitigation that is in line with the NHS Board's risk appetite, agreeing escalation as appropriate. This includes considering risks to service delivery by the GGC Directorates and HSCPs on a whole system basis.

Stakeholder Engagement

- **Stakeholder Communication and Engagement Strategy:** focussing on external stakeholders. Recommend strategy to the Board, oversee implementation ensuring the elements are reflected in the developing strategic plans and activities.
- **Integration Joint Boards:** ensure that collaborative governance is promoted through open exchanges of information on the challenges, opportunities and risks being identified and managed across the whole healthcare system. This involves paying particular attention to the interdependencies between the work of the NHS GGC Directorates and HSCPs and the relationship between health and social care service delivery
- **Scottish Government:** provide Board level assurance of active and collaborative good governance of finance, strategic planning and performance across the healthcare system in Greater Glasgow and Clyde.

6. Authority

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.

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- 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 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.

Version Control	11 June 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	June 2024
Date for review:	June 2025
Replaces previous version:	June 2023

APPENDIX 1

Corporate Objectives Approved June 2023

Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver 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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	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.	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

Code	Corporate Objective	Lead Committee
	Better Value	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced 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

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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

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APPENDIX 2

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 CMT	Director of Finance	Revenue Limit/Capital Limit Resource Limit
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Executive	Resources within scope of Integration Scheme
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
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	FP&P above £5m– within available resources Chief Executive or Director of Finance up to £5m

Table 4.5 Contracts/Service Level Agreements				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m CMT approval for all new contracts with an annual value between £1.5-5m

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Table 4.5 Contracts/Service Level Agreements

2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	<u>Substantive Changes</u> CMT and as appropriate Finance, Planning and Performance Committee <u>Service Changes</u> Financial Changes Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m
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Table 4.7 Non-Pay Expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of Non Pay Revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive or Director of Finance up to £5m; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.

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Table 4.8 Orders, Quotations and Tenders				
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities Senior Managers - General Capital Planning	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m Property and Asset Strategy Group up to £3m Capital Planning Group up to £2m General Managers - Capital Planning up to £2m
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning & Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning & Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m

Table 4.10 Capital Investment				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non Information Management & Technology (IM&T)	Capital Investment Group (SG) Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m Property and Asset Strategy Group up to £3m Capital Planning Group up to £2m General Managers - Capital Planning up to £2m

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Table 4.10 Capital Investment				
2	Approval of Business Cases - Information Management & Technology (IM&T)	SG eHealth Programme Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Director of eHealth	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m Property and Asset Strategy Group up to £3m Capital Planning Group up to £2m General Managers - Capital Planning up to £2m
3	Property acquisitions/disposals	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Director of Estates and Facilities	The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board) Property and Asset Strategy Group between £0.15m and £1.5m. Property Management Group up to £0.15m Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required

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Table 4.10 Capital Investment				
4	Property 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	The values below relate to value for the full period of the lease not just the annual value FP&P over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board) CMT between £3m and 5m PASG between the lesser of £1.5m <u>per annum</u> and £5m <u>in total over entire lease term</u> Prop Mgmt Group up to the lesser of £150k per annum or £1.5m <u>in total over entire lease term</u>
7	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget

Table 4.13 Health and Social Care Partnerships				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ IJB Chief Officer	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
3	Delegation of funds to IJBs	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

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Table 5.4 Strategic Planning			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Medical Director/ Director of Finance
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Medical Director
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Medical Director
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director
5	Maintenance of the Strategic Planning Framework	Finance, Planning and Performance Committee	Medical Director

Table 5.5 Performance Management			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval and implementation of Performance Management Framework aligned to Active Governance and Assurance Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

Table 5.10 Other Key Areas			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities

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 (NHSGGC) 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 and Clyde Board Standing Orders and Scheme of Delegation and 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. Membership

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

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

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

3. Arrangements for 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, and 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

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

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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

- 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 delivery of the Corporate Objectives (Appendix 1) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

5. Key Duties of the Committee

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 - August 2018, 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 of 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 and 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

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- 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
- To monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

Risk Management

- To ensure appropriate governance in respect of risks, as allocated to the Population Health and Wellbeing Committee by the Audit and Risk 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. Authority

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

7. 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. 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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Version Control	
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
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APPENDIX 1

Corporate Objectives Approved June 2023

Code	Corporate Objective	Lead Committee
	Better Health	
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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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	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.	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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COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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

APPENDIX 2

Scheme of Delegation

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
7	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
8	Oversight of 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

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
2	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
3	Oversight of relevant Corporate Strategies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Nurse Director
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

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 (NHSGGC) 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.
- 1.4 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. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

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 three 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.

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 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 Chief Executive, 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 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 5.7 Receive updates on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.8 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.
- 5.9 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.
- 5.10 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.
- 5.11 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.

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- 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.

Version Control	13 February 2024 - Approved
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Remuneration Committee
Approved date:	13 February 2024
Date for review:	February 2025
Replaces previous version:	June 2023 (Board Approved)

APPENDIX 1

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

Table 4.6 Pay expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight 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 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.
- 1.3 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 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.
- 1.5 In particular, the SGC will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

2. Membership

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 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.

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- 2.3 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

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

3.7 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

- 3.10 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, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

4. Remit of the Committee

4.1 The SGC shall support the creation of a culture within the health system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde and this is built upon partnership and co-operation. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 2), delivery of Corporate Objectives (Appendix 1) 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.

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- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(1993\)114 \(amended\)](#).
- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer Staffing Regulations.
- 5.11 The SGC will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

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 and will submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minute will be reviewed by the Director of Human Resources and Organisational Development before being agreed by the Co-Chairs prior to 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.
- 7.3 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.
- 7.4 The Co-Chairs of the SGC shall draw to the attention of the NHS Board any issues that require escalation.

8. Conduct of the Committee

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

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- 8.2 The SGC will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board. Note, this is in addition to the annual report noted above in paragraph 3.15 which fulfils a separate function.

Version Control	Approved May 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	21 May 2024
Date for review:	May 2025
Replaces previous version:	May 2023

APPENDIX 1

Corporate Objectives Approved June 2023
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Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver 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

Code	Corporate Objective	Lead Committee
	Better Care	
COBC6	To provide 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 /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	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.	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

Code	Corporate Objective	Lead Committee
	Better Value	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced 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

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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

Code	Corporate Objective	Lead Committee
	Better Workplace	
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

APPENDIX 2

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

Table 4.6 Pay expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of any workforce related strategy	Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance

Table 5.2 Staff Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
3	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
4	Approval of Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development

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6	Approval of Workforce Plan and Culture Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
7	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
8	Oversight of 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
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
11	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive



Section 7

NHS Greater Glasgow and Clyde Governance Committee Annual Reports

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Greater Glasgow and Clyde NHS Board Annual Report of the Acute Services Committee 2023/24

1. Introduction

The year 2023/24 saw the Committee meet on six occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Acute Services Committee

3.1 Purpose of the Committee

The remit of the Acute Services Committee 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 delivery of Corporate Objectives as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

3.2 Composition

During the financial year ending 31 March 2024 membership of the Acute Services Committee comprised:

Chairperson – Mr Ian Ritchie

Vice Chair – Dr Paul Ryan

Executive Lead – Mr William Edwards, Chief Operating Officer, Acute Services

Membership

- Dr Jennifer Armstrong, Board Medical Director
- Professor John Brown, Board Chair (to 30 November 2023)
- Mr Simon Carr, Non Executive Board Member (to 31 August 2023)
- Cllr Chris Cunningham, Non Executive Board Member
- Mrs Jane Grant, Chief Executive

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- Mr Graham Haddock OBE, Non Executive Board Member
- Councillor Colette McDiarmid, Non Executive Board Member
- Dr Becky Metcalfe, Non Executive Board Member (from 1 September 2023)
- Mr Colin Neil, Director of Finance
- Dr Lesley Rousselet, Non Executive Board Member
- Dr Paul Ryan, Non Executive Board Member
- Mr Ian Ritchie, Board Vice Chair
- Professor Angela Wallace, Board Nurse Director
- Dr Lesley Thomson KC, Board Chair (from 1 December 2023)

In Attendance

- Ms Lesley Aird, Assistant Director of Finance
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Dr Ron Cook, Associate Medical Director
- Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access
- Mr John Crawford, Deputy Chief of Medicine, South
- Ms Mandy Crawford, Corporate Services Manager - Complaints
- Dr Scott Davidson, Deputy Medical Director, Acute
- Mrs Maria Doherty, Executive Director for Nursing and Care
- Ms Kim Donald, Corporate Services Manager, Governance
- Ms Gillian Duncan, Secretariat
- Mr William Edwards, Chief Operating Officer
- Mr David Ferguson, Secretariat
- Ms Morag Gardner, Deputy Nurse Director, Acute Division
- Mr Andrew Gibson, Chief Risk Officer
- Ms Susan Groom, Director of Regional Services
- Dr Claire Harrow, Chief of Medicine, Clyde Sector
- Ms Katrina Heenan, Chief Risk Officer
- Ms Sara Khalil, Secretariat
- Ms Claire Macdonald, Business Manager
- Mrs Gail MacGregor, Head of Clinical Services
- Ms Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Melanie McColgan, Director, Clyde Sector
- Ms Susan McFadyen, Director of Access
- Ms Natalie Smith, Depute Director of Human Resources
- Professor Tom Steele, Director of Estates and Facilities
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Mr Arwel Williams, Director, South Sector
- Mr Scott Wilson, Senior Business and Delivery Manager to CEO

3.3 Meetings

The Committee met on six occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 16 May 2023
- 18 July 2023
- 19 September 2023

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- 21 November 2023
- 16 January 2024
- 19 March 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Acute Services Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/24. Areas considered included:

- Acute Update
- Acute Services Integrated Performance Report
- Continuous Flow Model Update
- Alternatives to Emergency Department Attendance
- Financial Monitoring Report
- Terms of Reference Review
- Extract from Corporate Risk Register and Review of Acute Services Risks
- Patient Experience Report – Annual and Quarterly
- Cancer Performance Update
- NHS 24 Update
- Planned Care Update
- Overview of Medical and Nursing Financial Controls
- Overview of Nursing Workforce and Quality
- Junior Doctor Workforce/ Educational Review
- Organ Donation Update
- Transnasal Endoscopy Update
- Winter Update and Communications Campaign
- Theatres Update
- Report on Visit to Neurorehabilitation Unit
- Committee Terms of Reference

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Financial Position

During 2023/24, the Committee received Financial Monitoring Reports to update on the financial position, including the progress and position of the Sustainability and Value Programme. The Committee were assured by the information provided that significant work was underway to achieve financial balance.

4.2 Performance Reports

During 2023/24, the Committee received regular Integrated Performance Reports which provided members with a balanced overview of performance against key metrics. The suite of measures reflected the key priorities across Acute Services and includes the suite of acute related Local Delivery Plan (LDP) Standards alongside National Key Performance Indicators, HR and Governance related metrics. The Committee were assured by the updates provided on performance against the targets, noting the work that was underway in those areas that required improvement.

4.3 Extract from the Corporate Risk Register

The Committee received regular updates on the Corporate Risk Register and proposed changes, all of which were approved.

4.4 NHS 24 - Update

The Committee received a presentation on the Redesign of Urgent Care within NHS 24 which covered how it worked, the impact it made, and available opportunities.

4.5 Planned Care Update

The Committee received a paper and presentation on Planned Care, the key points of which were around waiting list targets and were advised of various specialties that had conducted Waiting List Initiative (WLI) clinics to meet 52-week targets. The Committee were satisfied that all efforts were being made to reduce long-waiting patients and were assured that Acute Services continue to work efficiently and effectively, recognising the challenges.

4.6 Overview of Nursing Workforce and Quality

The Committee received a paper, the key points of which were to outline the current nursing workforce, innovation plans in relation to recruitment and new roles, winter planning and quality measures.

4.7 Junior Doctor Workforce/ Educational Review

The Committee received a paper on the Junior Doctor workforce and noted that Trainees accounted for around 40% of the NHSGGC medical workforce. The Committee noted that the IRH and PRMH had been de-escalated from enhanced monitoring following favourable Deanery visits. The Committee also noted that a pilot 7 day induction for FY1s was offered – an extension of the standard five days which has been the norm in GGC for a number of years.

4.8 Organ Donation Update

The Committee acknowledged the continued progress, effort and improvements made by NHSGGC staff in facilitating organ/tissue donation, especially during the ongoing NHS pressures. The Committee recognised that NHSGGC continued to support the Organ and Tissue Donation Committee and Clinical Leads for Organ

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Donation in promoting best practice as we seek to minimise missed donation opportunities.

4.9 Transnasal Endoscopy Update

The Committee noted that Transnasal Endoscopy (TNE) was first used in NHSGGC in 2021 and there were now three TNE clinics delivered per week, one in each Sector. The Committee were advised that TNE lists provided the same capacity as traditional transoral Endoscopy lists in terms of the number of patients on a list. The Committee acknowledged that TNE was suitable for delivery in a community setting and the service was exploring options to move TNE into outpatient facilities at Stobhill ACH, Victoria ACH and Inverclyde Royal Hospital. The Committee were assured that NHSGGC had clear staff training plans in place to increase the number of staff trained to deliver TNE.

4.10 Continuous Flow Model Update

The Committee received a presentation on the Glasgow Continuous Flow Model (GlasFLOW) from the Director, South Sector, and the Director, Clyde Sector. The presentation described the work that had commenced in this area along with the impact and outcomes to date. The Committee also received an overview of the implementation of the model in South which had commenced earlier. The Committee were assured by benefits of the model and the significant level of planning and clinical governance that had taken place across the whole system in implementing this.

4.11 Alternatives to Emergency Department Attendance

The Committee received a presentation Alternatives to ED Admission and an overview of Outpatient Parenteral Antibiotic Therapy (OPAT) from the Chief of Medicine, Clyde Sector. The Committee were advised that a whole system approach to this work had been undertaken based around the Redesign of Urgent Care programme and building on the GlasFLOW work and this would lead to a better outcomes for both patients and staff in terms of wellbeing and resilience. The Committee were assured by the comprehensive work that was ongoing in this area and the engagement activities that were underway,

4.12 Patient Experience Report

The Committee received regular reports on performance within the complaints process and SPSO activity in relation to Acute Division. The Committee noted that the main themes of complaints were around wait times and staff attitude/behaviour. The Committee noted performance against handling of Stage 2 complaints and that there was ongoing work to improve and share learning.

4.13 Theatres Update

The Committee were encouraged to note that activity levels were back to pre-COVID level and that work was ongoing to further increase activity. The Committee were also advised that surgical hubs had been established across the Board area to protect elective activity from unscheduled care pressures.

4.14 Winter Planning and Communications Update

The Committee noted that there had been significant pressures across the system and occupancy rates had remained challenging but the winter plan was working well and assurance was provided that maintaining flow remained a significant priority. The Committee. The Committee also noted that some progress had been noted as a result of the communications programme and further evaluation of the communications programme and its effect would be examined at a future meeting of the Committee.

4.15 Report on visit to Neurorehabilitation Unit

The Committee received a report on the visit by members to the Neurorehabilitation Unit and commended staff for their enthusiasm and commitment.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Acute Services Committee during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Ian Ritchie
Chairperson
On behalf of the Acute Services Committee

Attendance at Acute Services Committee 2023/24**Present**

Name	Position	Organisation	16-May-23	18-Jul-23	19-Sep-23	21-Nov-23	16-Jan-24	19-Mar-24
Dr Jennifer Armstrong	Board Medical Director	NHSGGC	-	-	-	-	P	-
Professor John Brown CBE	Board Chair (to 30 November 2023)	NHSGGC	P	AA	P	A	-	-
Mr Simon Carr	Non Executive Board Member (to 31 August 2023)	NHSGGC	P	P	-	-	-	-
Cllr Chris Cunningham	Non Executive Board Member	NHSGGC	P	A	AA	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	P	P
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	P	P	P	P	P	AA
Councillor Colette McDiarmid	Non Executive Board Member	NHSGGC	P	AA	P	P	P	A
Dr Becky Metcalfe	Non Executive Board Member (from 1 September 2023)	NHSGGC	-	-	P	P	P	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	P	P	P
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	AA	P	P	P	P
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	AA	P	P	P	P
Mr Ian Ritchie	Board Vice Chair	NHSGGC	P	P	P	P	P	AA
Professor Angela Wallace	Board Nurse Director	NHSGGC	P	P	AA	P	P	P
Dr Lesley Thomson KC	Board Chair (from 1 December 2023)		-	-	-	-	P	P

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In Attendance

Name	Position	Organisation	16-May-23	18-Jul-23	19-Sep-23	21-Nov-23	16-Jan-24	19-Mar-24
Ms Lesley Aird	Assistant Director of Finance	NHSGGC	P	-	-	-	-	-
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P	P	P	P	P
Dr Ron Cook	Associate Medical Director	NHS24	-	-	P	-	-	-
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access	NHSGGC	P	P	P	P	P	P
Mr John Crawford	Deputy Chief of Medicine, South	NHSGGC	-	-	-	-	P	-
Ms Mandy Crawford	Corporate Services Manager - Complaints	NHSGGC	-	-	-	-	-	P
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	P	P	P	P	P	P
Mrs Maria Doherty	Executive Director for Nursing and Care	NHS24	-	-	P	-	-	-
Ms Kim Donald	Corporate Services Manager, Governance	NHSGGC	P	P	P	P	P	P
Ms Gillian Duncan	Secretariat (Minutes)	NHSGGC	P	-	-	-	-	-
Mr William Edwards	Chief Operating Officer	NHSGGC	P	P	P	AA	P	P
Mr David Ferguson	Secretariat (Minutes)	NHSGGC	-	-	-	-	P	P
Ms Morag Gardner	Deputy Nurse Director, Acute Division	NHSGGC	P	P	P	P	P	
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	-	-	-	-	-
Ms Susan Groom	Director of Regional Services	NHSGGC	P	P	P	AA	P	P
Dr Claire Harrow	Chief of Medicine, Clyde Sector	NHSGGC	P	-	-	-	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	-	-	P	P	P
Ms Sara Khalil	Secretariat (Minutes)	NHSGGC	-	-	P	P	-	-
Ms Claire Macdonald	Business Manager	NHSGGC	-	-	-	-	P	-
Mrs Gail MacGregor	Head of Clinical Services	NHS24	-	-	P	-	-	-
Ms Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P	AA	P	P	P
Ms Melanie McColgan	Director, Clyde Sector	NHSGGC	P	-	-	-	-	-
Ms Susan McFadyen	Director of Access	NHSGGC	P	A	AA	P	P	P
Ms Natalie Smith	Depute Director of Human Resources	NHSGGC	-	-	P	P	P	P

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Name	Position	Organisation	16-May-23	18-Jul-23	19-Sep-23	21-Nov-23	16-Jan-24	19-Mar-24
Professor Tom Steele	Director of Estates and Facilities	NHSGGC	AA	A	AA	A	A	A
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	-	P	P	P	P	P
Mr Arwel Williams	Director, South Sector	NHSGGC	P	-	-	-	-	-
Mr Scott Wilson	Senior Business and Delivery Manager to CEO	NHSGGC	-	-	P	P	P	P

P Present
A Absent - no apologies received
AA Absent - apologies received
- Attendance not required

Acute Services Committee Schedule of Business Considered 2023/24

Date of meeting	Title of Business Discussed
16 May 2023	<ul style="list-style-type: none"> • Acute Update • Acute Services Integrated Performance Report • Continuous Flow Model Update • Alternatives to Emergency Department Attendance • Financial Monitoring Report • Terms of Reference Review • Extract from Corporate Risk Register
18 July 2023	<ul style="list-style-type: none"> • Acute Update • Patient Experience Report – Annual and Quarterly • Acute Services Integrated Performance Report • Cancer Performance Update • Financial Monitoring Report • Extract from Corporate Risk Register
19 September 2023	<ul style="list-style-type: none"> • Acute Update • NHS 24 Update • Acute Services Integrated Performance Report • Planned Care Update • Financial Monitoring Report • Overview of Medical and Nursing Financial Controls • Overview of Nursing Workforce and Quality • Extract from the Corporate Risk Register
21 November 2023	<ul style="list-style-type: none"> • Acute Update • Acute Services Integrated Performance Report • Junior Doctor Workforce/ Educational Review • Financial Monitoring Report • Organ Donation Update • Transnasal Endoscopy Update • Extract from the Corporate Risk Register
16 January 2024	<ul style="list-style-type: none"> • Acute Update • Acute Services Integrated Performance Report • Financial Monitoring Report • Winter Update and Comms Campaign • Theatres Update • Extract from the Corporate Risk Register
19 March 2024	<ul style="list-style-type: none"> • Acute/Winter Update • Report on Visit to Neurorehabilitation Unit • Patient Experience Report • Acute Services Integrated Performance Report • Financial Monitoring Report • Update on the Corporate Risk Register and Review of Acute Services Risks • Committee Terms of Reference

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Version Control	April 2024
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Greater Glasgow and Clyde NHS Board Annual Report of Area Clinical Forum 2023/24

1. Introduction

The year 2023/24 saw the Committee meet on five occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Area Clinical Forum

3.1 Purpose of Committee

The purpose of the Area Clinical Forum is to provide the NHS Board with the assurance that 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 ensure the involvement of all the professions across the local NHS system in the decision-making process.

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

- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives through the Area Clinical Forum Chair, whilst being fully engaged in NHS Board business
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement

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- 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

3.2 Composition

During the financial year ended 31 March 2024 membership of the Area Clinical Forum comprised:

Chairperson - Dr Lesley Rousselet

Vice Chair - Ms Julie Thomson (to 11 October 2023)

Vice Chair – Dr Anita Belbin (from 12 October 2023)

MEMBERSHIP

- Dr Anita Belbin, Chair of the Area Dental Committee
- Ms Karen Brazier, Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee
- Dr Jane Burns, Chair of the Area Psychology Committee
- Ms Margaret Doherty, Chair of Area Nursing and Midwifery Committee
- Dr Mark Fawcett, Vice Chair of Area Medical Committee
- Ms Sarah Freel, Chair of Area Optometric Committee
- Dr Lucy Gamble, Vice Chair of the Area Psychology Committee
- Ms Helen Little, Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Dr Morven McElroy, Chair of the Area Medical Committee
- Ms Kathy McFall, Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Mr Josh Miller, Chair of the Area Pharmaceutical Committee
- Dr Lesley Rousselet, Chair of the Area Optometric Committee
- Ms Fiona Smith, Area Allied Health Professions and Healthcare Scientists Committee
- Ms Anne Thomson, Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy
- Ms Julie Tomlinson, Chair of the Area Nursing and Midwifery Committee
- Ms Denise Wilkinson, Vice Chair of Area Nursing and Midwifery Committee

IN ATTENDANCE

- Ms Megan Anderson, ST6 Plastic Surgery
- Dr Jennifer Armstrong, Medical Director
- Ms Denise Brown, Director of Digital Services
- Ms Gail Caldwell, Director of Pharmacy and Prescribing
- Dr Emilia Crighton, Director of Public Health
- Ms Kim Donald, Corporate Services Manager - Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Ms Alison Hardie, Secretariat Manager
- Ms Helena Jackson, Head of Health and Social Care Staffing
- Mr Martin Johnston, Head of Sustainability
- Ms Karen Lamb, Head of Specialist Services
- Ms Alison Lim, ST4 Otolaryngology

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- Ms Anne MacPherson, Director of Human Resources & Organisational Development
- Ms Judith Marshall, Realistic Medicine Lead
- Ms Deirdre McCormack, Chief Nurse – Head of Service – Public Protection
- Ms Fiona McKay, Director of Planning
- Mr Neil McSeveney, Deputy Director of Communications
- Ms Pamela Metcalfe, Secretariat
- Ms Joyce Robertson, Secretariat
- Ms Elaine Vanhegan, Director of Corporate Services and Governance, Board Administration
- Prof Angela Wallace, Director of Nursing
- Dr Malcolm Watson - Realistic Medicine Lead and Anaesthesia Consultant

3.3 Meetings

The Committee met on five occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 08 June 2023
- 17 August 2023
- 12 October 2023
- 14 December 2023
- 08 February 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate, however, there was a meeting scheduled for 13 April 2023 which was cancelled due to the number of apologies received as this was during the Easter holiday period.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/2024. Areas considered included:

- Executive Update on Ongoing Board Business
- Public Protection Update
- Sustainability Update
- Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note
- Review of Terms of Reference
- Winter Planning Update
- Flu Vaccination Update
- Care Homes Update
- Staffing Programme Board Update
- Staff Wellbeing Update
- CAHMS Update
- National Area Clinical Forum Chairs Group Update
- Annual Review 2022/2023
- Healthcare Staffing Act Update
- OD Session

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- Realistic Medicine Update
- Digital Strategy Update
- Winter Communications Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Public Protection Update

The Committee received an update on newly established mechanisms for open Significant Adverse Event Reviews (SAER) and were advised of the Short Life Working Group established to develop core principles and expectations in response to identification of neglect.

4.2 Sustainability Update

The Committee received an update on the Annual Delivery Plan and Medium Term plan for implementation of sustainable practices and the associated targets for reduction in greenhouse gas emissions and efficient recycling, Implementation tactics included a growing alternative fuel fleet, as well as sustainable waste management and Green Theatres.

4.3 Annual Review of Terms of Reference

The Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.

4.4 Flu Vaccination Update

The Committee received updates on the Flu and COVID-19 Vaccination Programme, including start dates and eligible cohorts. The forum was advised that COVID-19 testing would be limited to clinical purposes, outbreak control and discharge from hospitals to care homes. Front-line workers would be invited to self-register for vaccinations online.

4.5 Care Homes Update

The Committee received updates on progress made over the last 12 months regarding support provided to 184 Care Homes and details of achievements made by the Care Homes Collaborative Team, which was set up to provide support during recovery from the pandemic.

4.6 Staff Wellbeing Update

The Committee received an update which outlined the priorities addressed with regard to maintaining staff wellbeing including: mental health; promotion of a fair and healthy workplace and in-work poverty. Supportive resources were signposted for both management and staff.

4.7 CAHMS Update

The Committee received updates on Scottish Government funding of £7.2m, intended to assist clear the CAMHS waiting list backlog. The Committee were advised that CAMHS workforce had significantly increased and that they were initiating new strategies in order to achieve specified outcomes.

4.8 Healthcare Staffing Act Update

The committee received a presentation outlining the activities and preparation for enactment in April 2024 with details of the aims, timescales and governance/reporting structures involved.

4.9 Realistic Medicine Update

The Committee received a presentation highlighting ongoing work in realistic medicine and value-based healthcare which included visions, delivery principles, progress to date, future care plans and priorities for the coming year.

4.10 Digital Strategy Update

The Committee received an update on planned projects within an approved 5-year digital strategy. The Committee were notified of potential uses for robot software, a tech-cloud base for strategy/reporting and advanced implementation of remote practices.

4.11 Winter Communications Update

The Committee received a presentation on ongoing Winter Campaigns implemented by the Communications Team with the goal of easing pressure on Emergency Departments by providing public information on alternative healthcare provision, including the ABC Campaign, Men's Campaign and Student Campaign.

5. Conclusion

STATEMENT OF ASSURANCE

As Chair of the Area Clinical Forum during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed the Forum to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

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I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. This past year has seen many changes to the Area Clinical Forum. I would thank all those members of staff who have prepared reports and attended meetings of the Forum and NHSGGC for their excellent support of the Committee.

Dr Lesley Rousselet
Chairperson
On behalf of the Area Clinical Forum

Area Clinical Forum 2023-24

PRESENT

NAME	POSITION	ORGANISATION	08.06.23	17.08.23	12.10.23	14.12.23	08.02.24
Dr Anita Belbin	Chair of the Area Dental Committee	NHSGGC	P	P	P	P	P
Ms Karen Brazier	Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	-/A	-/A	P	P	P
Dr Jane Burns	Chair of the Area Psychology Committee	NHSGGC	P	P	AA	P	P
Ms Margaret Doherty	Chair of Area Nursing and Midwifery Committee	NHSGGC	A	P	A	A	AA
Dr Mark Fawcett	Vice Chair of Area Medical Committee	NHSGGC	A	A	P	P	AA
Ms Sarah Freel	Vice Chair of the Area Optometric Committee	NHSGGC	P	P	AA	P	P
Dr Lucy Gamble	Vice Chair of the Area Psychology Committee	NHSGGC	A	A	P	P	A
Ms Helen Little	Vice Chair of the Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	A	AA	P	P
Dr Morven McElroy	Chair of the Area Medical Committee	NHSGGC	P	P	P	P	P
Ms Kathy McFall	Chair of the Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	AA	P	P	P
Josh Millar	Chair of the Area Pharmaceutical Committee	NHSGGC	A	P	AA	P	AA
Dr Lesley Rousselet	Chair of the Area Optometric Committee	NHSGGC	P	P	P	P	P

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NAME	POSITION	ORGANISATION	08.06.23	17.08.23	12.10.23	14.12.23	08.02.24
Ms Fiona Smith	Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	P	P	P	-/A
Ms Julie Tomlinson	Chair of the Area Nursing and Midwifery Committee	NHSGGC	AA	P	A	A	A
Ms Anne Thomson	Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy	NHSGGC	A	A	P	P	P
Ms Denise Wilkinson	Vice Chair of the Area Nursing and Midwifery Committee	NHSGGC	P	A	P	P	P

IN ATTENDANCE

NAME	POSITION	ORGANISATION	08.06.23	17.08.23	12.10.23	14.12.23	08.02.24
Ms Megan Anderson	ST6 Plastic Surgery	NHSGGC	-	-	-	-	P
Dr Jennifer Armstrong	Medical Director	NHSGGC	AA	P	P	AA	AA
Ms Denise Brown	Director of Digital Services	NHSGGC	-	-	-	-	P
Ms Gail Caldwell	Director of Pharmacy and Prescribing	NHSGGC	-/A	-/A	P	P	-/A
Dr Emilia Crighton	Director of Public Health	NHSGGC	-	P	-	-	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	-	P	P	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	-	P	-	-	-
Ms Alison Hardie	Secretariat Manager	NHSGGC	P	-	-	-	-
Ms Helena Jackson	Head of Health and Social Care Staffing	NHSGGC	-	-	-	P	-
Mr Martin Johnston	Head of Sustainability	NHSGGC	P	-	-	-	-
Ms Karen Lamb	Head of Specialist Services	NHSGGC	-	-	P	P	-
Ms Alison Lim	ST4 Otolaryngology	NHSGGC	-	-	-	-	P
Ms Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	-	-	P	-	-
Dr Judith Marshall	Realistic Medicine Lead	NHSGGC	-	-	-	-	P

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NAME	POSITION	ORGANISATION	08.06.23	17.08.23	12.10.23	14.12.23	08.02.24
Dr Deirdre McCormack	Chief Nurse – Head of Service – Public Protection	NHSGGC	P	-	P	AA	-
Ms Fiona MacKay	Director of Planning	NHSGGC	-	P	-	-	-
Mr Neil McSeveney	Deputy Director of Communications	NHSGGC	-	-	-	-	P
Ms Pamela Metcalfe	Secretariat	NHSGGC	P	P	P	-	-
Ms Joyce Robertson	Secretariat	NHSGGC	-	-	-	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance – Board Administration	NHSGGC	P	-	-	-	-
Prof Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P	P
Dr Malcolm Watson	Realistic Medicine Lead	NHSGGC	-	-	-	-	P

Key

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

**Area Clinical Forum
Schedule of Business Considered 2023-24**

Date of meeting	Title of Business Discussed
08 June 2023	<ul style="list-style-type: none"> • Minute of the previous meeting on 09 February 2023 • Matters Arising • Executive Update on Ongoing Board Business • Public Protection Update • Sustainability Update • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note • Area Clinical Forum Annual Report • Appointment of New Chair • Review of Terms of Reference • Closing Remarks and Key Messages for the Board
17 August 2023	<ul style="list-style-type: none"> • Minute of the previous meeting on 08 June 2023 • Matters Arising • Executive Update on Ongoing Board Business • Winter Planning Update • Flu Vaccination Update • Care Homes Update • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note • Vice Chair Nominations • Staffing Programme Board Update • Closing Remarks and Key Messages for the Board
12 October 2023	<ul style="list-style-type: none"> • Minute of the previous meeting of 17 August 2023 • Matters Arising • Executive Update on On-going Board Business • Staff Wellbeing Update • CAHMS Update • Public Protection Update • National Area Clinical Forum Chairs Group Update • Annual Review 2022/2023 • Brief Update from Each Advisory Committee on Salient Business Points and minutes to note • Closing Remarks and Key Messages for the Board
14 December 2023	<ul style="list-style-type: none"> • Minutes of previous meeting of 12 October 2023 • Matters Arising • Executive Update on On-going Board Business • Healthcare Staffing Act Update • Brief Update from Each Advisory Committee on Salient Business Points and minutes to note • OD Session

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Closing Remarks and Key Messages for the Board
08 February 2024	<ul style="list-style-type: none"> • Minutes of the previous meeting of 14 December 2023 • Matters Arising • Executive Update on Ongoing Board Business • Realistic Medicine Update • Digital Strategy Update • Winter Communications Update • Brief Update from Each Advisory Committee on Salient Business Points and minutes to note • Closing Remarks and Key Messages to the Board

Version Control	April 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
Approved date:	June 2024
Date for review:	March 2024
Replaces previous version:	June 2023

Greater Glasgow and Clyde NHS Board Annual Report of the Audit and Risk Committee 2023/24

1. Introduction

The year 2023/24 saw the Committee meet on six occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Audit and Risk Committee

3.1 Purpose of the Committee

The purpose of the Audit and Risk Committee (ARC) is to provide the NHS Board with the assurance about the conduct of public business and the stewardship of funds under its control. In particular, the Committee seeks 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
- The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC supports 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.

3.2 Composition

During the financial year ending 31 March 2024 membership of the Audit and Risk Committee comprised:

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Chairperson – Ms Michelle Wailes

Vice Chair – Ms Margaret Kerr

Executive Lead – Mr Colin Neil, Director of Finance

Membership

- Mr Alan Cowan, Non Executive Board Member
- Ms Jacqueline Forbes, Non Executive Board Member
- Ms Margaret Kerr, Non Executive Board Member
- Ms Michelle Wailes, Non Executive Board Member
- Cllr Martin McCluskey, Non Executive Board Member
- Cllr Michelle McGinty, Non Executive Board Member
- Mr Colin Neil, Director of Finance
- Ms Rona Sweeney, Non Executive Board Member
- Mr Charles Vincent, Non Executive Board Member
- Ms Michelle Wailes, Non Executive Board Member

In Attendance

- Ms Lesley Aird, Assistant Director of Finance - Financial Services
- Ms Denise Brown, Director of Digital Services
- Professor John Brown, Board Chair
- Dr Emilia Crighton, Director of Public Health
- Dr Scott Davidson, Deputy Medical Director - Acute
- Ms Sandra Devine, Director Infection Prevention and Control
- Ms Kim Donald, Corporate Services Manager - Governance
- Ms Gillian Duncan, Secretariat
- Mr Andrew Gibson, Chief Risk Officer
- Mr Martin Gill, BDO LLP
- Mrs Jane Grant, Chief Executive
- Ms Alison Hardie, Secretariat
- Ms Katrina Heenan, Chief Risk Officer
- Mr Rob Jones, External Auditor, Ernst & Young
- Ms Christine Laverty, Chief Officer – Renfrewshire HSCP
- Ms Claire MacDonald, Business Manager, Acute Services
- Professor Colin MacKay, Deputy Medical Director (Corporate Services)
- Mrs Anne MacPherson, Director of Human Resources and Organisational Development
- Dr Deirdre McCormick, Chief Nurse
- Dr Becky Metcalfe, Non-Executive Board Member
- Mr Steven Munce, Workforce Planning and Analytics Manager
- Mr Iain Paterson, Corporate Service Manager - Compliance
- Mr Stephen Reid, External Auditor, Ernst & Young
- Ms Janet Richardson, Head of Financial Governance
- Mr Michael Shiels, Head of Financial Services
- Ms Natalie Smith, Deputy Director Human Resources
- Mr John Thomson, Assistant Director of Finance
- Dr Lesley Thomson KC, Chair
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Professor Angela Wallace, Executive Director of Nursing

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- Ms Rachael Weir, Internal Auditor, Azets
- Mr Stewart Whyte, Data Protection Officer
- Mr Scott Wilson, Business Manager
- Ms Rachel Wynne, External Auditor, Ernst & Young
- Ms Elizabeth Young, Internal Auditor, Azets

3.3 Meetings

The Committee met on six occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 6 June 2023
- 20 June 2023
- 27 June 2023
- 12 September 2023
- 12 December 2023
- 12 March 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Audit and Risk Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/24. Areas considered included:

- 2022-23 Annual Audit Report from Ernst & Young
- 2022-23 Annual Consolidated Accounts
- 2022-23 External Audit Actions Progress Update
- Annual Fraud Report
- Annual Review of Governance – Operating Requirements
- Audit and Risk Committee Terms of Reference
- Bad Debt Write Off
- Best Value Statement
- Committee Annual Cycle of Business 2024/25
- Committee Terms of Reference
- Corporate Risk Register
- Draft Governance Statement
- External Audit Plan
- External Audit Update
- Fraud Report and Counter Fraud Services Update
- Freedom of Information Annual Monitoring Report 2022/23
- Information Governance Steering Group Approved Minutes of Meetings
- Internal Audit Management Action Follow Up
- Internal Audit Progress Report
- Internal Audit Reports:
 - Moving Forward Together Implementation
 - Public Protection Arrangements

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- Workforce Planning
- Property Transactions Report
- Use of Agency Staff Report
- Internal Audit Annual Report
- Consultant Job Planning
- Infection Prevention and Control
- eHealth Application Access Management
- Public Health Screening
- Managing Attendance
- Legal Update 2022/23 – Quarterly Reports and Year End Report
- Losses and Compensation Payments
- NIS and NSS Service Audits
- NIS Audit Report and Action Plan
- Patient Private Funds Annual Accounts 2021-22
- Risk Appetite Statement
- Strategic Internal Audit Annual Plan 2024/25
- Update from Endowments Management Committee
- Whistleblowing Quarterly Update and Annual Report

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 2022-23 Annual Consolidated Accounts

The Committee were informed that despite challenges, the Health Board was achieving its 3 key financial targets: Revenue Resource Limit, Capital Resource Limit and Cash. The Committee were given a high level overview of some of the main areas in the consolidated accounts including, information on infrastructure investment, Sustainability and Value, the Digital Strategy and key performance targets. The Committee recognised the ongoing challenge with regards to savings and the opening deficit of £71.1M for 2023-24. Following discussion of one substantive area between management and Ernst & Young in relation to the accounting treatment of the SLA Activity Accrual, the Committee recommended the accounts for approval by the NHS Board.

4.2 2022-23 Annual Audit Report from Ernst & Young

The Committee were advised that despite challenges around finalising the accounting treatment arrangements for the SLA Activity Accrual, there were strong working relationships between the NHSGGC Finance and EY audit teams. The Committee noted the scope of the audit had not changed. The Committee were informed that an action plan was in place and work was underway to complete the remaining outstanding actions. Following discussion of one substantive area between management and Ernst & Young in relation to the accounting treatment of

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the SLA Activity Accrual, the Committee recommended the report for approval by the NHS Board.

4.3 Fraud Reports and Annual Fraud report

The Committee received regular updates on current fraud cases and on the actions which had been undertaken within NHSGGC to prevent, detect and investigate fraud as well a quarterly patient exemption statistics. The Committee also reviewed the Counter Fraud Service (CFS) Annual Report for 2023 and quarterly CFS reports. The Committee also noted the NHSGGC Fraud Annual Action Plan which had been updated to show progress against NHS Board actions. The Committee also reviewed the Counter Fraud Strategy 2023-26.

4.4 Annual Review of Governance – Operational Requirements

The Committee were assured that the operating requirements were as described in Blueprint for Good Governance (2nd edition).

4.5 Patient Private Funds – Annual Accounts 2021/22 and 2022/23

The Committee approved the 2021/22 accounts having been reminded that there had been a delay in the previous external audit firm finalising the 2020/21 accounts, which had delayed the 2021/22 accounts being finalised. The 2022/23 accounts were subsequently approved by the Committee to bring this back up to date.

4.6 Information Governance Steering Group Minutes

The Committee were presented with the minutes of the Information Governance Steering Group meetings throughout the year.

4.7 Bad Debt Written Off

The Committee received an update on the bad debts that had been written off and approved the write-off of two debts that were over £20,000 each.

4.8 External Audit Actions Progress Update

The Committee received regular updates on progress in delivering the 15 audit recommendations made as part of the 2022-23 Annual Accounts audit.

4.9 External Audit Update

The Committee noted that this was the first year audit of the external audit contract with Ernst and Young (EY) and were advised that the initial post audit debrief processes were going well. The Committee noted that EY had started to plan the 2023-24 audit and had already held initial discussions with the Mrs Grant and Mr Neil. The Committee were assured that there were no areas of concern to highlight.

4.10 External Audit Plan

The Committee noted the proposed audit approach for the audit of the financial statements for the year ending 31 March 2024. The Committee were advised that

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the plan was developed through planning discussions with management and the Chair of the Audit and Risk Committee, as well as, a review of key documentation and committee reports and the current position of the Greater Glasgow and Clyde NHS Board.

4.11 Strategic Internal Audit Annual Plan 2024-25

The Committee were advised that this Plan was designed to provide NHSGGC with the assurance required to prepare an annual Governance Statement that complied with best practice in corporate governance as well as contributing to the continuous improvement of governance, risk management and internal control processes through the implementation of this this plan.

4.12 Internal Audit

The Committee noted that, following the external audit recommendation, all Internal Audit reports would now come to the Committee in full. The Committee were presented with a number of Internal Audit reports during the year:

- Moving Forward Together Implementation
- Public Protection Arrangements
- Workforce Planning
- Property Transactions Report
- Use of Agency Staff Report
- Internal Audit Annual Report
- Consultant Job Planning
- Infection Prevention and Control
- eHealth Application Access Management
- Public Health Screening
- Managing Attendance

The Committee received regular progress reports and updates on management actions.

4.13 Corporate Risk Register

The Committee received quarterly updates of the Corporate Risk Register and were advised that regular reviews of risks had taken place.

4.14 Whistleblowing

The Committee noted the overview of whistleblowing activity for each quarter of 2023/24 and were assured that whistleblowing investigations were conducted in line with the National Whistleblowing Standards and Whistleblowing Policy. The Committee were also assured by the Whistleblowing Annual Report.

4.15 Legal Claims

The Committee noted the quarterly summary of legal activity. The Committee were also assured by the Legal Claims Annual Report.

4.16 Best Value Statement

The Committee approved the Best Value Statement having been assured that the report highlighted the approach and evidence in how the Board are working towards the objectives.

4.17 Network and Information Systems (NIS) Regulations Audit Report

The Committee noted a summary of the key findings and recommendations from the Network & Information Systems Regulations (NIS) Regulations audit 2023 noting that there were six areas which were performing well but required appropriate development to meet the 80% compliance target. NHSGGC met KPIs of 80% compliance with 0% of categories scoring less than 30%. The Committee were advised that the Board NIS action plan had been endorsed by the Information Governance Steering Group (IGSG) who would review progress on a quarterly basis with assurance reports provided to the Corporate Management Team and Audit and Risk Committee.

4.18 Risk Appetite Statement

The Committee were advised that the annual review of the Risk Appetite Statement had been approved by the Board in October 2022. It was proposed that the current Risk Appetite Statement was approved for 2024 with no changes. During 2024 a review would be carried out of the Risk Appetite once the new Chair of the Board was in post and this would also allow the new Chief Risk Officer time in role to review the Corporate Risks and Risk Appetite Statement fully. The Committee noted the list of groups and stakeholders who were approached to review and endorse the Risk Appetite Statement.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Audit and Risk Committee during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Michelle Wailes
Chairperson
On behalf of the Audit and Risk Committee

Attendance at Audit and Risk Committee 2023/24**Present**

Name	Position	Organisation	06-Jun-23	20-Jun-23	27-Jun-23	12-Sep-23	12-Dec-23	12-Mar-24
Mr Alan Cowan	Non Executive Board Member	NHSGGC	AA	P	AA	P	P	AA
Ms Jacqueline Forbes	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Margaret Kerr	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Cllr Martin McCluskey	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Cllr Michelle McGinty	Non Executive Board Member	NHSGGC	P	AA	P	P	A	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	P	P	P
Ms Rona Sweeney	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Mr Charles Vincent	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Michelle Wailes	Non Executive Board Member	NHSGGC	P	P	P	P	P	P

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In Attendance

Name	Position	Organisation	06-Jun-23	20-Jun-23	27-Jun-23	12-Sep-23	12-Dec-23	12-Mar-24
Ms Lesley Aird	Assistant Director of Finance - Financial Services	NHSGGC	P	P	P	P	-	-
Ms Denise Brown	Director of Digital Services	NHSGGC	P	-	-	P	P	-
Professor John Brown	Board Chair (to 30 November 2023)	NHSGGC	AA	P	-	P	-	-
Dr Emilia Crighton	Director of Public Health	NHSGGC	-	-	-	-	-	P
Dr Scott Davidson	Deputy Medical Director - Acute	NHSGGC	-	-	-	-	P	-
Ms Sandra Devine	Director Infection Prevention and Control	NHSGGC	-	-	-	-	P	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P	P	P	P	-
Ms Gillian Duncan	Secretariat	NHSGGC	P	-	-	-	-	-
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	-	-	-	-	-
Mr Martin Gill	BDO LLP	BDO	-	P	P	-	-	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	P	-
Ms Alison Hardie	Secretariat (Minute)	NHSGGC	P	-	-	-	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	-	-	-	P	P
Mr Rob Jones	External Auditor	Ernst & Young	-	P	P	P	-	P
Ms Christine Lavery	Chief Officer - HSCP	Renfrewshire HSCP	-	-	-	-	P	-
Ms Claire MacDonald	Business Manager, Acute Services	NHSGGC	-	-	-	-	-	P
Dr Colin MacKay	Deputy Medical Director (Corporate Services)	NHSGGC	-	-	-	P	-	P
Mrs Anne MacPherson	Director of Human Resources	NHSGGC	-	-	-	-	-	P
Dr Deirdre McCormick	Chief Nurse	NHSGGC	-	-	-	P	-	-
Dr Becky Metcalfe	Non-Executive Board Member (Observing)	NHSGGC	-	-	-	-	P	-
Mr Steven Munce	Workforce Planning and Analytics Manager	NHSGGC	P	-	-	P	-	-

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Name	Position	Organisation	06-Jun-23	20-Jun-23	27-Jun-23	12-Sep-23	12-Dec-23	12-Mar-24
Mr Iain Paterson	Corporate Service Manager - Compliance	NHSGGC	P	-	-	-	P	P
Mr Stephen Reid	External Auditor	Ernst & Young	P	P	P	P	P	-
Ms Janet Richardson	Head of Financial Governance	NHSGGC	-	-	-	-	P	-
Mr Michael Shiels	Head of Financial Services	NHSGGC	P	-	-	-	-	-
Ms Natalie Smith	Deputy Director Human Resources	NHSGGC	-	-	-	-	-	P
Mr John Thomson	Assistant Director of Finance	NHSGGC	-	-	-	-	-	P
Dr Lesley Thomson KC	Chair (from 1 December 2023)	NHSGGC	-	-	-	-	AA	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	P	P	P
Professor Angela Wallace	Executive Director of Nursing	NHSGGC	-	-	-	-	P	-
Ms Rachael Weir	Internal Auditor	Azets	P	P	P	P	P	P
Mr Stewart Whyte	Data Protection Officer	NHSGGC	-	-	-	-	-	P
Mr Scott Wilson	Business Manager	NHSGGC	-	-	-	P	P	-
Ms Rachel Wynne	External Auditor	Ernst & Young	P	P	P	P	P	-
Ms Elizabeth Young	Internal Auditor	Azets	P	P	P	P	P	P

P Present
A Absent - no apologies received
AA Absent - apologies received
- Attendance not required

Audit and Risk Committee Schedule of Business Considered 2023/24

Date of meeting	Title of Business Discussed
6 June 2023	<ul style="list-style-type: none"> • Annual Fraud Report • Losses and Compensation Payments • NSI and NSS Service Audits • Draft Governance Statement • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Internal Audit Report - Management Action Follow-up - Q1 2023/24 - Internal Audit Moving Forward Together Implementation Report - Internal Audit Use of Agency Staff Report - Internal Audit Annual Report • NIS Audit Report and Action Plan • Corporate Risk Register • Legal Update 2022/23 - Year End Report • Whistleblowing Quarter 4 Update and Annual Report • Freedom of Information Annual Monitoring Report 2022/23 • Information Governance Steering Group Approved Minutes of meeting held on 22 February 2023 • Audit and Risk Committee Terms of Reference
20 June 2023	<ul style="list-style-type: none"> • Update from Endowments Management Committee • Patient Private Funds Annual Accounts 2021-22 • 2022/23 Annual Consolidated Accounts • 2022/23 Annual Audit Report from Ernst & Young • Best Value Statement • Annual Review of Governance - Operating Requirements
27 June 2023	<ul style="list-style-type: none"> • Annual Audit and Consolidated Accounts for 2022/23 • 2022/23 Annual Consolidated Accounts • 2022/23 Annual Audit Report from Ernst & Young
12 September 2023	<ul style="list-style-type: none"> • Information Governance Steering Group – Approved Minutes of the meeting held on 17 May 2023 • Fraud Report • External Audit Update • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Internal Audit Report – Public Protection Arrangements - Internal Audit Report – Workforce Planning - Internal Audit Report – Property Transactions Report - Management Action Follow Up Q2 2023/24 • Corporate Risk Register • Whistleblowing Quarter 1 Report

BOARD OFFICIAL

Date of meeting	Title of Business Discussed
12 December 2023	<ul style="list-style-type: none"> • Information Governance Steering Group – Approved Minutes of the meeting held on 16 August 2023 • Fraud Report • External Audit Plan • 2022-23 External Audit Actions Progress Update • NIS Audit Report • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Internal Audit Report – Consultant Job Planning - Internal Audit Report – Infection Prevention and Control - Internal Audit Report – eHealth Application Access Management - Management Action Follow Up • Risk Appetite Statement • Corporate Risk Register • Whistleblowing Quarter 2 Report • Legal Claims Quarter 2 Report
12 March 2024	<ul style="list-style-type: none"> • Patient Private Funds a) Information Governance Steering Group – Approved Minutes of the meeting held on 14 February 2024 • Fraud Report and Counter Fraud Services Update • Bad Debt Write Off • External Audit Update • External Audit Actions Progress Update • Strategic Internal Audit Annual Plan 2024/25 • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Internal Audit Report – Public Health Screening - Internal Audit Report – Managing Attendance - Management Action Follow Up • Corporate Risk Register • Whistleblowing Quarter 3 Report • Legal Claims Quarter 3 Report • Committee Terms of Reference • Committee Annual Cycle of Business 2024/25

Version Control	27 May 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	
Date for review:	April 2025
Replaces previous version:	June 2023

Greater Glasgow and Clyde NHS Board Annual Report of the Clinical and Care Governance Committee 2023/24

1. Introduction

The year 2023/24 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Clinical and Care Governance Committee

3.1 Purpose of the Committee

The purpose of the Clinical and Care Governance Committee (CCCG) is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of Corporate Objectives and areas as outlined in the Scheme of Delegation 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 NHSGGC 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 C&CGC by the Audit and Risk 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

3.2 Composition

During the financial year ending 31 March 2024 membership of the Clinical and Care Governance Committee comprised:

Chairperson – Dr Paul Ryan

Vice Chair – Mr Ian Ritchie

Executive Lead – Dr Jennifer Armstrong, Medical Director

Membership

- Ms Mehvish Ashraf, Non Executive Board Member
- Dr Jennifer Armstrong, Medical Director
- Professor John Brown, Board Chair (to 30 November 2023)
- Ms Dianne Foy, Non Executive Board Member
- Mr David Gould, Non Executive Board Member
- Mrs Jane Grant, Chief Executive
- Professor Iain McInnes, Non Executive Board Member
- Dr Rebecca Metcalfe, Non Executive Board Member
- Cllr Katie Pragnell, Non Executive Board Member
- Mr Ian Ritchie, Non Executive Board Member
- Dr Lesley Rousselet, Non Executive Board Member
- Dr Paul Ryan, Non Executive Board Member
- Dr Lesley Thomson KC, Board Chair (from 1 December 2023)
- Professor Angela Wallace, Nurse Director

In Attendance

- Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll
- Ms Gillian Bowskill, Associate Nurse Director IPC
- Professor Julie Brittenden, Director of Research and Innovation
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Gail Caldwell, Director of Pharmacy
- Ms Ann Clark, Vice Chair, NHS Highland (observing)
- Ms Mandy Crawford, Corporate Services Manager – Complaints
- Dr Emilia Crighton, Director of Public Health
- Dr Martin Culshaw, Depute Medical Director – Mental Health
- Dr Scott Davidson, Deputy Medical Director, Acute
- Ms Sandra Devine, Director Infection Prevention and Control, Infection Prevention & Control
- Dr David Dodds, Chief of Medicine, Regional Services
- Ms Kim Donald, Board Secretary, Corporate
- Dr Claire Harrow, Chief of Medicine, Clyde Sector
- Ms Katrina Heenan, Chief Risk Officer
- Ms Helena Jackson, Head of Health and Care (Staffing) (Scotland) Act Programme
- Ms Geraldine Jordan, Director of Clinical and Care Governance
- Ms Rhoda MacLeod, Head of Adult Services (Sexual Health, Police Custody & Prison Healthcare), Glasgow City HSCP

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- Dr Deirdre McCormick, Chief Nurse Head of Service, Public Protection
- Professor Colin McKay, Deputy Medical Director Corporate Services
- Dr Colin Peters, Clinical Director, Neonatology
- Mr Jamie Redfern, Director Women and Children's Services
- Dr Jane Richmond, Clinical Director, Obstetrics
- Ms Jennifer Rodgers, Deputy Nurse Director, Corporate and Community
- Dr Mary Ross-Davie, Director of Midwifery
- Ms Paula Spaven, Director of Clinical Governance
- Dr Stuart Sutton, Clinical Director, Renfrewshire HSCP
- Ms Elaine Vanhegan, Director of Corporate Governance
- Ms Beata Watson, Secretariat
- Mr Scott Wilson, Business Manager to Chief Executive

3.3 Meetings

The Committee met on four occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 20 June 2023
- 5 September 2023
- 5 December 2023
- 12 March 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Clinical and Care Governance Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/24. Areas considered included:

- Hospital Standardised Mortality Ratios (HSMR)
- Learning from Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme
- Infection Prevention and Control Updates
 - Healthcare Associated Infection Reporting Template (HAIRT)
 - HIS QEUH Inspection Action Plan
 - Board Infection Control Committee Minutes of Meetings
 - Annual Infection Prevention and Control Report
- Public Protection Forum Minutes of Meetings
- Board Clinical Governance Forum Minutes of Meetings
- Clinical Risk Management Report
- Public Protection Reports
- Medicines and Pharmacy Update Reports
- Prison Healthcare Update
- Extracts from Corporate Risk Register
- Independent Review of Audiology in Scotland Letter
- Endoscopy Investigation
- Acute Services Clinical Governance Report
- Mental Health Clinical Governance Report

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- Primary Care and Community Care Clinical Governance Report
- Public Protection Strategy
- KPIs for Clinical and Care Governance
- Clinical Governance Annual Report
- Controlled Drugs Annual Report
- Department of Research and Innovation Annual Report 2023
- Duty of Candour Annual Report
- Quality Strategy Annual Report
- Research Ethics Committee Annual Report
- Best Start Maternity and Neonatal Care
- Gynaecology Oncology Update
- Scottish National Audit Programme (SNAP) Report
- West of Scotland Cancer Network Quality Performance Indicators (QPI) Report
- Women and Children Breached Guideline Report
- Health and Care Staffing Programme (HCSSA)
- Committee Terms of Reference
- Committee Annual Cycle of Business 2024/25

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Best Start & Neonatal Care

The Committee received a breakdown of service user engagement, noting emerging themes including ensuring a positive pregnancy and equipping women to make informed decisions and noted the plan for implementation and link to Moving Forward Together.

4.2 Hospital Standardised Mortality Rate (HSMR)

The Committee was informed that two hospitals had an HSMR above the Scottish average but were within control limits and noted that NHSGGC was generally mirroring crude mortality rates for NHS Scotland. The Committee were assured that actions were in place and received further updates on ongoing work in the Clyde Sector on this.

4.3 Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report

The Committee received quarterly overviews of complaints performance, wider patient and family feedback mechanisms and how these translated into improvement. Examples of identified learning from each sector were shared with the Members.

4.4 Healthcare Associated Infection Reporting Template (HAIRT)

The Committee received regular updates on performance against the Healthcare Associated targets for *Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other Healthcare Associated Infections' (HCAI) activities across NHSGGC. The Committee also noted the published ARHAI reports. The Committee were assured by the NHSGGC's performance.

4.5 HIS QEUH Inspection Action Plan

The Committee were assured by the update on the action plan from the unannounced visit in June 2022 and noted the areas of good practice as well as the recommendations

4.6 Board Infection Control Committee Minutes

The Committee regularly reviewed the Board Infection Control Committee Minutes.

4.7 Clinical Risk Management Report

The Committee received the Clinical Risk Report covering the period January 2022 to December 2022 and were reminded of the Five Significant Adverse Events (SAE) key performance indicators which were agreed in December 2022.

4.8 Public Protection Report

The Committee received an update on Public Protection governance and activity and noted The Public Protection Accountability Framework which set out eight aspects of exemplar evidence of high-quality, safe and effective services that promote the protection of unborn babies, children, young people and adults. The Committee received assurance that the national NHS Assurance and Accountability short life working group continues to meet on a bi monthly basis.

4.9 Public Protection Forum Minutes

The Committee regularly reviewed the minutes of the Public Protection Forum.

4.10 Controlled Drugs Annual Report

The Committee received the report which provided an update on the number of incidents involving Controlled Drugs across healthcare providers within NHSGGC noting key pieces of work that had been undertaken, including the development of Information Sharing Protocol and the creation of a bespoke LearnPro.

4.11 Prison Healthcare Update

The Committee noted the health profile of patients within prison setting was complex and presented significant challenges, including chronic illness and poverty. The Committee was informed of the plans to replace HMP Barlinnie with HMP Glasgow by 2026 and noted that HMP Lillias had opened in October 2022. The

Committee were also advised of the number and themes of complaints received via prison services.

4.12 Extract from the Corporate Risk Register

The Committee received regular updates on the risks aligned to the Committee and were assured that these were reviewed by risk owners and approved any proposed changes throughout the year. The Committee discussed the ongoing and upcoming work within the clinical risk team relating to the recent ruling in the Lucy Letby case. Relevant reports would be presented when the work was completed.

4.13 Clinical and Care Governance Committee Terms of Reference

The Committee approved the Terms of Reference noting the link to the Assurance Information Framework.

4.14 Independent Review of Audiology in Scotland

The Committee were advised that in November 2022, audiologists in Scotland were asked to submit their first 'normal' and first 'hearing loss' Auditory Brainstem Response (ABR) test of 2022. In February 2023, the Chief Healthcare Science Officer responded to NHS GGC, which prompted an internal review which allowed provide detailed feedback to be provided and an action plan developed for improvement where appropriate.

4.15 Endoscopy Investigation

The Committee were advised of the background, and the progress of the investigation relating to endoscopy and received an overview of actions resulting from the initial investigations including Serious Adverse Event Reviews, Duty of Candour considerations, an SBAR, and next steps. The Committee discussed the wider endoscopy service provision and factors which had led to a delay in identifying the issue and the resulting duty of candour implications.

4.16 Primary Care and Community Care

The Committee noted the governance arrangements and reporting structure within Primary Care and Community Care as well as the function, meeting arrangements, work plan, and priorities of the Primary Care and Community Clinical Governance Forum. The Committee noted and discussed the cross system learning, key risks, and key successes highlighted in the paper.

4.17 Public Protection Strategy

The Committee noted the new Public Protection Strategy and a revised Public Protection Policy and endorsed the Strategy for onward presentation to the NHS Board.

4.18 KPIs for Clinical and Care Governance

The Committee noted the current position against the 5 Key Performance Indicators which were reported through this update as agreed following the Blueprint for Good

Governance to develop the Active Governance Programme (the remaining 5 were assessed via IPC and Complaints reports) and noted improvement programs for each of the KPIs were included within the report

4.19 Clinical Governance Annual Report

The Committee were presented with the Clinical Governance Annual Report for the period April 2022 – March 2023 noting the achievements, challenges and priority areas for the year ahead. The Committee discussed SAER policy review process and noted that the current timelines would remain in place until the national framework review was finalised in 2024.

4.20 Duty of Candour Annual Report

The Committee were presented with the Duty of Candour Annual Report noting the overview of all 35 incidents which triggered duty of candour between 1 April 2022 and 31 March 2023 and had a SAER commissioned.

4.21 Quality Strategy Annual Report

The Committee were presented with the Quality Strategy Annual Report noting the progress on the three core priority workstreams: person-centred care, infection prevention and control, and pressure ulcer prevention as well as a summary of the additional related workstreams reported through the Quality Strategy Oversight Group. The Committee were advised that 'The Pursuit of Healthcare Excellence': Healthcare Quality Strategy (2019-2023)' was now at the end of its life cycle which had created an opportunity for the Board to create a new, ambitious, and unifying strategic vision. Early scoping as well as national and international benchmarking had been undertaken.

4.22 Gynaecology Oncology Update

The Committee received an update on gynaecology oncology noting the waiting list position and a summary of current actions. The Committee were also updated with regard to NHSGGC and West of Scotland position against national ovarian cancer Quality Performance Indicators.

4.23 Best Start Maternity and Neonatal Care

The Committee received an update with regards to the implementation of the refreshed Best Start recommendations announced by the Scottish Government in the summer of 2022 noting the key areas of implementation outlined in the report.

4.24 Mental Health Clinical Governance Report

The Committee received the annual report of the Mental Health Services Clinical Governance Group noting the key updates which included mental health clinical governance arrangements within the Health and Social Care Partnerships; the function of the Mental Health Services Clinical Governance Group; ongoing monitoring and assurance arrangements for key quality indicators; and an oversight of issues affecting mental health services, such as cross system learning, key successes, and key risks.

4.25 Medicines and Pharmacy Report

The Committee noted an update with regard to the infrastructure and ongoing work to mitigate the risk of harm from medicines and noted key updates around medication systems and practice; patients and the public; healthcare professionals training and development; and medicines governance arrangements

4.26 Scottish National Audit Programme Report

The Committee noted a summary position for NHSGGC in relation to the 2023 Scottish National Audit Programme (SNAP) annual governance process. The Committee noted that each outlier had been reviewed and responded to as required and NHSGGC had a robust processes in place for responding to SNAP. The Committee were advised that there was an excellent clinical engagement with the audit process in NHSGGC, including data collection, ongoing data review, oversight of audit results, review of any outliers, and ongoing work to deliver high quality evidence based care to patients.

4.27 Research Ethics Committee Annual Report

The Committee noted a summary of the activities of the four West of Scotland Research Ethics Committees (WoSRES) during the previous reporting year and were assured by the key updates provided in the report which included an overview of the role and workload of the volunteers who made up the four committees. The Committee were advised that study numbers were comparable to previous years for WoSRES but there had been an increase in the percentage of applications receiving a provisional opinion at the first meeting and 100% of the applications were reviewed within the target of 60 days. Three of the four WoSRES committees underwent audit inspection in 2023 based on their activity over the previous year and received full accreditation. The Committee also noted that Scotland planned to adopt a combined governance and ethical review for all clinical research studies which would require organisational change.

4.28 West of Scotland Cancer Network QPI Report

The Committee noted an annual update on NHSGGC Cancer Quality Performance Indicator Action Plans. The Committee noted a summary of the established governance structures the QPI Reports and Action Plans, as well as, the key reporting figures from the QPI reports for period September 2022 to August 2023, and an update on a progress with regard to actions.

4.29 Women and Children Breached Guideline Report

The Committee were advised of how pressures within Women and Children's services had led to the current breached Guideline backlog and the ongoing focused efforts to update the breached Guidelines and improve existing processes to avoid similar situations in the future. The Committee were advised of the progress made to date and the further actions which were being progressed to maintain the current trajectory and provide an improved framework for updating Guidelines across all sectors and would receive a further update in late 2024.

4.30 Health and Social Care Staffing Programme (HCSSA)

The Committee received an update on the Health and Social Care Staffing Scotland Act Programme noting the key aspects of the legislation and the structure of the programme. The Committee were advised of the testing, implementation work planning, and reporting process that was developed for this programme and were Committee were advised of the next steps for the programme within NHSGGC which included testing of the remaining duties, continuous risk assessment and progress monitoring, implementation action plan and continuing assessment of assurance levels.

4.31 Department of Research and Innovation Annual Report 2023

The Committee received the Department of Research and Innovation Annual Report 2023 and noted that there had been over 330 new studies commenced over the year and over 1000 studies were recruiting or in follow-up. Overall recruitment to clinical trials had increased by 14% compared to 2022. There had also been an increase in projects involving artificial intelligence and the Committee noted the current opportunities, limitations, and restriction to the use of AI within the clinical trials.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Clinical and Care Governance Committee during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Dr Paul Ryan
Chairperson
On behalf of the Clinical and Care Governance Committee

Attendance at Clinical and Care Governance Committee 2023/24**Present**

Name	Position	Organisation	20-Jun-23	05-Sep-23	05-Dec-23	12-Mar-24
Ms Mehvish Ashraf	Non Executive Board Member	NHSGGC	P	P	P	AA
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	P	P	P
Professor John Brown	Board Chair (to 30 November 2023)	NHSGGC	P	AA	-	-
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	A	P	P
Mr David Gould	Non Executive Board Member	NHSGGC	P	A	-	-
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	A
Professor Iain McInnes	Non Executive Board Member	NHSGGC	P	P	A	P
Dr Rebecca Metcalfe	Non Executive Board Member	NHSGGC	-	A	P	P
Cllr Katie Pragnell	Non Executive Board Member	NHSGGC	P	P	P	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Lesley Thomson KC	Board Chair (from 1 December 2023)	NHSGGC	-	-	P	P
Professor Angela Wallace	Nurse Director	NHSGGC	P	P	P	P

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In Attendance

Name	Position	Organisation	20-Jun-23	05-Sep-23	05-Dec-23	12-Mar-24
Ms Lesley Aird	Assistant Director of Finance - Financial Services, Capital & Payroll	NHSGGC	-	P	-	-
Ms Gillian Bowskill	Associate Nurse Director IPC	NHSGGC	-	-	P	-
Professor Julie Brittenden	Director of Research and Innovation	NHSGGC	-	-	-	P
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	-	P	-	-
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	P	-	-	-
Ms Ann Clark	Vice Chair, NHS Highland (observing)	NHS Highland	P	-	-	-
Ms Mandy Crawford	Corporate Services Manager – Complaints	NHSGGC		P	P	P
Dr Emilia Crighton	Director of Public Health	NHSGGC	-	P	P	-
Dr Martin Culshaw	Depute Medical Director – Mental Health	NHSGGC	-	-	P	-
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	P	-	P	P
Dr Mary Ross-Davie	Director of Midwifery	NHSGGC	P	-	P	-
Ms Sandra Devine	Director Infection Prevention and Control, Infection Prevention & Control	NHSGGC	P	P	-	P
Ms Kim Donald	Board Secretary, Corporate	NHSGGC	P	P	P	P
Dr David Dodds	Chief of Medicine, Regional Services	NHSGGC	-	-	P	-
Dr Claire Harrow	Chief of Medicine, Clyde Sector	NHSGGC	P	-	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	-	-	P
Ms Helena Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme	NHSGGC	-	-	-	P
Ms Geraldine Jordan	Director of Clinical and Care Governance	NHSGGC	P	P	P	-
Ms Rhoda MacLeod	Head of Adult Services (Sexual Health, Police Custody & Prison Healthcare), Glasgow City HSCP (for Item 13)	NHSGGC	P	-	-	-
Dr Deirdre McCormick	Chief Nurse Head of Service, Public Protection	NHSGGC	P	P	-	-
Professor Colin McKay	Deputy Medical Director Corporate Services	NHSGGC	-	P	-	P
Dr Colin Peters	Clinical Director, Neonatology	NHSGGC	P	-	P	-
Mr Jamie Redfern	Director Women and Children's Services	NHSGGC	-	-	P	P

BOARD OFFICIAL

Name	Position	Organisation	20-Jun-23	05-Sep-23	05-Dec-23	12-Mar-24
Dr Jane Richmond	Clinical Director, Obstetrics	NHSGGC	P	-	P	-
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate and Community	NHSGGC	-	P	-	-
Ms Paula Spaven	Director of Clinical Governance	NHSGGC	P	-	-	P
Dr Stuart Sutton	Clinical Director, Renfrewshire HSCP	NHSGGC	-	P	-	-
Ms Elaine Vanhegan	Director of Corporate Governance	NHSGGC	-	P	-	P
Ms Beata Watson	Secretariat	NHSGGC	P	P	-	P
Mr Scott Wilson	Business Manager to Chief Executive	NHSGGC	-	P	P	-

P Present
A Absent - no apologies received
AA Absent - apologies received
- Attendance not required

Clinical and Care Governance Committee Schedule of Business Considered 2023/24

Date of meeting	Title of Business Discussed
20 June 2023	<ul style="list-style-type: none"> • Best Start Maternity & Neonatal Care • HSMR • Learning from Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme • Infection Prevention and Control Updates <ul style="list-style-type: none"> - HAIRT - HIS QEUH Inspection action plan - Board Infection Control Committee Minutes of Meeting of 22 February 2023 • Clinical Risk Management Report • Public Protection Report • Public Protection Forum Minutes of Meeting of 9 February 2023 • Medicines and Pharmacy Update <ul style="list-style-type: none"> - Controlled Drugs Annual Report • Prison Healthcare Update • Extract from Corporate Risk Register • Terms of Reference • Board Clinical Governance Forum - Minutes of Meetings held on 13th February 2023 and 17 April 2023 • Independent Review of Audiology in Scotland Letter
5 September 2023	<ul style="list-style-type: none"> • Endoscopy Investigation • Primary Care and Community Care • Infection Prevention and Control <ul style="list-style-type: none"> - Healthcare Associated Infection Reporting Template (HAIRT) - Board Infection Control Committee Minutes of Meeting held on 20 April 2023 • Public Protection Strategy • KPIs for Clinical and Care Governance • Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme and Annual Report • Clinical Governance Annual Report • Duty of Candour Annual Report • Quality Strategy Annual Report • Extract from the Corporate Risk Register
5 December 2023	<ul style="list-style-type: none"> • Gynaecology Oncology Update • Best Start Maternity and Neonatal Care • Mental Health Clinical Governance Report • Medicines and Pharmacy Report • Infection Prevention and Control <ul style="list-style-type: none"> - Healthcare Associated Infection Reporting Template (HAIRT) - Annual Infection Prevention and Control Report - Board Infection Control Committee Approved Minutes of Meeting held on 24 August 2023 • HSMR

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Clinical Risk Report • SNAP Report Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme • Research Ethics Committee Annual Report • West of Scotland Cancer Network QPI Report • Duty of Candour Annual Report Addendum • Extract from the Corporate Risk Register
12 March 2024	<ul style="list-style-type: none"> • Acute Services Clinical Governance Report • Women and Children Breached Guideline Report • Healthcare Associated Infection Reporting Template (HAIRT) • Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme • Health and Care Staffing Programme (HCSSA) • Clinical and Care Governance KPIs Update • Department of Research and Innovation Annual Report 2023 • Extract from Corporate Risk Register • Committee Terms of Reference • Committee Annual Cycle of Business 2024/25

Version Control	28 May 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	
Date for review:	June 2025
Replaces previous version:	June 2023

**Greater Glasgow and Clyde NHS Board
Annual Report of the Finance Planning and Performance Committee
2023/24**

1. Introduction

The year 2023/24 saw the Committee meet on six occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Finance Planning and Performance Committee

3.1 Purpose of the Committee

The remit of the Finance Planning and Performance Committee is to oversee the financial and planning strategies of the Board, oversee the Board's Property and Asset Management and Strategic Capital Projects and provide a forum for discussion of common issues arising from the six Integrated Joint Boards.

3.2 Composition

During the financial year ending 31 March 2024 membership of the Finance Planning and Performance Committee comprised:

Chairperson – Ms Margaret Kerr
Vice Chair - Rev John Matthews
Executive Lead – Mr Colin Neil, Director of Finance

Membership

- Dr Jennifer Armstrong, Board Medical Director
- Prof John Brown CBE, Board Chair (to 30 November 2023)
- Ms Ann Cameron Burns, Employee Director
- Mr Simon Carr, Non Executive Board Member (to 31 August 2023)
- Mr Alan Cowan, Non Executive Board Member
- Dr Emilia Crighton, Director of Public Health
- Cllr Chris Cunningham, Non Executive Board Member
- Ms Jacqueline Forbes, Non Executive Board Member
- Mrs Jane Grant, Chief Executive
- Prof Iain McInnes, Non Executive Board Member
- Ms Ketki Miles, Non Executive Board Member

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- Ms Anne Marie Monaghan, Non Executive Board Member
- Mr Colin Neil, Director of Finance
- Mr Ian Ritchie, Non Executive Board Member
- Dr Paul Ryan, Non Executive Board Member
- Ms Rona Sweeney, Non Executive Board Member
- Dr Lesley Thomson KC, Board Chair (from 1 December 2023)
- Ms Michelle Wailes, Non Executive Board Member
- Prof Angela Wallace, Board Nurse Director

In Attendance

- Ms Mehvish Ashraf, Non Executive Board Member
- Mr Andrew Baillie, Assistant Head of Capital Planning
- Ms Denise Brown, Interim Director of e-Health
- Ms Frances Burns, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Gail Caldwell, Director of Pharmacy
- Ms Margaret-Jane Cardno, Head of Strategy and Transformation, West Dunbartonshire HSCP
- Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
- Dr Martin Culshaw, Deputy Medical Director, Mental Health & Addictions
- Ms Kim Donald, Corporate Services Manager - Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Mr William Edwards, Chief Operating Officer, Acute Services
- Mr Stephen Fitzpatrick, Head of Older People's Services, Glasgow City HSCP
- Mr Andrew Gibson, Chief Risk Officer
- Mr Craig Given, Head of Finance, Planning and Resources, Inverclyde HSCP
- Ms Alison Hardie, Secretariat Manager
- Ms Katrina Heenan, Chief Risk Officer
- Ms Andrina Hunter, Service Manager, Planning, Performance and Equalities, Inverclyde HSCP
- Ms Christine Laverty, Chief Officer, Renfrewshire HSCP
- Ms Fiona MacKay, Director of Planning
- Mrs Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Claire McArthur, Depute Director of Planning
- Cllr Martin McCluskey, Non Executive Board Member
- Ms Fiona McEwan, Assistant Director of Finance - Financial Planning & Performance
- Dr Rebecca Metcalfe, Non Executive Board Member
- Ms Susanne Millar, Chief Officer, Glasgow City HSCP
- Ms Julie Murray, Chief Officer, East Renfrewshire HSCP
- Dr Kerri Neylon, Deputy Medical Director for Primary Care
- Mr Iain Paterson, Corporate Services Manager, Compliance
- Ms Kate Rocks, Chief Officer, Inverclyde HSCP
- Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP
- Mr Francis Shennan, Non Executive Board Member
- Ms Julie Slavin, Chief Financial Officer, West Dunbartonshire HSCP
- Prof Tom Steele, Director of Estates and Facilities

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- Mr Allen Stevenson, Interim Director of Primary Care/GP Out of Hours
- Ms Ann Traquair Smith, Director of Diagnostics
- Mr Scott Wilson, Senior Business and Delivery Manager, Chief Executive's Office
- Ms Elaine Vanhegan, Director of Corporate Services and Governance

3.3 Meetings

The Committee met on six occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 18 April 2023
- 13 June 2023
- 1 August 2023
- 3 October 2023
- 5 December 2023
- 6 February 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Finance Planning and Performance Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/24. Areas considered included:

- A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023-2028
- Annual Delivery Plan and Medium Term Plan
- Assurance Information Framework
- Bishopton Health and Care Satellite Centre – Standard Business Case Update
- Digital Strategy Implementation Plan
- Extract from the Corporate Risk Register
- Finance, Planning and Performance Committee:
 - Annual Report 2022-23
 - Terms of Reference
- Financial Monitoring:
 - Finance Report
 - Finance Plan 2023-24 Update and Draft Financial Plan 2024/25
 - Draft Capital Plan 2024/25
 - Impact of IJB Budget Position
- General Practice and Primary Care:
 - Primary Care Improvement Plans and General Practice and Primary Care Improvement Plans Update Report
 - GP Out of Hours Engagement Update

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- Integration Joint Boards:
 - IJB Annual Performance Reports:
 - East Dunbartonshire
 - East Renfrewshire
 - Glasgow City
 - Inverclyde
 - Renfrewshire
 - West Dunbartonshire
 - IJB Strategic Plans:
 - Inverclyde
 - Glasgow City
 - Review of IJB Integration Schemes – Consultation
- Laboratory Information Management System:
 - Laboratory Information Management System Update
 - Laboratory Managed Service Contract
 - Laboratory Managed Service Procurement Briefing
- NHSGGC Digital Maturity Assessment
- Performance Report
- Pharmaceutical Care Services Plan 2024/2027
- Public Inquiry Update
- Reinforced Autoclaved Aerated Concrete (RAAC) – Update
- Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility
- Sustainability Strategy
- Winter Plan

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Financial Position

The Committee received regular updates on the Board's financial position throughout the year. The Committee also approved the Draft Financial Plan 2024/25 - 2026/27 noting that this draft had to be submitted to the Scottish Government and would then be developed further as required. The Committee were also advised of the financial pressures being reported by the IJBs which were being experienced nationally due to the high level of demand across health and social care services.

4.2 Performance Reports

The Committee received a regular summary of performance against the respective Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework, and based on the measures contained in the 2023-24 Draft Annual Delivery Plan alongside key local and national performance measures

4.3 Extract from the Corporate Risk Register

The Committee received regular updates on the Corporate Risk Register and proposed changes, all of which were approved.

4.4 Social Listening

The Committee received a verbal update regarding the approach to Social Listening adopted by NHSGGC and recommended that the weekly update on external media issued to all Board Members be expanded to include a summary of social media activity relevant to the quality of services delivered by NHSGGC.

4.5 GP Out of Hours Engagement Update

The Committee were updated on the engagement activities undertaken to inform the future of the GP OOH service and the key steps taken since 2022 to stabilise, evolve and improve the service noting that Health Improvement Scotland (HIS) had assessed that a continuation of the service delivery model would not meet the threshold for a majority service change and HIS would remain involved in piloting a new approach to engagement which will be used across NHS Scotland.

4.6 Primary Care Improvement Plans

The Committee were informed that there had been significant progress in implementation of the PCIPs and received updates on General Practice and the Primary Care Improvement Plans (PCIPs) for the six HSCPs within NHSGGC which formed part of the regular reporting requested by the Board on implementation of the PCIPs and related contract requirements. The Committee were advised that the Primary Care Strategy was being developed.

4.7 A Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde: 2023-28

The Committee endorsed the refreshed Strategy for onward approval at the Board noting that engagement had taken place, including user and carer representatives, in developing the updated Strategy.

4.8 Sustainability Strategy

The Committee endorsed the Sustainability Strategy for onward approval at the Board noting the scale of the climate and net zero challenge and the interim targets assigned to each working group.

4.9 Annual Delivery Plan and Medium Term Plan

The Committee approved both the Annual Delivery Plan and Medium Term Plan noting that both plans were created subject to guidance received from the Scottish Government and had been aligned to the corporate objectives, priorities and local strategies.

4.10 Winter Plan

The Committee approved the Winter Plan for onward consideration by the Board noting that ten key winter priorities had been identified and whole system winter actions had been developed to support the delivery of the key priorities.

4.11 Capital Plan 2023/24 – 2025/26

The Committee approved the Capital Plan noting that the report had been approved in April 2023 based on projections at that time.

4.12 Reinforced Autoclaved Aerated Concrete (RAAC) - Update

The Committee received two updates on RAAC for assurance noting that a working group had been established to manage the survey programme and develop contingency planning. The Committee were advised that surveys had been taking place since November 2023 across high and medium likelihood properties and confirmation had been received that RAAC was not present. The surveying experts would return in 2024 to review the low likelihood buildings.

4.13 Impact of IJB Position

The Committee were advised of the financial pressures being reported by the IJBs which are being experienced nationally due to the high level of demand across health and social care services.

4.14 HSCP Annual Performance reports

The Committee were advised that IJBs were required to publish an Annual Performance Report (APR) by the end of July each year. The Committee noted the Annual Performance reports from all six IJBs which outlined the key achievements over 2022/23 as well as the key areas for improvement in 2023/24.

4.15 Review of Integration Schemes - Consultation

The Committee approved the consultation on the review of Integration Schemes noting that this had been postponed from 2020 due to COVID-19.

4.16 Digital Strategy Implementation Plan

The Committee noted the progression of a number of major programmes over the past year following the approval of the NHSGGC Digital Strategy “Digital on Demand” by the NHSGGC Board in December 2022 and were advised that the strategy had been aligned to the NHSGGC Board Annual Delivery Plan as well as the Winter Plan.

4.17 Pharmaceutical Care Services Plan 2024/27

The Committee approved the Pharmaceutical Care Services Plan 2024/27 which outlined the list of services currently available from the existing community pharmacy network within NHSGGC noting that this was required by pharmacy regulations to be updated on an annual basis and reviewed every three years.

4.18 Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility

The Committee noted the update on the long standing plans to resettle people with learning disabilities who were living in the last remaining NHS longer stay unit into their own homes in the community and commended everyone involved in this work which saw an end to institutional care for people with learning disabilities in NHSGGC.

4.19 Bishopton Health and Care Satellite Centre – Standard Business Case Update

The Committee approved the updated Standard Business Case for the new build satellite facility which would supplement the existing facility providing additional capacity to deliver services to the population at Dargavel, Bishopton.

4.20 NHSGGC Digital Maturity Assessment

The Committee noted that NHS Boards and Local Authorities had completed a national Digital Maturity Assessment in 2023 as required by the Scottish Government Digital Health and Care Directorate. NHSGGC had scored highly across the sections of the 2023 assessment, with an overall average score of 83% and the Scottish Government had identified areas of good and best practice that can be showcased nationally.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Finance Planning and Performance Committee during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Margaret Kerr

Chairperson

On behalf of the Finance, Planning and Performance Committee

Attendance at Finance, Planning and Performance Committee 2023/24**Present**

Name	Position	Organisation	18-Apr-23	13-Jun-23	01-Aug-23	03-Oct-23	05-Dec-23	06-Feb-24
Dr Jennifer Armstrong	Board Medical Director	NHSGGC	AA	P	P	P	P	AA
Prof John Brown CBE	Board Chair (to 30 November 2023)	NHSGGC	P	P	P	P	-	-
Ms Ann Cameron Burns	Employee Director	NHSGGC	AA	AA	P	P	P	P
Mr Simon Carr	Non Executive Board Member (to 31 August 2023)	NHSGGC	P	P	P	-	-	-
Mr Alan Cowan	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Dr Emilia Crighton	Director of Public Health	NHSGGC	P	P	P	P	P	P
Cllr Chris Cunningham	Non Executive Board Member	NHSGGC	P	P	AA	P	P	P
Ms Jacqueline Forbes	Non Executive Board Member	NHSGGC	P	AA	P	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	AA	P	P
Ms Margaret Kerr	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Rev John Matthews OBE	Non Executive Board Member	NHSGGC	P	P	AA	P	P	P
Prof Iain McInnes	Non Executive Board Member	NHSGGC	AA	AA	AA	P	P	AA
Ms Ketki Miles	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Susanne Millar	Chief Officer	GC HSCP	P	P	AA	P	P	P
Ms Anne Marie Monaghan	Non Executive Board Member	NHSGGC	P	AA	P	P	P	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	P	P	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	AA	P	P	P	P	P
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Caroline Sinclair	Chief Officer	ED HSCP	P	P	P	P	P	P
Ms Rona Sweeney	Non Executive Board Member	NHSGGC	AA	AA	P	P	P	AA

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Name	Position	Organisation	18-Apr-23	13-Jun-23	01-Aug-23	03-Oct-23	05-Dec-23	06-Feb-24
Dr Lesley Thomson KC	Board Chair (from 1 December 2023)	NHSGGC	-	-	-	-	P	P
Ms Michelle Wailes	Non Executive Board Member	NHSGGC	P	P	P	P	P	P
Prof Angela Wallace	Board Nurse Director	NHSGGC	P	P	P	P	AA	AA

In Attendance

Name	Position	Organisation	18-Apr-23	13-Jun-23	01-Aug-23	03-Oct-23	05-Dec-23	06-Feb-24
Ms Mehvish Ashraf	Non Executive Board Member	NHSGGC	-	P	-	-	-	-
Mr Andrew Baillie	Assistant Head of Capital Planning	NHSGGC	-	-	-	-	-	P
Ms Denise Brown	Interim Director of e-Health	NHSGGC	P	P	-	P	P	P
Ms Frances Burns	Head of Strategic Planning and Health Improvement	Ren HSCP	-	-	-	-	P	-
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P	P	P	P	P
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	-	-	-	-	-	P
Ms Margaret-Jane Cardno	Head of Strategy and Transformation	WD HSCP	-	-	-	P	-	-
Ms Beth Culshaw	Chief Officer	WD HSCP	-	-	-	P	-	-
Dr Martin Culshaw	Deputy Medical Director, Mental Health & Addictions	NHSGGC	-	P	-	-	-	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	AA	P	P	P	P	AA
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	P	P	P	P	-	P
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	P	P	P	P	P
Mr Stephen Fitzpatrick	Head of Older People's Services	GC HSCP	-	-	P	-	-	-
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	-	-	-	-	-
Mr Craig Given	Head of Finance, Planning and Resources	Inv HSCP	-	P	-	-	P	-
Ms Alison Hardie	Secretariat Manager	NHSGGC	P	P	-	-	-	-

BOARD OFFICIAL

Name	Position	Organisation	18-Apr-23	13-Jun-23	01-Aug-23	03-Oct-23	05-Dec-23	06-Feb-24
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	-	-	-	-	P
Ms Andrina Hunter	Service Manager, Planning, Performance and Equalities	Inv HSCP	-	P	-	-	-	-
Ms Christine Laverty	Chief Officer	Ren HSCP	P	P		P	P	P
Ms Fiona MacKay	Director of Planning	NHSGGC	-	-	P	-	-	-
Mrs Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P	P	P	P	P
Ms Claire McArthur	Depute Director of Planning	NHSGGC	-	-	-	P	-	-
Cllr Martin McCluskey	Non Executive Board Member	NHSGGC	-	P	-	-	-	-
Ms Fiona McEwan	Assistant Director of Finance - Financial Planning & Performance	NHSGGC	P	P	P	P	P	P
Dr Rebecca Metcalfe	Non Executive Board Member	NHSGGC	-	-	-	P	-	-
Ms Julie Murray	Chief Officer	ER HSCP	-	-	-	-	-	P
Dr Kerri Neylon	Deputy Medical Director for Primary Care	NHSGGC	-	P	-	-	-	-
Mr Iain Paterson	Corporate Services Manager, Compliance	NHSGGC	-	-	-	P	-	-
Ms Kate Rocks	Chief Officer	Inv HSCP	-	P	-	-	-	-
Mr Francis Shennan	Non Executive Board Member	NHSGGC	-	P	-	-	-	-
Ms Julie Slavin	Chief Financial Officer	WD HSCP	-	-	-	P	-	-
Prof Tom Steele	Director of Estates and Facilities	NHSGGC	P	P	P	P	AA	P
Mr Allen Stevenson	Interim Director of Primary Care/GP Out of Hours	NHSGGC	-	P	-	-	-	P
Ms Ann Traquair Smith	Director of Diagnostics	NHSGGC	P	-	-	-	-	-
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office	NHSGGC	-	-	-	P	P	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	P	P	P

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P Present
A Absent - no apologies received
AA Absent - apologies received
- Attendance not required

Finance, Planning and Performance Committee Schedule of Business Considered 2023/24

Date of meeting	Title of Business Discussed
18 April 2023	<ul style="list-style-type: none"> • Laboratory Managed Service Contract • Financial Monitoring Report • Finance Plan 2023-24 Update • Performance Report • Extract from the Corporate Risk Register • Finance, Planning and Performance Committee Annual Report 2022-23 • Finance, Planning and Performance Committee Terms of Reference
13 June 2023	<ul style="list-style-type: none"> • Public Inquiry Update • Primary Care Improvement Plans • Laboratory Information Management System Update • IJB Strategic Plan - Inverclyde HSCP • A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023-2028 • Sustainability Strategy • Performance Report • Financial Monitoring Report • Corporate Risk Register • Finance, Planning and Performance Committee Terms of Reference
1 August 2023	<ul style="list-style-type: none"> • Annual Delivery Plan and Medium Term Plan • IJB Strategic Plan - Glasgow City • Capital Plan 2023/24 - 2025/26 • Performance Report • Financial Monitoring Report • Laboratory Managed Service Procurement Briefing • Assurance Information Framework • Corporate Risk Register
3 October 2023	<ul style="list-style-type: none"> • Winter Plan • Reinforced Autoclaved Aerated Concrete (RAAC) – Update • Financial Monitoring <ul style="list-style-type: none"> a) Financial Monitoring Report b) Impact of IJB Budget Position • Performance Report • IJB Annual Performance Reports <ul style="list-style-type: none"> a) Glasgow City b) West Dunbartonshire • Review of IJB Integration Schemes – Consultation • Corporate Risk Register

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5 December 2023	<ul style="list-style-type: none"> • Digital Strategy Implementation Plan • Financial Monitoring Report • Performance Report • IJB Annual Performance Reports <ul style="list-style-type: none"> a) Inverclyde b) Renfrewshire • RAAC – Update • Corporate Risk Register
6 February 2024	<ul style="list-style-type: none"> • General Practice and Primary Care Improvement Plan Update Report • GP Out of Hours Engagement Update • Pharmaceutical Care Services Plan 2024/2027 • Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility • Bishopton Health and Care Satellite Centre – Standard Business Case Update • Financial Monitoring Report • Draft Financial Plan 2024/25 • Draft Capital Plan 2024/25 • Performance Report • IJB Annual Performance Reports <ul style="list-style-type: none"> a) East Dunbartonshire b) East Renfrewshire • NHSGGC Digital Maturity Assessment • Corporate Risk Register

Version Control	
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance Planning and Performance Committee
Approved date:	
Date for review:	April 2025
Replaces previous version:	June 2023

Greater Glasgow and Clyde NHS Board Annual Report of the Population Health and Wellbeing Committee 2023/24

1. Introduction

The year 2023/24 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Population Health and Wellbeing Committee

3.1 Purpose of Committee

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 - 2018-2028, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

3.2 Composition

During the financial year ending 31 March 2024 membership of the Population Health and Wellbeing Committee comprised:

Chairperson - Rev John Matthews OBE
Vice Chair - Mr Ian Ritchie

MEMBERSHIP

- Professor John Brown CBE, Board Chair (to 30 November 2023)
- Cllr Jacqueline Cameron, Non Executive Board Member
- Dr Daniel Carter, Consultant in Public Health Medicine
- Professor Chik Collins, Director, Glasgow Centre for Population Health
- Dr Emilia Crighton, Director of Public Health
- Ms Dianne Foy, Non Executive Board Member
- Mrs Jane Grant, Chief Executive
- Mr Graham Haddock OBE, Non Executive Board Member
- Ms Christine Laverty, Chief Officer, Renfrewshire HSCP
- Mr John Matthews OBE, Non Executive Board Member
- Cllr Martin McCluskey, Non Executive Board Member

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- Ms Susanne Millar, Chief Officer, Glasgow City HSCP
- Ms Fiona Moss, Head of Health Improvement and Inequalities, Glasgow City HSCP
- Dr Nicholas Phin, Director of Public Health Science, Public Health Scotland
- Mr Francis Shennan, Non Executive Board Member
- Ms Anne-Marie Monaghan, Non Executive Board Member
- Mr Ian Ritchie, Non Executive Board Member
- Dr Lesley Thomson KC, Board Chair (from 1 December 2023)

IN ATTENDANCE

- Ms Anna Baxendale, Head of Health Improvement, Public Health
- Dr Helen Benson, Consultant in Public Health
- Dr Daniel Carter, Consultant in Public Health
- Mr John Dawson, Head of Strategy and Transformation, Public Health Scotland
- Ms Kim Donald, Corporate Services Manager - Governance
- Catherine Flanigan, Public Health
- Mr Andrew Gibson, Chief Risk Officer
- Ms Katrina Heenan, Chief Risk Officer
- Mr Neil Irwin, Service Lead
- Heather Jarvie, Public Health Programme Manager
- Dr Iain Kennedy, Consultant Public Health Medicine
- Ms Sara Khalil, Secretariat Officer
- Mr Trevor Lakey, Health Improvement and Inequalities Manager, Glasgow City HSCP
- Ms Katie Levin, Senior Researcher
- Dr Michael McGrady, Consultant in Dental Public Health
- Ms Margaret McGranachan, Public Health Researcher
- Dr Becky Metcalfe, Non Executive Board Member
- Dr Catriona Milosevic, Consultant in Public Health Medicine
- Ms Linda Morris, Public Health Programme Manager
- Ms Fiona Moss, Head of Health Improvement & Inequality
- Ms Marion O'Neil, General Manager, Public Health
- Dr Alison Potts, Consultant in Public Health
- Ms Uzma Rehman, Public Health Programme Manager
- Ms Jennifer Rodgers, Deputy Nurse Director, Corporate and Community
- Ms Jac Ross, Equality and Human Rights Manager
- Ms Val Tierney, Chief Nurse, West Dunbartonshire HSCP
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Dr Beatrix Von Wissmann, Consultant in Public Health
- Ms Beata Watson, Secretariat Officer

3.3 Meetings

The Committee met on four occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 18 April 2023
- 4 July 2023
- 17 October 2023

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- 23 January 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Population Health and Wellbeing Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/23. Areas considered included:

- A Fairer NHS GGC - Snapshot Report 2022 - 2023
- Assurance Information Quarterly Report
- Child Health:
- Child Oral Health Indicators: Update following publication of National Dental Inspection Programme report for 2022/23
- Children and Young People Mental Health
- Drug Related Deaths – Service Update
- Epidemiology Update
- Extract from the Corporate Risk Register
- Harm Reduction Strategy
- Joint Health Protection Plan 2023-25
- Local Child Poverty Action Plans
- NHS GGC Vaccination Programme: Progress Report
- Obesity and Prevention and Early Intervention for Type 2 Diabetes Update
- Revised Universal Pathways
- Safe Injections Facilities
- Vaccination Programme
- Winter Epidemiology Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Joint Health Protection Plan 2023-25

The Committee approved the Joint Health Protection Plan 2023-2025 which set out the priorities, provisions and preparedness for NHS GGC and its partner Local Authorities. The Committee noted the ongoing planned activities that would be taken forward over the life of the plan by the partner agencies and the wider Public Health Liaison Working Group and were assured by the joint arrangements that NHS GGC and its partner Local Authorities have in place to respond effectively to a Health Protection incident and emergency.

4.2 Epidemiology Update

The Committee received regular epidemiology updates. This included an overview of the data relating to the most common gastrointestinal bacterial infections in NHSGGC - Salmonella and Campylobacter - and noted that the drop in the infections during 2020 and 2021 was attributed to limited contacts within population and reduction in foreign travel. The Committee also noted the prevalence of COVID, SARS, Flu and Norovirus within the Board area. The Committee were further assured by a presentation which set out the algorithms that had been developed for detecting aberrations in weekly notifications for selected diseases of public health and the examples of their application.

4.3 Vaccination Programme

The Committee noted the progress of the vaccination programme within NHSGGC over the previous 12 months and were assured that the uptake of all vaccines across all population programmes was good and in some cases very good, however, the Committee noted that there was room for improvement. The Committee were also advised of the challenges faced when delivering an evolving vaccination schedule, in particular when new vaccines and indications were recommended by the Joint Committee on Vaccination and Immunisation (JCVI). In addition, keeping the large highly trained workforce up to date and responsive as well as securing suitable venues for immunisation clinics in convenient locations to meet the needs of the Vaccine Transformation Programme. The Committee also received a report on the arrangements and current progress of the autumn/winter vaccination programme.

4.4 A Fairer NHSGGC - Snapshot Report 2022-23

The Committee noted the Fairer NHSGGC interim snapshot report which covered the period between April 2022 and March 2023. This highlighted the progress made in specific areas towards meeting the requirements of the Equality Act 2010 and were assured of progress in regards to 4 of the 8 Equality Outcomes which were targeted specific areas for change and improvement. The Committee were also advised of actions that had been mainstreamed which covered NHSGGC Core functions and how equality considerations were now embedded in how business was done.

4.5 Assurance Information Quarterly Report

The Committee received an update in relation to the Public Health Assurance Information Framework noting the quarterly update based on the Public Health priorities; Type 2 Diabetes, drugs related deaths and child health. The data presented reflected the most recent published figures. The Committee was assured by the performance, progress and work ongoing to develop data reporting for the Committee.

4.6 Review of Terms of Reference

The Committee approved the updates to the Terms of Reference and amendments to the Scheme of Delegation.

4.7 Harm Reduction Strategy

The Committee noted the significant health harms of drug use, including deaths and virus transmission, as public health concerns and acknowledged the aims set out to comprehensively reduce health risks from drug use.

4.8 Drug Related Deaths - Service Update

The Committee acknowledged drug-related deaths were a major concern in NHS GGC and across Scotland and were advised that drug deaths remained a priority in NHS GGC linked to "Turning the Tide Through Prevention". The Committee were advised that the National Mission had introduced a 2022-2026 Plan to reduce drug-related deaths and enhance impacted lives.

4.9 Safer Drug Consumption Facilities

The Committee discussed developments which would enable the opening of safer drug consumption facilities across the Glasgow City HSCP area.

4.10 Obesity and Prevention and Early Intervention for Type 2 Diabetes Update

The Committee noted the various approaches to the prevention of obesity and type 2 diabetes, and services available in the NHS GGC area and supported the 5 priority areas outlined in the paper. The Committee discussed the link between poverty and higher risks of developing obesity, and noted there was a range of support available locally through third sector organisations. The Committee also discussed the effects of local planning on levels of obesity in some populations.

4.11 Local Child Poverty Action Reports

The Committee approved the Local Child Poverty Action Reports for West Dunbartonshire, Glasgow City, and Inverclyde HSCPs noting the Scottish Government's 2030 targets and intermediate 2023/24 targets for child poverty levels.

4.12 Child Oral Health Indicators – Progress Report

The Committee noted the oral health indicators and operational priorities in relation to child oral health and discussed the results of the survey conducted in schools which looked at the barriers to carrying out the tooth brushing programme in schools. It was agreed that current format of the programme was not working in some of the areas with low compliance and alternatives were being discussed. The Committee also discussed capacity challenges within the wider dental service provision and the waiting lists management for procedures requiring general anaesthesia. The Committee were assured by the update.

4.13 Five Year Mental Health Strategy, Prevention Progress Report

The Committee noted the final report on the Public Mental Health Strategy (2018-2023) as well as the outline of the work planned for the coming year under NHS GGC Adult Mental Health Strategy (2023 – 2028) and the 'Turning the Tide' public health strategy and acknowledged the challenges that needed to be overcome to

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address health inequalities, prevention, and early intervention opportunities to address wider mental health.

4.14 Child Health – Revised Universal Pathways

The Committee received an update on progress within the priority areas of the Universal Health Visiting Service, Children and Young Persons Mental Health and Board Assurance Framework Measures and approved Child Health as one of the Public Health priorities for 2022-23. The Committee noted that targets had been introduced with respect to delivery of the Universal Pathway and the number of children and young people accessing early intervention mental health services as part of the CYP MH Framework funding. The Committee were also assured that developmental concerns and child poverty were monitored within the Board Assurance Framework.

4.15 Child Oral Health Indicators: Update Following Publication of National Dental Inspection Programme Report 22/23

The Committee received an update on the data contained in the most recent National Dental Inspection Programme (NDIP) noting that the data suggested that there had been continued improvements in child oral health in Scotland and NHS GGC. The Committee were advised that the data available to date from Primary 1 and Primary 7 age cohorts indicated that the impact of the Pandemic had not affected the overall prevalence of dental decay experience, but is suggestive the severity of disease has worsened slightly for those with decay experience.

4.16 Annual Screening Report

The Committee received the Annual Screening Report which provided information on NHS GGC's screening programmes for the period 1 April 2022 to 31 March 2023. The Committee discussed the variances in uptake and were assured by the Board's priority areas.

4.17 Health and Wellbeing Survey Presentation

The Committee were advised that this was the first Health and Wellbeing Survey presentation post COVID and noted that the NHS GGC population continued to develop and grow, meaning consideration has to be given on how and where services are delivered. The Committee discussed the breadth of the work required and agreed to dedicate the March 2024 Board Seminar to Public Health.

4.18 Assurance Information Quarterly Report

The Committee were assured by quarterly updates on progress against the key priorities outlined in the Public Health Assurance Information Framework and noted the key areas of improvement and actions underway. The report included data on Weight Management & Type 2 Diabetes, drugs related deaths, child health, mental health awareness, vaccinations and premature mortality rates.

4.19 Extract from the Corporate Risk Register

The Committee received regular updates on the Corporate Risk Register and were advised of any proposed changes to the two risks assigned to the Committee - 2199 Pandemic Response, and 2060 Breakdown of failsafe mechanisms for Public Health Screening - all of which were approved. The Committee were assured that controls and mitigating actions as well as the risk scores were regularly reviewed.

5. Conclusion

Statement of Assurance

As Chair of the Population Health and Wellbeing Committee during financial year 2023/2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Rev John Matthews OBE

Chairperson

On behalf of Population Health and Wellbeing Committee

Population Health and Wellbeing Committee 2023/24**Present**

Name	Position	Organisation	18-Apr-23	04-Jul-23	17-Oct-23	23-Jan-24
Professor John Brown CBE	Board Chair (to 30 November 2023)	NHSGGC	A	AA	AA	-
Cllr Jacqueline Cameron	Non Executive Board Member	NHSGGC	P	P	AA	P
Dr Daniel Carter	Consultant in Public Health Medicine	NHSGGC	A	P	A	A
Professor Chik Collins	Director	Glasgow Centre for Population Health	A	P	P	A
Dr Emilia Crighton	Director of Public Health	NHSGGC	P	P	P	P
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	A	P	P	P
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	-	P	P	AA
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP	Renfrewshire HSCP	P		P	AA
Mr John Matthews OBE	Non Executive Board Member	NHSGGC	P	AA	P	P
Cllr Martin McCluskey	Non Executive Board Member	NHSGGC	P	P	AA	P
Ms Susanne Millar	Chief Officer	Glasgow City HSCP	A	AA	A	A
Ms Fiona Moss	Head of Health Improvement and Inequalities	Glasgow City HSCP	A	P	P	A
Dr Nicholas Phin	Director of Public Health Science	Public Health Scotland	A	P	P	A
Mr Francis Shennan	Non Executive Board Member	NHSGGC	P	AA	P	P
Ms Anne-Marie Monaghan	Non Executive Board Member	NHSGGC	P	AA	AA	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	AA	P	AA	P
Dr Lesley Thomson KC	Board Chair (from 1 December 2023)	NHSGGC	-	-	-	P

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In Attendance

Name	Position	Organisation	18-Apr-23	04-Jul-23	17-Oct-23	23-Jan-24
Ms Anna Baxendale	Head of Health Improvement, Public Health	NHSGGC	A	A	A	A
Dr Helen Benson	Consultant in Public Health	NHSGGC				A
Dr Daniel Carter	Consultant in Public Health	NHSGGC			A	
Mr John Dawson	Head of Strategy and Transformation	Public Health Scotland				A
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC		A	A	A
Dr Catherine Flanigan	Public Health	NHSGGC	A	A	-	-
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	A	-	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	-	A	A
Mr Neil Irwin	Service Lead	NHSGGC	A	A	A	
Ms Heather Jarvie	Public Health Programme Manager	NHSGGC				A
Dr Iain Kennedy	Consultant Public Health Medicine	NHSGGC	A	A		A
Ms Sara Khalil	Secretariat Officer	NHSGGC		A		
Mr Trevor Lakey	Health Improvement and Inequalities Manager	Glasgow City HSCP	-	P	-	-
Ms Katie Levin	Senior Researcher	NHSGGC				A
Dr Michael McGrady	Consultant in Dental Public Health	NHSGGC			A	A
Ms Margaret McGranachan	Public Health Researcher	NHSGGC				A
Dr Becky Metcalfe	Non Executive Board Member	NHSGGC	-	-	-	A
Dr Catriona Milosevic	Consultant in Public Health Medicine	NHSGGC				A
Linda Morris	Public Health Programme Manager	NHSGGC			A	
Ms Fiona Moss	Head of Health Improvement & Inequality	Glasgow City HSCP				A
Ms Marion O'Neil	General Manager, Public Health	NHSGGC			A	A
Dr Alison Potts	Consultant in Public Health	NHSGGC	-	-	-	A

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Name	Position	Organisation	18-Apr-23	04-Jul-23	17-Oct-23	23-Jan-24
Ms Uzma Rehman	Public Health Programme Manager	NHSGGC				A
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate and Community	NHSGGC				A
Ms Jac Ross	Equality and Human Rights Manager	NHSGGC	A	A		
Ms Val Tierney	Chief Nurse	West Dunbartonshire HSCP				A
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	A			
Dr Beatrix Von Wissmann	Consultant in Public Health	NHSGGC	A	A	A	A
Ms Beata Watson	Secretariat Officer	NHSGGC	A	-	A	A

Key

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

**Population Health and Wellbeing Committee
Schedule of Business Considered 2023/24**

Date of Meeting	Title of Business Discussed
18 April 2023	<ul style="list-style-type: none"> • Joint Health Protection Plan 2023-25 • Winter Epidemiology Update • Vaccination Programme • A Fairer NHSGGC - Snapshot Report 2022 - 2023
4 July 2023	<ul style="list-style-type: none"> • Harm Reduction Strategy • Drug Related Deaths – Service Update • Assurance Information Quarterly Report • Extract from the Corporate Risk Register
17 October 2023	<ul style="list-style-type: none"> • Urgent Items of Business <ul style="list-style-type: none"> a) Safe Injections Facilities • Obesity and Prevention and Early Intervention for Type 2 Diabetes Update • Epidemiology update • NHSGGC Vaccination Programme: Progress Report • Local Child Poverty Action Plans: <ul style="list-style-type: none"> a) West Dunbartonshire
23 January 2024	<ul style="list-style-type: none"> • Urgent Items of Business - Verbal update by the Director of Public Health • Child Health: <ul style="list-style-type: none"> • Revised Universal Pathways • Children and Young People Mental Health • Child Oral Health Indicators: Update following publication of National Dental Inspection Programme report for 2022/23 • Epidemiology Update

Version Control	April 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	
Date for review:	April 2025
Replaces previous version:	June 2023

Greater Glasgow And Clyde NHS Board Annual Report of the Remuneration Committee 2023/24

1. Introduction

- 1.1 The year 2023/24 saw meetings continued to be held in a hybrid model, with the Committee's Cycle of Business covered.
- 1.2 For the second year in succession, the November meeting was cancelled due to a lack of business items, with the Committee approving a revised Cycle of Business for 2024/25, taking cognisance of this.

2. Purpose

- 2.1 To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Remuneration Committee

3.1 Purpose of Committee

- 3.1.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL(1993)114 and subsequent amendments. This includes approval of delivery of the Corporate Objectives and areas as outlined in the Scheme of Delegation as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
- 3.1.2 The Committee will 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.
- 3.1.3 The Committee 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, terms of employment, basic pay and performance related pay increases.

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- 3.1.4 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 3.1.5 The Committee will 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.
- 3.1.6 The Committee will 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.
- 3.1.7 The Committee will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

3.2 Composition

- 3.2.1 During the financial year ending 31 March 2024 membership of the Remuneration Committee comprised:

Chair:

Mr Ian Ritchie

MEMBERSHIP

- Reverend John Matthews OBE (Vice-Chair)
- Prof John Brown CBE (until 30 November 2023)
- Ann Cameron Burns, Employee Director
- Cllr Jacqueline Cameron
- Jane Grant, Chief Executive
- Ketki Miles
- Dr Lesley Thomson KC, Board Chair (from 1 December 2023)

IN ATTENDANCE

- Kim Donald, Corporate Services Manager - Governance
- Anne MacPherson – Director of Human Resources and Organisational Development

3.3 Meetings

- 3.3.1 The Committee met on three occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 28 June 2023
- 31 July 2023
- 13 February 2024

- 3.3.2 The attendance schedule is attached at Appendix 1.

3.3.3 All meetings of the Remuneration Committee were quorate.

3.4 Business Outcomes

3.4.1 The Committee considered both routine and specific work areas during the financial year 2023/24.

3.4.2 Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at Appendix 2.

3.5 Update on Executive and Senior Manager Appointments, Leavers, Interim Arrangements and Changes

3.5.1 The Committee received a written update from the Chief Executive regarding the appointment to Executive Director positions across 2023/24. The Committee were assured that coaching and mentoring were available, along with succession planning.

3.6 Executive and Senior Manager Performance Appraisals Outcomes

3.6.1 The Committee received assurance from the Chief Executive and Board Chair as Grandparent, regarding the performance outcome of the Executive Directors including those members of staff who were given a 'Superior' performance outcome and outlining the reasoning behind the performance ratings.

3.7 Staff Governance Committee

3.7.1 As detailed within the Terms of Reference, the Staff Governance Committee is provided with assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

3.7.2 During 2023/24, verbal updates on the business of the Remuneration Committee were provided at the Staff Governance Committee through the Employee Director. These updates highlighted that the Staff Governance Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers/Interim Arrangements and Changes
- Noted Consultants' Discretionary Points Outcomes
- Noted an update on ESM Pay Arrangements for 2023/24
- Approved the Chief Executives 2022/23 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts

4. Conclusion and Statement of Assurance

4.1 As Chair of the Remuneration Committee during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

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- 4.2 We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. We thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

Mr Ian Ritchie
Chair
On behalf of Remuneration Committee

Remuneration Committee 2023-24

PRESENT

NAME	POSITION	ORGANISATION	28/06/2023	31/07/2023	13/02/2024
Ian Ritchie	Chair	NHSGGC	P	P	P
Rev John Matthews OBE	Vice Chair	NHSGGC	A	A	P
Prof John Brown CBE	Member/Board Chair	NHSGGC	P	P	-
Ann Cameron Burns	Member	NHSGGC	P	P	P
Cllr Jacqueline Cameron	Member	NHSGGC	P	A	A
Jane Grant	Member/Chief Executive	NHSGGC	P	A	P
Ketki Miles	Member	NHSGGC	P	P	P
Dr Lesley Thomson KC	Member/Board Chair	NHSGGC	-	-	P

IN ATTENDANCE

NAME	POSITION	ORGANISATION	28/06/2023	31/07/2023	13/02/2023
Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P
Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P

Key

- P - Present
- A - Absent - apologies received
- Attendance not required

APPENDIX 2

**Remuneration Committee
Schedule of Business Considered 2023-24**

Date of meeting	Title of Business Discussed
28 June 2023	<p>Minutes of Meeting held on 07 March 2023</p> <p>Matters Arising</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business</p> <ul style="list-style-type: none"> • None <p>Performance Appraisal Chief Executive Direct Reports Performance Outcomes Remaining Executive Cohort Performance Outcomes Senior Manager Performance Outcomes</p> <p>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</p> <p>Employee Director's Report of Staff Governance Committee</p> <p>AOB</p>
31 July 2023	<p>Minutes of Meeting held on 28 June 2023</p> <p>Performance Appraisal Chief Executive Performance Outcome 2022/23 and 2023/24 Objectives</p> <p>The Committee as the Grandparent Reviewers agreed with the Chairs report on the outcome of the Chief Executives Performance Appraisal.</p> <p>Remuneration Committee: Annual Report 2022/23</p>
13 February 2024	<p>Minutes of Meeting held on 28 June 2023</p> <p>Matters Arising</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business</p> <ul style="list-style-type: none"> • None <p>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</p> <p>Update on Executive and Senior Manager Pay Arrangements</p> <p>Consultants' Discretionary Points Process and Outcomes</p>

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Date of meeting	Title of Business Discussed
	<p>Remuneration Arrangements for Non-Executive Members of the NHS Board Update</p> <p>Performance Appraisal 2022/23 (One outstanding ESM Grade A not completed for inclusion at 28 June 2023 meeting, due to staff absence)</p> <p>Remuneration Committee Terms of Reference</p> <p>Remuneration Committee Cycle of Business 2024/2025</p> <p>Employee Director's Report of Staff Governance Committee</p>



**Greater Glasgow and Clyde NHS Board
Annual Report of the Staff Governance Committee 2023/24**

1. PURPOSE

1.1 To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that all Standing Committees submit an annual report to the Board. This report is submitted in fulfilment of this requirement for the Staff Governance Committee.

2. STAFF GOVERNANCE COMMITTEE

2.1 Purpose of the Staff Governance Committee

2.1.1 The purpose of the Staff Governance Committee (the Committee) is to provide assurance to the Board that NHS Greater Glasgow and Clyde (NHSGGC) 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.

2.1.2 The Committee seeks 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.

2.1.3 The Committee ensures that structures and policies are in place to provide assurance that, as set out in the NHS Scotland Staff Governance Standard, all 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.

2.1.4 Each Health and Social Care Partnership (HSCP), Acute Service and Corporate Directorate have their own Staff Governance arrangements and structure. Compliance with the Standard is monitored through the

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outputs on the workforce performance reports and through presentations, on a rotational basis, from the relevant Chief Officer / Director for each area to the Staff Governance Committee.

- 2.1.5** In addition to the above, NHSGGC compliance with the Staff Governance Standard is reviewed through a series of implementation plans and strategies, service presentations, policy review and regular NHSGGC Workforce Strategy implementation plan updates.

2.2 Composition

- 2.2.1** During the financial year ending 31 March 2024, membership of the **Staff Governance Committee** comprised:

Joint Chairs:

A Cameron-Burns, Employee Director (Joint Chair)
K Miles, Non-Executive Director (Joint Chair)

MEMBERSHIP

Dr L Thomson KC, Board Chair (from 1 December 2023)
Prof J Brown CBE, Board Chair (until 30 November 2023)
J Grant, Chief Executive
M Ashraf, Non-Executive Director
Cllr C McDiarmid, Non-Executive Director
Cllr M McGinty, Non-Executive Director
Dr P Ryan, Non-Executive Director
F Shennan, Non-Executive Director
C Vincent, Non-Executive Director

IN ATTENDANCE (DETAIL AS PER APPENDIX 1)

M Allen, Senior Administrator
Dr J Armstrong, Medical Director
K Berchtenbreiter, Head of Human Resources – Corporate Services
D Brown, Director of Digital Services
F Carmichael, Staff Side Lead, Acute Partnership Forum
B Culshaw, Chief Officer, West Dunbartonshire Health and Social Care Partnership (HSCP) (representing HSCPs)
K Donald, Corporate Services Manager – Governance
W Edwards, Chief Operating Office, Acute Services
G Gall Head of Human Resources – West Dunbartonshire HSCP
A Gibson, Chief Risk Officer (until 13 June 2023)
Dr U Graham, Consultant in General Adult Psychiatry / Secondary Care Appraisal Lead
B Greene, Head of Human Resources – Inverclyde and Renfrewshire HSCPs
K Heenan, Chief Risk Officer (from 2 October 2023)
D Hudson, Staff Experience Advisor / iMatter Operational Lead
H Jackson, Head of Health and Care (Staffing) (Scotland) Act Programme

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M Macdonald, Head of Learning and Education
A MacPherson, Director of Human Resources & Organisational Development
D Mann, Head of Organisational Development, Acute and Corporate
M McCarthy, Staff Side Lead, Glasgow City HSCP Staff Partnership Forum
A McCready, Staff Side Lead, Non City HSCP Staff Partnership Forum & East Renfrewshire HSCP Staff Partnership Forum
D McCrone, Staff Side Lead, Staff Partnership Forum, Inverclyde HSCP & West Dunbartonshire HSCP Staff Partnership Forum
N McSeveney, Deputy Director of Communications
S Millar, Chief Officer, Glasgow City HSCP
S Munce, Head of Workforce Planning and Resources
J Murray, Chief Officer, East Renfrewshire HSCP
Dr M Pay, Workforce Strategy Manager
Dr C Perry, Director of Medical Education
E Quail, Area Partnership Forum Staff Side Secretary / Area Partnership Forum Secretariat
C Reid, Human Resources Manager, East Renfrewshire HSCP
C Rennie, Workforce Planning Manager
K Rocks, Chief Officer, Inverclyde HSCP
N Smith, Depute Director of Human Resources
J Somerville, Head of Occupational Health
L Spence, Head of Staff Experience
E Vanhegan, Director of Corporate Services and Governance
Prof A Wallace, Executive Director of Nursing
A Walton, Staff Side Partnership Lead (Area Partnership Forum)
F Warnock, Head of Health and Safety
S Wilson, Senior Business and Development Manager

2.3 Meetings

2.3.1 During the period 1 April 2023 to 31 March 2024, the Committee met on four occasions, on the undernoted dates:

- 23 May 2023
- 22 August 2023
- 7 November 2023
- 20 February 2024

The attendance schedule is attached at **Appendix 1**.

2.3.2 All meetings of the Staff Governance Committee were quorate.

2.4 Business

2.4.1 The Committee considered both routine and specific work areas during the financial year 2023/24. Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at **Appendix 2**.

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2.4.2 The Committee gave due consideration to the four pillars outlined in the Workforce Strategy, whilst also seeking assurance that the work programme was aligned to the Board Objectives and Operational Priorities

2.4.3 Service Assurance Presentations

2.4.3.1 The Committee received Service Assurance Presentations from a number of Directorates and Health and Social Care Partnerships, with each providing an update on how they were meeting the five strands of the Staff Governance Standard and providing a case study, focussed on a key achievement.

West Dunbartonshire Health and Social Care Partnership

2.4.3.2 Key achievements included the development and launch of a Workforce Plan, improved communication channels, a new Health and Care Centre in Clydebank, embedding the Clinical Care and Governance Committee across the HSCP and development sessions for Senior and wider Management Teams.

2.4.3.3 'Musculoskeletal Physiotherapy Wellbeing' was presented as the HSCP's case study. The service focussed on the wellbeing of staff, taking a five strand approach – Awareness, Learning, Physical Activity, Connection and Kindness. Feedback from staff was positive, with plans in place to build on this work through the delivery of trauma informed workforce training and implementation of the Health and Care Professions Council new standard of proficiency.

Public Health Directorate

2.4.3.4 Key achievements included participation and engagement in Investors in People accreditation (Corporate Cluster), establishment of a Directorate Staff Forum, creation of a Public Health Directorate Monthly Team Brief and creation of a Refreshed Operational Plan, with a focus on clearer decision making and communication within the Directorate.

2.4.3.5 Workforce Development was presented as the Directorate's case study. The newly created SharePoint site provides a single, easily accessible and useable hub for colleagues to help identify development opportunities and requirements. It offers comprehensive guides and hosts an online catalogue of relevant learning and development opportunities. Staff feedback received was extremely positive.

East Renfrewshire Health and Social Care Partnership

2.4.3.6 Key achievements included regular communications and briefings, a collaborative pandemic response across the HSCP supported by Staff

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Partnership, a smooth transition to digital working and wellbeing activity, supported by the appointment of a staff wellbeing officer.

- 2.4.3.7** The development of a programme of staff wellbeing was presented as the HSCP's case study. This was developed through the employment of a dedicated Wellbeing Officer, a Staff wellbeing survey, individual mental health and wellbeing assessments offered to all staff, the delivery of seasonal programmes of wellness and the development of a dedicated wellbeing intranet page. The programme delivered an integrated approach to health and wellbeing, with tailored local support for staff and more accessible activities.

eHealth Directorate

- 2.4.3.8** Key achievements included the establishment of a comprehensive Digital Strategy for the Board, establishing an eHealth Partnership Forum and the development of a Staff Engagement Plan.
- 2.4.3.9** The Directorate showcased enhancing staff engagement as its case study. This was delivered through inclusive, regular staff information sessions, exploring strategic priorities and best practice. These sessions strengthened communication, helped to enhance knowledge and improved cross-team working and understanding.

Glasgow City Health and Social Care Partnership

- 2.4.3.10** Key achievements included an improved iMatter response and action planning numbers, a programme of Collaborative Conversations with staff, a Business Administration review, launch of a Staff Mental Health and Wellbeing Group and continued progress of the joint Health and Safety Forum.
- 2.4.3.14** Engagement sessions for nursing staff was presented as the HSCP's case study, with opportunities for discussion of development work such as Transforming Nursing Roles agenda and input on the associated current workplans within each service.

Board Nursing Directorate

- 2.4.3.15** Key achievements included promoting staff wellbeing via proactive Personal Development Planning and Review, initiating weekly huddles and check-ins/outs, fostering collective ownership of challenges and opportunities and collaborating with the HR lead to support staff and reduce absences.
- 2.4.3.16** The Directorate showcased the 'Big Conversation' as their case study, highlighting how the feedback received on shared priorities and working together to achieve them will be used as the foundation for the development of the Nursing and Midwifery Strategy, which is due to be published in May 2024.

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Inverclyde Health and Social Care Partnership

- 2.4.3.17** Key achievements included the development of a new Social Care Workforce model, provision of a formal development framework for existing Social Work and Business Support Staff and the development of an Advanced Practitioner Framework.
- 2.4.3.18** The Partnership showcased 'Ideas to Action' as their case study, highlighting how this programme aimed to generate creative, innovative ideas from Children & Families staff. Participant feedback was extremely positive and the approach will now be rolled across our Health and Community Care and Mental Health, Addictions and Homelessness Services.

Acute Services Directorate

- 2.4.3.19** Key achievements including GRI and QEUH being ranked in the Newsweek annual World's Best Hospitals list, the Directorate's Leadership Development Programme and effective partnership working within the Directorate.
- 2.4.3.20** The Directorate showcased 'Schwartz Rounds' as their case study, highlighting how they offer all staff the time and a safe space to come together to discuss openly and honestly the social, emotional and ethical aspects of their work. Eleven 'Schwartz Rounds' have been run to date, with seven fully trained facilitators and positive feedback received from staff participating.

2.4.4 NHSGGC Workforce Strategy 2021-2025

- 2.4.4.1** The Committee continued to review and scrutinise progress of the Workforce Strategy 2021-2025 at each of its meetings. Notably, a defined Action Plan focusing on the third phase (1 April 2023 – 31 March 2024) was created and presented to the Committee, which provided assurance of progress.
- 2.4.4.2** At the final update for the financial year in February 2024, the Committee noted that of the 40 commitments made within the Workforce Strategy 2021-2025, 31 were complete, with eight in progress and one no longer a commitment.
- 2.4.4.3** As part of these progress reports, the Committee received focussed updates on specific elements of the Workforce Strategy, these being Workforce Equality, Widening Access to Employment, Leadership and Culture and Staff Experience, with highlights covered in 2.4.5 to 2.4.8, below.

2.4.5 Workforce Equality

- 2.4.5.1** The Committee noted that NHSGGC has a detailed Workforce Equality Action Plan 2020-2024 and a more focussed annual plan approved and managed via the Workforce Equality Group (WEG).

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Progress against this plan is scrutinised by the Committee annually to ensure it is contributing to the delivery of the strategic aim of a Better Workplace and is being delivered in line with the Staff Governance Standard and the organisational Values.

2.4.5.2 The Committee was provided with assurance in relation to Workforce Equality in May 2023, noting that nine out of ten of the actions from the 2022/23 Workforce Equality Group Action Plan had been completed, with one carried forward.

2.4.5.3 The 2023/24 plan was built around five underpinning themes. The table below sets out progress against those themes.

Theme	Highlights from the plan overseen by the Workforce Equality Group
Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.	<ul style="list-style-type: none"> • Webpage in place with connectors to People Management Guide and Equalities Manager Guide. • Survey to new managers gathered feedback to identify any gaps to add to webpage. Engagement with process will now be monitored, reviewed and developed as required to ensure currency.
Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.	<ul style="list-style-type: none"> • Delivery of Black History Month, Disability History Month, Pride, Speak Up! week. • Launch of Anti-racism campaign in March 2024. • Programme of 2023 collaborative conversations delivered in conjunction with liP clusters, with new 2024 programme of targeted conversations underway for teams with lower iMatter scores. • Equality, Diversity and Inclusion (EDI) Conference delivered with positive feedback from attendees. • EDI Follow on programme completed, with final session taking place in December 2023.
Ensure our data collection is legally compliant and is used to continuously improve the equality and diversity of our workforce.	<ul style="list-style-type: none"> • MS Teams form created with options for deployment being developed. Current approach needs to be reviewed to be compliant with DPIA/ Information Governance guidelines. • Automated digital staff engagement form being developed by NSS for integration into recruitment process.
Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> • Changes have been made to the Discretionary Points process to link the application form to the Equality Monitoring Form which will improve data analysis of the success rate of protected groups. Over 90% of staff applying for discretionary points in 2023 have completed their equality monitoring form. • New process around reporting take up of training and leadership programmes by staff with protected characteristics in place, with figures reported to the WEG from December 2023.

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<p>Ensure delivery of our equality commitments to the attraction, development, retention and career advancement opportunities of all employees within our diverse workforce.</p>	<ul style="list-style-type: none">• Recruitment and Selection Policy drafted in partnership and approved by HRSMT in December 2023. Aiming to launch in April following APF approval.• Pilot training module launched in October 2023 with full roll out to be implemented.• BME Leadership Programme in place. 30 applicants invited to be part of the programme.
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2.4.6 Widening Access to Employment

2.4.6.1 The Committee was assured around the Widening Access to Employment Action Plan, which is built on three themes – Apprenticeships, the Healthcare Support Worker (HCSW) Academy and Careers:

- At 31 March 2024, Active Modern Apprentices in training totalled 65, with the summer 2023 Recruitment Campaign Cohort totalling 31 of 33 available posts.
- The continued provision of HCSW Academy programmes, offering two weeks classroom training and three weeks placement activity, providing a guaranteed interview for a Band 2 HCSW Nursing post.
- Continued focus on school engagement to determine the best model of career insights and work experience post pandemic.

2.4.7 Leadership and Culture

2.4.7.1 The Committee was provided with assurance on the following key areas:

- Civility Saves Lives (CSL) – the programme has been rolled out across NHSGGC in Clusters, with an overarching organisation-wide group established to complement the regional groups.
- Investors in People (IiP) – the Inverclyde Royal Hospital Cluster, West Cluster, Clyde Cluster and the Corporate Services Cluster have successfully achieved IiP status. Working groups continue to monitor the development actions within the remaining Clusters in preparation for the reassessment.
- Senior Leadership Development Programme – this programme, targeting leaders across Acute and Corporate areas, was successfully delivered with participants continuing to be supported as learning is applied.
- Success Register – following the launch in August 2023, at 31 March 2024, the Success Register site pages on StaffNet have been visited on more than 13,000 occasions, with new entries reviewed and added to the Register weekly.

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2.4.8 Staff Experience

2.4.8.1 The Committee was provided with assurance around Staff Experience work, noting the following:

- Engagement with over 1000 employees through a programme of Collaborative Conversations and wider Engagement Programme – such as Pride, Black History Month and Disability History Month. In 2023, Collaborative Conversations were aligned with the Investors in People Clusters, with staff feedback informing the Cluster action plans.
- The Scottish Government annual Health and Social Care Staff Experience report showed that in 2023, NHSGGC continued to improve our iMatter results compared to 2022 for the three key metrics reported nationally, including an increase in response rates from 52% to 54%, an increase in our Employee Engagement Score from 76 to 77 and an increase in the percentage of action plans developed within 8 weeks from 49% to 55%. Encouragingly, of the 28 questions asked this year, 26 improved from 2022, with the other two remaining the same.
- The launch of a new Staff Hardship Fund, with 452 staff supported during 2023. All staff are provided with a holistic needs assessment by the Support and Information Service as part of the application process, with almost 50% of the staff seen referred on to further support such as financial or energy advice.
- Recognition as a Gold Employer for the Defence Employer Recognition Scheme and accredited as Carer Positive “Established”, improving on our previous Carer Positive “Engaged” accreditation.

2.4.9 Workforce Plan – Annual Update

2.4.9.1 The Committee was provided with assurance on Year One (2022/23) activity of the Workforce Plan, noting that of the 16 actions aligned to this period, eleven were completed with four delayed and one in progress.

2.4.9.1 The Committee approved the Year Two and Year Three (2023/25) Workforce Plan Action Plans, noting that Year Three timelines will be refined at the end of Year Two.

2.4.10 Safety, Health and Wellbeing

2.4.10.1 The Committee was provided with assurance in relation to Safety, Health and Wellbeing, noting that improvement activity had paused during COVID-19, due to limited ward access and that an innovative, streamlined approach, ensuring everybody takes responsibility for health and safety is being taken. The Committee was advised of a range of activities being developed and deployed, as outlined below:

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- Health and Safety Audits – Partnership work with safety representatives was highlighted as being particularly positive in this area. High Risk Audits for Falls, Moving & Handling, Violence & Reduction and Ligature Risk were designed and tested prior to launch.
- SHaW Task Calendar – Following its launch in August 2023, the Committee was advised that good progress had been made, with work with services across NHSGGC continuing to ensure the calendar becomes embedded within every part of the organisation.
- Statutory and Mandatory Health and Safety Executive (HSE) Training Compliance – Non-compliance relating to health and safety training programmes for Sharps, Falls and Moving and Handling competency assessments have a comprehensive performance framework in place to allow Directors and Chief Officers in each area to track progress.
- Enforcement Activity – At the November 2023 meeting, the Committee was advised that there were no new enforcement action notices received within the last 12 months to 7 November 2023. Subsequently, there has been activity during 2023/24 in this area and an update will be reported to the Committee on 21 May 2024.
- Ligature Risk – Following a Management review of ligature suicide risk across the Mental Health estate, a detailed action plan was created to record the activities being planned or delivered to reduce the risk of suicides and track progress to completion.

2.4.11 Staff Health Strategy

- 2.4.11.1** The Committee approved the Staff Health Strategy 2023–2025, noting that the Strategy covers a two-year period to enable alignment with the new updated Workforce Strategy which is due to be in place from 2025.
- 2.4.11.2** The Committee noted that actions within the Strategy focus on recovery and include strengthening support for mental health and wellbeing, promoting NHSGGC as a fair and healthy workplace, mitigating inequalities in health and support for managing attendance.
- 2.4.11.3** The Committee noted that, following Board approval, an action plan will be developed in partnership, through the Staff Health Strategy Group, to support delivery and assurance, with governance provided through the Corporate Management Team.

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2.4.12 Internal Communications and Employee Engagement Strategy

2.4.12.1 The Committee was provided with assurance on 2023/24 Action Plan activity in relation to the Internal Communications and Employee Engagement Strategy 2022-2025, noting the key deliverables and programmes implemented during 2023/24, including:

- Speak Up! campaign, aligned with national Speak Up week;
- Launch of the new intranet (Staffnet);
- A programme of Collaborative Conversations;
- The first Equality, Diversity and Inclusion Conference for managers;
- A programme of visits by Board members and Directors to local sites across NHSGGC;
- Engaging our nursing population in the development of a new nursing and midwifery strategy.

Following assurance by the Committee, the update was provided to the Board on 29 February 2024.

2.4.12.2 The Committee noted that the 2023 plan provided a number of useful platforms through which NHSGGC can engage with staff across the range of issues and opportunities faced as an organisation and that 2024 moves towards a delivery phase of using those mechanisms to embed the Employee Voice in all activity.

2.4.12.3 The Committee noted new actions in the 2024/25 Action Plan, including:

- Continuing to improve iMatter engagement rates through better linking our improvement activities with staff feedback and demonstrating this through continuous communications.
- Developing and implementing internal communications and engagement campaigns, to support the organisation to deliver agreed strategic objectives.
- Further developing communication channels for staff, including an assessment of options for staff currently not routinely accessing our digital systems.
- Developing a new framework to better measure the impact of internal communications, to inform future learning and improvement.
- Identifying and piloting innovative MS Teams apps for use corporately that support engagement and staff communications.

2.4.13 Medical Education and Revalidation

2.4.13.1 The Committee was assured by the Board Medical Director and Director of Medical Education's update on Medical Education and Revalidation during 2022/23. The main focus of the updates was in relation to quality control in medical education as well as the quality improvements and progress in the clinical units on enhanced monitoring within NHSGGC.

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- 2.4.13.2** The Committee noted that one unit, Psychiatry at IRH, has recently been de-escalated from enhanced monitoring (November 2023) following favourable Deanery visits and action plan reviews.
- 2.4.13.3** One unit remained on enhanced monitoring within NHSGGC: QEUH General Internal Medicine. Significant improvements have been made over the last few years, despite the current pressures that are being faced and preparation is underway for the proposed revisit in March 2024.
- 2.4.13.4** NHS Education Scotland issued Good Practice Letters in respect of 19 units following the Deanery Quality Review Panels which took place in September / October 2023. This follows positive feedback from trainees placed within those units.
- 2.4.13.5** Approximately 70% of the August 2023 incoming Foundation Year One Junior Doctors (FY1s) took up the option of a seven day induction period which allowed more time for key skills training and completion of statutory and mandatory training modules.
- 2.4.13.6** Active Bystander Training is now being offered to all medical and dental trainees, with the first taking place on 25 January 2024.
- 2.4.14 Health and Care Staffing Scotland Act Programme**
- 2.4.14.1** The Committee were provided for assurance with an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGGC.
- 2.4.14.2** The Committee noted that the Healthcare Safe Staffing programme supports the delivery of safe and high quality care by enabling NHS Boards to deliver effective workload and workforce planning so they have the right people with the right skills in the right place at the right time. This is in response to the Scottish Government committing to enshrining safe staffing in law through the Health & Care (Staffing) (Scotland) Act.
- 2.4.14.3** The Committee noted that NHSGGC had agreed to test all chapters of the Act, translating what Act compliance means to our professions and services, with other Boards testing Chapters in parallel to NHSGGC. This provided an opportunity for NHSGGC and our Delivery Partners to understand more fully what the Act means to us, influence secondary regulations surrounding the Act and plan implementation.
- 2.4.14.4** The Committee noted the importance of ensuring that all health and social care services are suitably staffed and that this provides our patients and service users with the same level of service provision regardless of where they live, as there will be equitable distribution of staffing resources within the Board.

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2.4.14.5 The Committee noted that following consideration of a final evaluation report in November 2023, a fully costed options appraisal was finalised in early 2024, with identified risks kept under review.

2.4.14.6 The Committee was assured that robust safe staffing processes exist and will seek further assurance during 2024/25 on the consistent application of safe staffing regulations and policies across the Board and that these are understood by staff.

2.4.15 Whistleblowing

2.4.15.1 The Committee was provided with an overview of whistleblowing activity during 2022/23 and was assured that whistleblowing investigations are taking place in line with the National Whistleblowing Standards introduced in April 2021.

2.4.15.2 The Committee was advised that Stage 1 Performance achieved 100% against the target of five working days, with Stage 2 Performance achieving 25% against the target of 20 working days. The Committee noted that that Stage 2 investigations are complex and involve site visits, interviews and review of multiple forms of evidence as it is important that investigations are thorough and robust.

2.4.16 Workforce Information Storyboard

2.4.16.1 The Committee was provided with assurance on a range of KPIs including establishment, staff turnover, staff availability, statutory and mandatory training compliance and Personal Development and Planning Review completion.

2.4.16.2 The Committee noted a reduction in annualised staff turnover during 2023/24 and that the exit interview process is being further developed to make it easier for employees and supervisors to capture additional detail regarding reasons for leaving.

2.4.16.3 The Committee noted that Action Plans and trajectories are in place and continually monitored for each area to reduce absence and support return to work, with focus on early intervention and enhanced support for stress-related absence.

2.4.16.4 The Committee noted an increase in statutory and mandatory training compliance to 91% during 2023/24, with Personal Development Planning and Review completion increasing to 54%. Local Action Plans are in place to support further increases.

2.4.17 Remuneration Committee

2.4.17.1 As detailed within the Terms of Reference, the Staff Governance Committee provides assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

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- 2.4.17.2** During 2023/24, verbal updates on the Remuneration Committee meetings of 7 March 2023, 28 June 2023, 31 July 2023 and 13 February 2024, were given by the Employee Director. These updates highlighted that the Remuneration Committee had:
- Been assured by the updates on Executive and Senior Manager Appointments, Leavers / Interim Arrangements and Changes;
 - Noted Consultants' Discretionary Points 2022/23 Outcomes;
 - Noted an update on ESM Pay Arrangements for 2023/24;
 - Approved the Chief Executives 2022/23 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts.
- 2.4.17.3** The Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee, in line with the Committee remit.
- 2.4.18** Details of other business items considered by the Committee during 2023/24 are attached at Appendix 2, including, NMC Referrals and Assurance and Risk Register updates.
- 2.4.19** The Staff Governance Committee also received reports from the Area Partnership Forum at each meeting. As well as providing highlights from all items discussed at the monthly APF meetings, these reports reflected that partnership working has been challenging over the last year due to the local need to consider efficiencies and develop sustainability and value programmes that may affect staff. We will continue to work in partnership to maximise engagement at all levels.
- 2.4.20** Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

3. CONCLUSION

- 3.1** The topics and summaries outlined in section 2.4 above, cover the range of items presented, with the Committee providing approval and receiving assurance throughout 2023/24, as required.

4. STATEMENT OF ASSURANCE

- 4.1** As Joint Chairs of the Staff Governance Committee during financial year 2023/24, we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective Staff Governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.
- 4.2** We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. We thank all those members of

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staff who have prepared reports and attended meetings of the Committee and NHS Greater Glasgow and Clyde for their excellent support of the Committee.

Ann Cameron-Burns

Ketki Miles

Joint Chairs

On behalf of the STAFF GOVERNANCE COMMITTEE

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Appendix 1

Staff Governance Committee Attendance Record – 2023/24

PRESENT

NAME	POSITION	ORGANISATION	Date 23/05/23	Date 22/08/23	Date 7/11/23	Date 20/02/24
A Cameron-Burns	Co-Chair	NHSGGC	P	P	P	P
K Miles	Co-Chair	NHSGGC	P	P	P	P
M Ashraf	Member/NED	NHSGGC	P	A	P	P
Prof J Brown	Member / Board Chair	NHSGGC	A	A	A	-
J Grant	Member / Chief Executive	NHSGGC	P	P	P	A
Cllr C McDiarmid	Member/NED	NHSGGC	P	P	P	A
Cllr M McGinty	Member/NED	NHSGGC	A	A	A	A
Dr P Ryan	Member/NED	NHSGGC	P	P	P	P
Mr F Shennan	Member/NED	NHSGGC	A	A	P	P
Dr L Thomson KC	Member / Board Chair	NHSGGC	-	-	-	P
Mr C Vincent	Member/NED	NHSGGC	P	P	P	P

IN ATTENDANCE

NAME	POSITION	ORGANISATION	Date 23/05/23	Date 22/08/23	Date 7/11/23	Date 20/02/24
M Allen	Senior Administrator	NHSGGC	P	P	P	P
Dr J Armstrong	Medical Director	NHSGGC	P*	A	P*	P*
K Berchtenbreiter	Head of Human Resources – Corporate Services	NHSGGC	P*	P*	P*	-
D Brown	Director of Digital Services	NHSGGC	-	P*	-	-
F Carmichael	Staff Side Lead, Acute Partnership Forum	NHSGGC	P	P	P	P

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NAME	POSITION	ORGANISATION	Date 23/05/23	Date 22/08/23	Date 7/11/23	Date 20/02/24
B Culshaw	Chief Officer, West Dunbartonshire HSCP	West Dun HSCP	P	P	A	A
K Donald	Corporate Services Manager – Governance	NHSGGC	P*	P*	-	-
W Edwards	Chief Operating Officer, Acute	NHSGGC	-	-	-	A
A Gibson	Chief Risk Officer	NHSGGC	P	-	-	-
G Gall	Head of Human Resources – West Dunbartonshire HSCP	NHSGGC	P*	-	-	-
Dr U Graham	Consultant in General Adult Psychiatry / Secondary Care Appraisal Lead	NHSGGC	P*	-	P*	-
B Greene	Head of Human Resources – Inverclyde and Renfrewshire HSCPs	NHSGGC	-	-	-	P
K Heenan	Chief Risk Officer	NHSGGC	-	-	P	P
D Hudson	Staff Governance Co-ordinator	NHSGGC	P	A	P	A
H Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme	NHSGGC	-	-	P*	-
M Macdonald	Head of Learning & Education	NHSGGC	-	P	P	P
A MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P	P
D Mann	Head of Organisational Development	NHSGGC	-	-	P	-
M McCarthy	Staff Side Lead, Glasgow City HSCP Staff Partnership Forum	NHSGGC	-	P	A	P
A McCready	Staff Side Lead, Non City HSCP Staff Partnership Forum & East Renfrewshire HSCP Staff Partnership Forum	NHSGGC	A	P	P	P

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NAME	POSITION	ORGANISATION	Date 23/05/23	Date 22/08/23	Date 7/11/23	Date 20/02/24
D McCrone	Staff Side Lead, Staff Partnership Forum, Inverclyde HSCP & West Dunbartonshire HSCP Staff Partnership Forum	Inverclyde HSCP	-	-	-	P
N McSeveney	Deputy Director of Comms	NHSGGC	-	-	-	P
S Millar	Chief Officer, Glasgow City HSCP	Glasgow City HSCP	-	-	P*	-
S Munce	Head of Workforce Planning and Resources	NHSGGC	P	P	-	-
J Murray	Chief Officer, East Renfrewshire HSCP	East Renfrewshire HSCP	-	P*	-	-
Dr M Pay	Workforce Strategy Manager	NHSGGC	-	P	A	P
Dr C Perry	Director of Medical Education	NHSGGC	-	P*		P*
E Quail	Staff Side Secretary / APF Secretariat	NHSGGC	P	P	A	A
C Reid	Human Resources Manager, East Renfrewshire HSCP	NHSGGC	-	P*	-	-
C Rennie	Workforce Planning Manager	NHSGGC	P	P	P	P
K Rocks	Chief Officer, Inverclyde HSCP	Inverclyde HSCP	-	-	-	P*
N Smith	Depute Director of Human Resources	NHSGGC	-	-	P	P
J Somerville	Head of Occupational Health	NHSGGC	-	P	-	-
L Spence	Head of Staff Experience	NHSGGC	P	P	P	P
E Vanhegan	Director of Corporate Services and Governance	NHSGGC	A	-	-	-
Prof A Wallace	Executive Director of Nursing	NHSGGC	P	P	P	P
A Walton	Staff Side Partnership Lead (Area Partnership Forum)	NHSGGC	P	P	A	P
F Warnock	Head of Health and Safety	NHSGGC	-	-	P	-

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NAME	POSITION	ORGANISATION	Date 23/05/23	Date 22/08/23	Date 7/11/23	Date 20/02/24
S Wilson	Senior Business and Development Manager	NHSGGC	-	-	P	-

Key

P – Present

A – Absent – apologies received

P* – Present for relevant agenda item only

- Attendance not required

**Staff Governance Committee
Schedule of Business Considered 2023/24**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
23 May 2023	<p>Minutes of Meeting held on 21 February 2023</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • Industrial Action Update <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentations: <ul style="list-style-type: none"> ○ West Dunbartonshire Health and Social Care Partnership ○ Public Health Directorate <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Workforce Strategy Action Plan and Equality Update • Staff Governance Committee Annual Report 2022/23 <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Medical Revalidation • Staff Governance Workforce Performance Report • Area Partnership Forum Report • Human Resources Risk Register • Annual Review of Terms of Reference • Remuneration Committee Update
22 August 2023	<p>Minutes of Meeting held on 23 May 2024</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • Industrial Action Update <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentations: <ul style="list-style-type: none"> ○ East Dunbartonshire Renfrewshire Health and Social Care Partnership ○ Digital Services / eHealth Directorate • Staff Health Strategy <p>Reports that Support Compliance with the Staff Governance Standard:</p>

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DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> • Workforce Strategy Action Plan and Widening Access to Employment Update • Nursing and Midwifery Council Referrals and Assurance (Annual Report) <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Medical Education Governance • Workforce Plan Action Plan Update • Audit Plan Update • Staff Governance Workforce Performance Report • Area Partnership Forum Report • Whistleblowing Annual Report • Human Resources Risk Register • Remuneration Committee Update
<p>7 November 2023</p>	<p>Minutes of Meeting held on 22 August 2023</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • Sexual Harassment <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentation: <ul style="list-style-type: none"> ○ Glasgow City Health and Social Care Partnership ○ Nursing Directorate • Safety, Health and Wellbeing • Staff Governance Annual Monitoring Return 2022/23 <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Workforce Strategy Action Plan and Leadership and Culture Update • Health and Care Staffing Scotland Act Programme <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Medical Revalidation • Staff Governance Workforce Performance Report • Human Resources Risk Register • Area Partnership Forum Report
<p>20 February 2024</p>	<p>Minutes of Meeting held on 7 November 2023</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • None

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DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none">• Assurance Presentation:<ul style="list-style-type: none">○ Inverclyde Health and Social Care Partnership○ Acute Services• Internal Communications and Employee Engagement Strategy Update• iMatter Update <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none">• Workforce Strategy Action Plan and Staff Experience Update <p>Other Relevant Reports:</p> <ul style="list-style-type: none">• Medical Education Governance• Staff Governance Workforce Performance Report• Human Resources Risk Register• Area Partnership Forum Report• Cycle of Business 2024/25

NHSGGC Strategies

Strategies, Frameworks and Plans - NHSGGC

NHSGGC Moving Forward Together	<u>Moving Forward together - NHSGGC</u>
Moving Pharmacy Forward	<u>Moving Pharmacy Forward - A Strategic Framework 2021-2026 - NHSGGC</u>
Turning the Tide Through Prevention	<u>Turning the tide through prevention: Public Health strategy 2018-2028 (scot.nhs.uk)</u>
Stakeholder Communication and Engagement Strategy	<u>Stakeholder Communications and Engagement Strategy 2024-2027 - NHSGGC</u>
Internal Communication and Staff Engagement Strategy	<u>Internal Communications and Employee Engagement Strategy 2022 - 2025 - NHSGGC</u>
Primary Care Strategy	<u>Primary Care Strategy 2024-2029 - NHSGGC</u>
Public Protection Strategy	<u>Public Protection Strategy 2023-2026 - NHSGGC</u>
Staff Health Strategy	<u>Staff Health Strategy 2023-2025 - NHSGGC</u>
Workforce Strategy	<u>Workforce Strategy 2021-2025 - NHSGGC</u>
Digital Strategy	<u>Digital Health & Care Strategy - Digital On Demand 2023-2028 - NHSGGC</u>
Best Start	<u>Best Start - A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland - NHSGGC</u>
Equalities Strategy	<u>Equalities Strategy: A Fairer NHSGGC 2020-2024 - NHSGGC</u>
Quality Strategy	