

# SCOTTISH HOSPITALS INQUIRY

**Bundle of document for Oral hearings  
commencing from 13 May 2025 in relation  
to the Queen Elizabeth University Hospital  
and the Royal Hospital for Children,  
Glasgow**

**Bundle 42 – Volume 5**

**Previously Omitted Board Minutes and  
Relevant Papers (2021-2024)**

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

## 1. Purpose

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

To present the Governance Framework Review to the NHS Board, for approval of the combined governance framework which includes:

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

## 2. Executive Summary

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

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

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

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

standards set out in the Blueprint for Good Governance. The national process through the NHS Scotland Corporate Governance Steering Group to implement NHS Scotland's 'A Blueprint for Good Governance' continues. This nationally led work has resulted in the introduction of nationally consistent NHS Board Standing Orders. Further publications are still expected in respect of Schemes of Delegation and Terms of Reference for all mandatory committees. Mandatory committees are described as; Staff Governance Committees, Audit and Risk Committees and Clinical and Care Governance Committees.

**The following are key issues for noting and consideration:**

**Code of Conduct**

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

**Standing Orders**

NHS Board Standing Orders remain unchanged from September 2020.

**Standing Financial Instructions**

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

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

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

Clarification of approval of capital investments, acquisitions and disposals.

**Committee Terms of Reference**

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

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

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

### **Governance Committee Annual Reports**

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

## **3. Recommendations**

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

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

## **4. Response Required**

This paper is presented for approval.

## **5. Impact Assessment**

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

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

## **6. Engagement & Communications**

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

## **7. Governance Route**

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

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

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

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

Date Prepared: 17 September 2021

Date Issued: 17 September 2021



NHS Greater Glasgow and Clyde  
Governance Framework  
September 2021

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



**CODE of CONDUCT**  
**for**  
**MEMBERS**  
**of**  
***NHS GREATER GLASGOW & CLYDE***

## **CODE OF CONDUCT for MEMBERS of NHS GREATER GLASGOW & CLYDE**

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## **SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT**

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.

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

1.4 As a member of NHS Greater Glasgow & Clyde “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

### **Appointments to the Boards of Public Bodies**

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

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

## Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

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

## Enforcement

1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

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

### Duty

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

### Selflessness

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

### Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

**Objectivity**

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

**Accountability and Stewardship**

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

**Openness**

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

**Honesty**

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

**Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

**Respect**

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

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

**SECTION 3: GENERAL CONDUCT**

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

**Conduct at Meetings**

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

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

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

**Remuneration, Allowances and Expenses**

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

**Gifts and Hospitality**

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

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

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

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a

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

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

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

### **Confidentiality Requirements**

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

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

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

### **Appointment to Partner Organisations**

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

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



## SECTION 4: REGISTRATION OF INTERESTS

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

4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex B** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### Category One: Remuneration

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:

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

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

**Category Four: Houses, Land and Buildings**

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

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

**Category Five: Interest in Shares and Securities**

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

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

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

**Category Six: Gifts and Hospitality**

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

**Category Seven: Non-Financial Interests**

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

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially

affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

## SECTION 5: DECLARATION OF INTERESTS

### General

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

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

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

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

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

### Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

### **Your Financial Interests**

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

- (a) as an employee of the Board; or
- (b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;

you do not, for that reason alone, have to declare that interest.

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

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

### **Your Non-Financial Interests**

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

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or



- (ii) that interest would fall within the terms of the objective test.

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

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

### **The Financial Interests of Other Persons**

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

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

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

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

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

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.

### **The Non-Financial Interests of Other Persons**

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

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;

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

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

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

### **Making a Declaration**

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

### **Frequent Declarations of Interest**

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

### **Dispensations**

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

## **SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES**

### **Introduction**

6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

### **Rules and Guidance**

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to



ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work:-

- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
- (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

**ANNEX A****SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE**

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

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

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

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

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

## ANNEX B

### DEFINITIONS

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

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

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

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

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

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

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

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

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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

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

**1 General**

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

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

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

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

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

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

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

Board Members – Ethical Conduct

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



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

## **2 Chair**

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

## **3 Vice-Chair**

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

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

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



## BOARD OFFICIAL

- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. This standardises the approach across NHS Scotland Boards. However, NHSGGC will continue to convene meetings of the Board by issuing to each Member, not less than 5 working days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- 4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.

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

## **5 Conduct of Meetings**

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

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

### Quorum

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

## BOARD OFFICIAL

- 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

## BOARD OFFICIAL

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

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

*Board Meeting in Private Session*

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

Minutes

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

## BOARD OFFICIAL

**6 Matters Reserved for the Board**Introduction

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

**7 Delegation of Authority by the Board**

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

## BOARD OFFICIAL

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

## 8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## 9 Committees

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



## BOARD OFFICIAL

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

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# NHS Greater Glasgow and Clyde

## Standing Financial Instructions



# Standing Financial Instructions

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
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## NHS Greater Glasgow & Clyde Standing Financial Instructions

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## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 1

#### INTRODUCTION AND CODE OF CONDUCT FOR STAFF

##### 1.1 GENERAL

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

These Instructions are issued in accordance with the National Health Service (Financial Provisions) (Scotland) Regulations 1974, Regulation 4, together with the subsequent guidance and requirements contained in NHS Circular No. 1974 (GEN) 88 and annex, the Scotland Act 1998 and MEL(1994) 80, for the regulation of the conduct of the Board, its members and officers, in relation to financial matters. They also reflect the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

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

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

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

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

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

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

##### 1.2 CODE OF CONDUCT FOR STAFF

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

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

- The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48];
- A Common Understanding 2012 Working Together for Patients;
- The NHSGGC Whistleblowing Policy;
- The NHSGGC Fraud Policy.

The Code provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard

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contract of employment and all staff are required to adhere to the Code. Key principles underpinning the Code include the following:

NHSGGC is committed to the three essential public values.

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

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

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

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

### 1.3 **TERMINOLOGY**

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

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

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

### 1.4 **RESPONSIBILITIES AND DELEGATION**

The Board will exercise financial supervision and control by:-

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

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

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

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

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control.

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

1. the design, implementation and supervision of systems of financial control including the adoption of Standing Financial Instructions and the maintenance of effective internal audit arrangements;
2. the preparation, documentation, implementation and maintenance of NHSGGC's financial policies, procedures and systems in support of a comprehensive control environment;
3. the co-ordination of any corrective action necessary to further these policies, procedures and systems;
4. the preparation and maintenance of such accounts, costs, estimates etc. for the purposes of carrying out NHSGGC's duties and establishing with reasonable accuracy NHSGGC's financial position;



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5. the provision of financial advice to NHSGGC's Board and its officers;
6. the accurate and timely submission to the Scottish Government Health and Social Care Directorates of Annual Accounts and such other reports, returns and monitoring information as may be required to allow the SGHSCD to discharge its responsibilities.

### 1.5 **MODIFICATION AND INTERPRETATION**

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

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

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

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

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

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

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

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 2

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

##### **2.1 INTRODUCTION**

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

##### **2.2 ALLOCATIONS AND REVENUE PLAN**

The Director of Finance will:

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

##### **2.3 PREPARATION AND APPROVAL OF BUDGETS**

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

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



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

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

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

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

### 2.4 **BUDGETARY DELEGATION**

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

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

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

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

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

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

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

Where the Board's financial contribution to an HSCP for delegated functions is underspent in year, and the underspend arises from specific management action, in line with the Integration Scheme and the IJB Reserves policy, this will be retained by the Integration Joint Board to either, with the exception of ring fenced budgets, fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic

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Plan subject to the terms of the Integration Joint Board's Reserves Strategy. The exception is where an unplanned underspend arises due to material differences in the assumptions used in setting the payment to the joint board. In these cases the underspend will be returned to the Board in year and the Board's financial contribution will be adjusted recurrently.

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

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

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

### 2.5 **BUDGETARY CONTROL AND REPORTING**

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

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

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

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

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

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

### 2.6 **MONITORING RETURNS**

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

### 2.7 **CAPITAL EXPENDITURE**

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

### 2.8 **SCHEME OF DELEGATION**

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

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

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

### 2.9 **PROJECT AUTHORISATION**

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

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

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

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8. risk management - plan for management of implementation and financial risks associated with preferred option; and
9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

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

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

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

### 2.10 **REGIONAL PLANNING**

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

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



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### 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 (FRM), 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.

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 4

#### AUDIT

#### **4.1 AUDIT AND RISK COMMITTEE**

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

The purpose of the Audit and Risk Committee is to assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control and risk management is in place to ensure that:

1. business is conducted in accordance with the law and proper standards governing the NHS and its interface with partner organisations;
2. public money is safeguarded and properly accounted for;
3. financial statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and
4. reasonable steps are taken to prevent and detect fraud and other irregularities.

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

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

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

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

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

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

#### **4.2 EXTERNAL AUDIT**

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

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

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

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

The Director of Finance will ensure that:-

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

The Audit and Risk Committee is responsible for the oversight of the Board's relations with the external auditors including reviewing the scope of the annual audit plan. The external auditor will normally be expected to attend Audit and Risk Committee meetings and has a right of access to the Chair of the Board, all Audit and Risk Committee Members and other Members of the Board. The external auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

### 4.3 DIRECTOR OF FINANCE

The Director of Finance is responsible for:

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

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

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

### 4.4 **INTERNAL AUDIT**

The role of internal audit will be based upon the guidance contained in the Public Sector Internal Audit Standards (PSIASS). These standards are mandatory and specifically it will be the responsibility of the Chief Internal Auditor/Audit Manager to effectively manage the internal audit activity to ensure it adds value to the organisation.

The role of the internal audit team should include:

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

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

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

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

1. the timetable for completion of reports and provision of responses will be as agreed between the Chief Internal Auditor/Audit Manager and the Director of Finance.
2. where, in exceptional circumstances, the use of normal reporting channels would be seen as a possible limitation of the objectivity of the audit, the Chief Internal Auditor/Audit Manager will seek the advice of the Chairman of the Audit and Risk Committee or Chairman or Vice Chairman of the Board.
3. failure to take any necessary remedial action within a reasonable period will be reported to the Chief Executive.



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

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

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

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

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

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

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### SECTION 5

#### BANKING ARRANGEMENTS

##### **5.1 GENERAL**

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

##### **5.2 BANKING PROCEDURES**

All funds will be held in accounts in the name of NHSGGC, subject to para 5.5 on Project Bank Accounts, and accounts may only be opened by the Director of Finance. Bank accounts operated by members of staff in any capacity should not be addressed to Board premises without the approval of the Director of Finance. Similarly non-NHSGGC entities should not use Board premises as an address for correspondence as to do so may imply a relationship with the Board.

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

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

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

The Director of Finance is responsible for:

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

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

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

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

The Director of Finance will advise NHSGGC's bankers of the conditions under which any on-line banking service to which NHSGGC subscribes is to be operated, including lists of those

## NHS Greater Glasgow & Clyde Standing Financial Instructions

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.

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 6

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

##### **6.1 INCOME SYSTEMS**

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

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

##### **6.2 INCOME FROM EXTERNAL BODIES**

Where services are provided to external bodies, and the fees or charges are not determined by SGHSCD or by Statute, those responsible for that service must ensure that an appropriate charge is made which recovers all relevant overheads. These charges should be reviewed annually. Independent professional advice on matters of valuation will be taken as necessary. 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: | <ul style="list-style-type: none"> <li>a) the Director of Finance</li> <li>b) the Assistant Director of Finance – Financial Services, Capital and Payroll</li> </ul>                       |
| Acute: | <ul style="list-style-type: none"> <li>a) the Director of Finance</li> <li>b) the Assistant Director of Finance – Acute and Access</li> <li>c) the Directorate Heads of Finance</li> </ul> |

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

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

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

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

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

##### **6.3 GRANTS AWARDED BY OTHER PARTIES**



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

### 6.4 **DEBT RECOVERY**

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

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

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

### 6.5 **SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

The Director of Finance is responsible for ensuring:

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

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

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

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

Cash balances held on NHSGGC premises will be kept to the minimum required for the provision of NHSGGC services. Any increase or decrease in the level of funds held, whether temporary to cover exceptional periods or permanent, must be authorised by the Head Cashier.

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

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

Keys should be held on the keyholder's person or kept secure at all times. Keys should not be kept in, or on, desks (either hidden or otherwise). A spare safe/petty cash key should be held by a manager outwith the Cash Office for instances where the keyholder has an

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

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

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

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### SECTION 7

#### HEALTHCARE SERVICE PROVISION

##### **7.1 INTRODUCTION**

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

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

Appropriate agreements should be in place for:

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

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

##### **NHS Bodies**

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

In addition, the Director of Finance will ensure that:

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

##### **Non-NHS Organisations**

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

##### **7.2 VOLUNTARY SECTOR ORGANISATIONS AND GRANT FUNDING**

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

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

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

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

As NHSGGC is a public body we must consider whether any funding which the Board provides may contravene subsidy control rules.

### 7.3 **GRANTS AWARDED TO NHSGGC BY OTHER PARTIES**

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

### 7.4 **JOINT FUNDING**

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

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



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### SECTION 8

#### PAY EXPENDITURE

##### **8.1 REMUNERATION**

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

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

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

##### **8.2 STAFF APPOINTMENTS, CHANGES AND TERMINATIONS**

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

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

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

##### **8.3 PROCESSING OF PAYROLL**

The Director of Finance is responsible for ensuring:

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

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

### 8.4 PROCESSING OF EXPENSES

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

### 8.5 AUTHORISATION

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

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

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

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

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

### 8.6 RESPONSIBILITIES OF EMPLOYEES

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

### 8.7 CONTRACT OF EMPLOYMENT

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

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

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

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### SECTION 9

#### NON-PAY EXPENDITURE

##### **9.1 INTRODUCTION**

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

##### **9.2 STAFF RESPONSIBILITIES**

The Director of Finance will ensure that:

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

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

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

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

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

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



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

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

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

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

### 9.3 **NON-PAY EXPENDITURE APPROVAL PROCESS**

#### **Budgetary Control**

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

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

#### **Tendering and Quotations**

All contracts and purchases will be tendered in accordance with SFI10 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates

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

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

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

### Contracts

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

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

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

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

### Purchase Indents

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

### Authorisation

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

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

### Delegation of Authority

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

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

Indents/Requisitions for supplies can only be authorised by the budget holder of the directorate or department (or someone formally delegated with that authority) where the expenditure is planned and covered by available funds. The Director of Finance will ensure

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that there is a list of authorised signatories maintained for this purpose. Such delegated authority will be embedded in any electronic purchasing systems.

### Purchase Orders

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

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted to make commitments out-with the official indenting and ordering processes unless the goods or services being procured have been generally or specifically exempted from these processes by the Chief Executive or Director of Finance.

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

### Construction Procurement

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

### Trial/Loan Products

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

## 9.4 PAYMENT OF ACCOUNTS

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

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

Specifically the system will include checks that:

1. goods received are in accordance with those ordered and that prices are correct or within tolerances approved by the Director of Finance.
2. work done or services rendered have been carried out satisfactorily and are in accordance with the order and the agreed contract terms.
3. in the case of contracts for measured time, materials or expenses, time is verified,



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rates are in accordance with those quoted, and materials or expenses are verified for quantity, quality and price.

4. expenditure is in accordance with regulations and authorisations.
5. the account is arithmetically correct.
6. VAT and other taxation is recovered where permitted by legislation.
7. the account is in order for payment.

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

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

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

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

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

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### SECTION 10

#### ORDERS, QUOTATIONS AND TENDERS

##### **10.1 BUDGET PROVISION**

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

##### **10.2 SPECIFICATION OF NEED**

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

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

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

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

##### **10.3 OFFICIAL ORDERS**

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

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

##### **10.4 ORDERING PROCEDURE**

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

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

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

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

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

### 10.5 **CONTRACTS**

The Procurement Reform (Scotland) Act 2014 and Public Contracts (Scotland) Regulations 2015 are mandatory and must be adhered to. Collectively, these two laws cover contracts for goods and services above £50,000 (£2m for works) which are referred to as Regulated Procurements. The Procurement Reform (Scotland) Act 2014 and Public Contracts (Scotland) Regulations 2015 set out specific requirements which must be adhered to by the Board. All proposed contracts must be discussed at the earliest stage of planning with one of the Board's procurement service providers to ensure the requirements of the Acts are met.

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

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

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

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

### 10.6 **TRANSACTIONS INVOLVING PROPERTY**

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

### 10.7 **QUOTATIONS**



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

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

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

### 10.8 COMPETITIVE TENDERING

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

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

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

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

### 10.9 WAIVING OF TENDER/QUOTATION PROCEDURE

In the following exceptional circumstances a Director, as specified in the Scheme of Delegation, can approve the waiving of the above requirements:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractor's special knowledge is required;
4. where the Chief Executive or the Director of Finance has approved negotiation with a single tenderer; this must be evidenced in writing;

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5. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders to comply with these SFI's;
6. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHSGGC.

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

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

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

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

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

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

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

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

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

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

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

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### 10.10 TENDERING PROCEDURE

#### **Advertising**

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

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

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

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

#### **Selection of Tenderers**

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

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

#### **Issue of Tender Documents**

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

#### **Tender Acceptance**

Where competitive tenders have been obtained the Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act mandate that awards of contract must be on the basis of the most economically advantageous bid based on the contract award criteria set out in the invitation to tender. A written report must be produced on the circumstances of the decision, and submitted to the Head of Procurement or authorised nominee.

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

#### **Stand Still Period**

There must be a stand still period of 10 calendar days prior to issuing a formal contract award. Exceptions must be approved by the Head of Procurement.

#### **Form of Contract Award**

Dependent on the nature of the procurement, an official order and/or a letter of acceptance should be issued for every contract resulting from an invitation to tender. Unsuccessful tenderers will be notified in writing according to the requirements of the Public Contracts (Scotland) Regulations and the Procurement Reform (Scotland) Act. Contract award notices shall be published on the Public Contract Scotland (PCS) website in accordance with the



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

### 10.11 **CONTRACT REGISTER / RECORDS**

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

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

### 10.12 **CODE OF CONDUCT FOR STAFF**

The Code of Conduct for Staff, which includes the circular - Standards of Business Conduct for NHS Staff, has specific guidance on the acceptance of gifts and hospitality in relation to NHSGGC's commercial dealings. This Code has been incorporated into the contract of employment of each member of staff. A copy of the relevant NHS Circular should be enclosed with each employee's contract of employment.

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

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

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



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### SECTION 11

#### MANAGEMENT AND CONTROL OF STOCK

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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### SECTION 12

#### CAPITAL INVESTMENT

##### **12.1 GENERAL**

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

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

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

##### **12.2 CAPITAL INVESTMENT PROCESS**

An annual Capital Plan will be developed by the Property and Asset Strategy Group (PASG). This will be submitted to the Finance, Planning and Performance Committee for review prior to submission to the Board for approval.

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

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

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

The requirements for each level of expenditure are:

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

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

The delegated limits to approve Business Cases are as follows:

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

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

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

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

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

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

### 12.3 NATIONAL FORMULA ALLOCATION

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

### 12.4 REVENUE FUNDING

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

### 12.5 CAPITAL EXPENDITURE APPROVAL PROCESS

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

The Property Management Group will approve the following property transactions;

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

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

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

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



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### 12.6 MAJOR CAPITAL PROGRAMMES

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

### 12.7 REGIONAL PLANNING

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

### 12.8 PRIVATE FINANCE

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

### 12.9 THIRD PARTY DEVELOPER SCHEMES /HUB

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

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

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

### 12.10 HSCP CAPITAL PLANNING

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

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

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

### 12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS

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

### 12.12 PROJECT BANK ACCOUNTS

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

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



## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 13

#### ASSETS

#### 13.1 ASSETS

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

#### 13.2 ASSET REGISTERS

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

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

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

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

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

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

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### 13.3 **SECURITY OF ASSETS**

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

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

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

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

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

Where practical, assets should be marked as NHSGGC property.

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

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

### 13.4 **DISPOSAL OF ASSETS**

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

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

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

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

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

A list of properties which have been declared surplus by PASG is maintained by the Property Management Group. Where it is proposed to dispose of a surplus property and the disposal is greater than £1.5m the disposal must be approved by the Finance, Planning and Performance Committee. Disposals up to £0.150m must be approved by the Property Management Group and disposals between £0.150m and £1.5m must be approved by PASG. Where the sales proceeds or Net Book Value of the disposal is greater than £500,000 additional approval must be obtained from the Chief Executive.

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

### 13.5 **DONATION OF SURPLUS ASSETS**

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

A summary of any assets donated to charitable organisations will be provided to PASG.

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

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### SECTION 14

#### FINANCIAL INFORMATION MANAGEMENT

##### **14.1 CODE OF PRACTICE ON OPENNESS AND FREEDOM OF INFORMATION**

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

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

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

##### **14.2 CONFIDENTIALITY AND SECURITY**

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

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

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

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

These instructions should be read in conjunction with:-

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



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### 14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION

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

### 14.4 RESOLUTION OF CONFLICT

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

### 14.5 COMPUTERISED FINANCIAL SYSTEMS

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

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

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

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

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

1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC’s Digital Strategy;

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2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;
3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

### 14.6 **RETENTION OF RECORDS**

The Scottish Government Records Management NHS Code of Practice 2020 and the NHSGGC Corporate Records Policy provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice encompasses the requirements of:

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

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

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

### 14.7 **INFORMATION SHARING WITH LOCAL AUTHORITIES**

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



## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 15

#### ENDOWMENT FUNDS

##### **15.1 GENERAL**

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

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

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

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

##### **15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS**

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

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

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

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

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

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

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

### 15.3 **ACCEPTANCE OF NON-CHARITABLE DONATIONS**

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

### 15.4 **APPROVAL OF EXPENDITURE**

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

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

- Chief Executive
- Director of Finance,
- Chief Operating Officer

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

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

### 15.5 **CUSTODY AND SECURITY OF ASSETS**

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

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

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

### 15.6 **INVESTMENT**

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

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

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

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

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

### 15.7 **CONTROL OF ENDOWMENT FUNDS**

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

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

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

The Director of Finance must ensure that:

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



## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 16

#### FAMILY HEALTH SERVICES

##### **16.1 INTRODUCTION**

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

##### **16.2 INDEPENDENT CONTRACTORS**

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

NHSGGC will ensure that:

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

##### **16.3 PAYMENTS PROCEDURE**

The Director of Finance will ensure:

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

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

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

### 16.4 **FRAUD**

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

### 16.5 **ENHANCED SERVICES**

#### **Directed Enhanced Services**

Under the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2019 ("DES Directions 2019"), the Board must provide primary medical services within its area or secure their provision within its area, by establishing and operating the following services:

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

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

The Board must, where necessary, vary the contractor's primary medical services contract so that the plan setting out these arrangements comprises part of the contractor's contract and the requirements of the plan are conditions of the contract. Prior to issuing payments in accordance with the above paragraph, the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 2019 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2019.

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

#### **National Enhanced Services**



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

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

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

### Local Enhanced Services

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

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

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

### 16.6 PAYMENT VERIFICATION

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

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 17

#### HEALTH AND SOCIAL CARE PARTNERSHIPS

##### **17.1 INTRODUCTION**

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

##### **17.2 HSCP STRATEGIC PLAN**

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

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

##### **17.3 BUDGETS DELEGATED TO AN HSCP**

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

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

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The hospital services to be included in the set aside budget are listed in Schedule 3 Part 2 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Only clinical service budgets will be included.

### 7. **Other (including Notional Budgets)**

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

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

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

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

### 17.4 **VIREMENT**

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

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

### 17.5 **NON RECURRING FUNDING**

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

### 17.6 **RESERVES**

HSCPs may hold reserves subject to the agreed reserves policy.

### 17.7 **CAPITAL PLANNING**

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

### 17.8 **BUSINESS CASES**

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



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### SECTION 18

#### FRAUD, LOSSES AND LEGAL CLAIMS

##### **18.1 FRAUD, OTHER CRIMINAL OFFENCES AND FINANCIAL IRREGULARITIES**

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

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

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

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

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

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

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

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

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

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

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

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

### 18.2 LOSSES AND SPECIAL PAYMENTS

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

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

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

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

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

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

For any loss, the Director of Finance will consider whether

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



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

### 18.3 **CLAIMS FOR MEDICAL/CLINICAL NEGLIGENCE**

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

### 18.4 **OTHER LEGAL CLAIMS**

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

### 18.5 **DISPOSALS AND CONDEMNATIONS**

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

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

### 18.6 **REPORTING**

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

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 19

#### PATIENTS' PRIVATE FUNDS AND PROPERTY

##### **19.1 PROCEDURE**

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

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

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

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

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

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

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

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

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

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

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

## NHS Greater Glasgow & Clyde Standing Financial Instructions

In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £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.

## NHS Greater Glasgow & Clyde Standing Financial Instructions

### SECTION 20

#### USE OF CONSULTANCY SERVICES (NON-MEDICAL)

##### **20.1 DEFINITION**

An external consultancy service is defined as:

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

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

##### **20.2 MANAGEMENT CONSULTANTS**

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

##### **20.3 CAPITAL PROJECTS**

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

##### **20.4 REVENUE FUNDED PROJECTS**

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

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

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

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

##### **20.5 PROCUREMENT**

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

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



# NHS Greater Glasgow and Clyde Scheme of Delegation



# NHS Greater Glasgow and Clyde Scheme of Delegation

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	September 2021
Date for Review	April 2022
Replaces Previous Version	Scheme of Delegation – 6 <sup>th</sup> Revision, approved 29 <sup>th</sup> September 2020

# NHS Greater Glasgow and Clyde Scheme of Delegation

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# NHS Greater Glasgow and Clyde Scheme of Delegation

## 1. MATTERS RESERVED FOR THE BOARD

### Background

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

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

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

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

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

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

NHS Greater Glasgow and Clyde  
Scheme of Delegation

## NHS Greater Glasgow and Clyde Scheme of Delegation

### 2. MATTERS DELEGATED TO OFFICERS OF THE BOARD

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

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

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

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

### 3. SCHEME OF DELEGATION ARISING FROM BOARD STANDING ORDERS

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



## NHS Greater Glasgow and Clyde Scheme of Delegation

### 4. SCHEME OF DELEGATION ARISING FROM BOARD STANDING FINANCIAL INSTRUCTIONS

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

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
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4.8	Orders, Quotations and Tenders	10
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4.10	Capital Investment	12
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4.12	Family Health Services	16
4.13	Health and Social Care Partnerships	17
4.14	Fraud, Losses and Legal Claims	18
4.15	Patients' Private Funds and Property	19

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.1 Allocations and Budgets**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.2 Annual Accounts and Reports**

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

**Table 4.3 Audit**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.4 Banking Arrangements**

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

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

SWIFT – Society for World-wide Interbank Financial Telecommunication;

GBS – Government Banking Service



## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.5 Contracts/Service Level Agreements**

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.6 Pay expenditure

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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**Table 4.7 Non-Pay Expenditure**

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Request for tender/purchase (including specification) revenue - Health supplies/ services revenue - other supplies/ services expenses		Budget holder	In accordance with approved strategy/ Business Case/ Project Authorisation Checklist
2	Approval of Non Pay revenue expenditure	Finance, Planning and Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Chief Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.	Within limits of available budget
3	Approval of Non IM&T Capital expenditure	Finance, Planning and Performance Committee over £3m;  CMT up to £3m;  Property and Asset Strategy Group up to £2m  Capital Planning Group up to £1m	Chief Executive up to £5m; Director of Finance up to £4m; Director of Estates and Facilities up to £4m; Senior General Managers - Capital Planning up to £1m;	Within limits of approved scheme
4	Approval of IM&T Capital expenditure	Finance Planning & Performance Committee over £2m; CMT up to £2m; Capital Planning Group up to £1m	Chief Executive up to £2m; Director of Finance up to £2m;	Within limits of approved scheme
5	Placing external commitments/ contract awards	Finance, Planning & Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Head of Procurement up to £2m;	Approval requests will be accompanied by a tender report signed by the Head of Procurement supporting award of the contract.
6	Maintenance of Contract Register		Head of Procurement	
7				

## NHS Greater Glasgow and Clyde Scheme of Delegation

	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
8	Waivers to Tender		Relevant Director and Head of Procurement; Director of Finance when >£250k or >£50k	Required >£10k. Additional requirements for DoF sign off when >£250k (urgent or no competition) or >£50k when tender process not followed

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



## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.9 Management and Control of Stock**

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.10 Capital Investment

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.11 Management of Endowment Funds

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.12 Family Health Services

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



# NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.13 Health and Social Care Partnerships**

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

# NHS Greater Glasgow and Clyde Scheme of Delegation

Table 4.14 Fraud, losses and Legal Claims

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 4.15 Patients Private Funds and Property**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

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

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

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



## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.1 Clinical Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Clinical Governance Policy	Clinical and Care Governance Committee onward to Board	Medical Director
2	Quality Strategy	Clinical and Care Governance Committee onward to Board	Nurse Director
3	Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies	Research and Ethics Committees with Annual Report to Clinical and Care Governance Committee	Medical Director
4	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
5	Monitoring and reporting of Patients complaints including trends and learning	Clinical and Care Governance Committee	Nurse Director
6	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board	Interim Executive Director of Infection Prevention and Control
7	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
8	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Clinical and Care Governance Committee	Medical Director and Nurse Director

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.2 Staff Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Monitoring of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
3	Workforce Strategy/Workforce Plan	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Dignity at Work	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Staff elements of Equality legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
6	Monitoring of Whistleblowing Policy	Staff Governance Committee	Head of Corporate Governance and Administration
7	Operation of Whistleblowing Policy	Area Partnership Forum	Head of Corporate Governance and Administration
8	Safe Staffing Legislation	Staff Governance Committee referring to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
9	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
10	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.3 Risk Management**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.4 Health Planning**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.5 Performance Management**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.6 Information Governance**

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



## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.7 Communication**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.8 Emergency and Continuity Planning**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.9 Public Health**

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

Table 5.10 Other Areas

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



# NHS Greater Glasgow and Clyde Governance Committees Terms of Reference

## BOARD OFFICIAL



## NHS Greater Glasgow and Clyde

### Audit and Risk Committee

#### Terms of Reference

##### 1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Audit and Risk Committee (ARC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The purpose of the ARC conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
  - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations;
  - Public money is safeguarded and properly accounted for;
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question;
  - Reasonable steps are taken to prevent and detect fraud and other irregularities; and
  - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC will support the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of the Board and Accountable Officer. In this context, assurance is defined as an evaluated opinion, based on evidence gained from



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

## **2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The ARC will consist of 8 Non-Executive Directors, including the Chair of the NHS Board, and 2 Executive Directors of the NHS Board, including the Chief Executive, and will be supported by Corporate Directors, and other relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 2.3 As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow, other Board Members shall also have the right to attend. A schedule of meetings will be published, and those NHS Board members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.4 At least one member of the ARC should have recent and relevant financial experience.

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

### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

### **3.2 Quorum**

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

### **3.3 Voting**

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

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**3.4 Frequency of Meetings**

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

**3.5 Declarations of Interest**

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

3.6 All declarations of interest will be minuted.

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

**3.8 Support Arrangements**

The Director of Finance shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit and Risk Committee. This will be by way of an Executive Group which shall provide support to the Audit and Risk Committee by ensuring that reports and relevant matters are being actioned at local level by management. It will also agree which responsible officers should be instructed to attend the Audit and Risk Committee to be responsible for an audit report. These arrangements shall be subject to review, evaluation and approval on an annual basis by the Audit and Risk Committee.

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

3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions, a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support preparation of an Annual Report on the work of the Committee for presentation to the Board.

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- 3.11 The External Auditor, Internal Auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.12 The External Auditor and Internal Auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.13 The external auditor and internal auditor shall meet on at least one occasion each year with the Committee without the Director of Finance, other Executive Directors or Board staff being present. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such meeting.
- 3.14 The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of specific matters. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such discussions.
- 3.15 The Audit and Risk Committee will provide the Board and the Accountable Officer with an annual report on the Board's system of internal control, timed to support finalisation of the Annual Report and Accounts, including the Governance Statement. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

**4 .0 Remit of the Committee**

- 4.1 The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control in respect of the following key areas. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of the Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives as required.
- (i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud**
1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
  2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the Committee.
  3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
    - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer;
    - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence.

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4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
  5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register, risk identification, assessment and mitigation in line with the Board's risk appetite, agreeing appropriate escalation where necessary, and reviewing minutes of Risk Management Steering Group meetings.
  6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
  7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
  8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
  9. Oversight of and monitoring of the Board's systems for information governance receiving minutes and updates from the Information Governance Steering Group.
  10. Oversight of claims against the Board, liability and settlement status.
- (ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation**
1. As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Code of Conduct for Staff and recommend changes for Board approval.
  2. Reviewing annually (or as required) the Scheme of Delegation.
  3. Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.
- (iii) Internal and External Audit**
1. Approving the arrangements for securing an internal audit service, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
  2. Monitoring the delivery of internal audit and the annual performance of external audit.

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

**(iv) Annual Accounts**

1. Approving changes to accounting policies, and reviewing the Board's Annual Report and Accounts prior to their adoption by the full Board. This includes:
  - Reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts;
  - Reporting in the Directors' report on the role and responsibilities of the Audit and Risk Committee and the actions taken to discharge those;
  - Reviewing unadjusted errors arising from the external audit; and
  - Reviewing the schedules of losses and compensations.
2. The Chair of the Audit and Risk Committee (or nominated deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

**5. Authority**

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

**6. Reporting Arrangements**

- 6.1 The ARC will report to the NHS Board.

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

**7.0 Conduct of the Committee**

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

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



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## Appendix 1

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

NHS Greater Glasgow and Clyde  
Scheme of Delegation**Table 4.2 Annual Accounts and Reports**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation of Governance Statement	Audit and Risk Committee and onwards to Board	Director of Finance	In accordance with Accounts Manual

**Table 4.3 Audit**

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

**Table 5.3 Risk Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Risk Management Strategy	Risk Management Steering Group onwards to Audit and Risk Committee	Chief Executive
2	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board	Audit and Risk Committee	Director of Finance

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

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

**Table 5.8 Emergency and Continuity Planning**

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

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

Table 5.10 Other Areas

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

## APPENDIX 2



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

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

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



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



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

Terms of Reference

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Finance, Planning and Performance Committee (FP&PC) is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.5 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHS GGC strategic plans and Health and Social Care Partnership strategic plans.

**2. Membership**

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

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

- 2.2 The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board's statutory committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

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

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

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

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

#### **3.3 Voting**

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

#### **3.4 Frequency of Meetings**

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

#### **3.5 Declarations of Interest**

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

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

- 3.6 All declarations of interest will be minuted.
- 3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.
- 3.8 **Administrative Support**
- 3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

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

- 4.1 The remit of the Finance, Planning and Performance Committee is to scrutinise the following key areas and provide assurance to the NHS Board. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
  - Whole system strategic planning and performance including oversight of the healthcare services delegated to IJBs;
  - Whole system financial planning, including an overview of budgets delegated;
  - The Property and Asset Management Strategy and Capital Plans of the NHS Board;
  - Robust and effective stakeholder engagement across the planning processes and work programmes;
  - Appropriate governance in respect of risks, as allocated to FP&PC by the Audit Committee relating to *finance, planning, performance* and *property*, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

#### **5. Key Duties of the Committee**

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

## Planning and Commissioning

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

## Financial Oversight

- Financial Strategy: approve the NHS Board's three year Financial Strategy and receive annual updates on its progress, advising the NHS Board as appropriate
- Annual Financial Plan: approve the NHS Board's Annual Financial Plan, advising the NHS Board as appropriate.
- Financial Performance: have oversight and receive analysis of financial performance across the whole system in order to consider significant issues which may impact adversely on the NHS Board's financial position, including budgets delegated to IJBs.
- Non-recurrent Funds: oversee the use of non-recurrent funds and reserves.

## Performance Oversight

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

systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the full NHS Board.

- Risk Based Approach: The FP&PC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.

## Property and Asset Oversight

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

## 6. Authority

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



## 7. Reporting Arrangements

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

## 8. Conduct of the Committee

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

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

**Appendix 1**

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

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

**Table 4.1 Allocations and Budgets**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee and onward to the Board	Chief Executive	Resources within scope of Integration Plan
3	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources

**Table 4.5 Contracts/Service Level Agreements**

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

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

**Table 4.7 Non-Pay Expenditure**

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

**Table 4.8 Orders, Quotations and Tenders**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Non Pay revenue expenditure	Finance, Planning and Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Chief Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.	Within limits of available budget
2	Approval of Non IM&T Capital expenditure	Finance, Planning and Performance Committee over £3m; CMT up to £3m; Property and Asset Strategy Group up to	Chief Executive up to £5m; Director of Finance up to £4m; Director of Estates and Facilities up to £4m; Senior General Managers - Capital Planning up to £1m;	Within limits of approved scheme

## BOARD OFFICIAL

		£2m Capital Planning Group up to £1m		
3	Approval of IM&T Capital expenditure	Finance Planning & Performance Committee over £2m; CMT up to £2m; Property and Asset Strategy Group up to £2m Capital Planning Group up to £1m	Chief Executive up to £2m; Director of Finance up to £2m;	Within limits of approved scheme
4	Placing external commitments/ contract awards	Finance, Planning & Performance Committee over £5m;	Chief Executive up to £5m; Director of Finance up to £4m; Head of Procurement up to £2m;	Approval requests will be accompanied by a tender report signed by the Head of Procurement supporting award of the contract.

**Table 4.10 Capital Investment**

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

## BOARD OFFICIAL

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

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



## BOARD OFFICIAL

**Table 4.13 Health and Social Care Partnerships**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Delegation of funds to IJBs	Finance, Planning and Performance Committee	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
2	Agreement of Strategic Plans for IJBs	Finance, Planning and Performance Committee onwards to Board	Chief Executive	In accordance with Integration Scheme and within limits of Financial Plan
3	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme

**Table 5.4 Health Planning**

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

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

**Table 5.5 Performance Management**

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

## APPENDIX 2

## Corporate Objectives Approved October 2020

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

## BOARD OFFICIAL

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

## BOARD OFFICIAL

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

## BOARD OFFICIAL

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





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

### **Terms of Reference**

#### **1. Introduction**

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

#### **2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The C&CGC will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board and 4 Executive Directors of the NHS Board, including the Chief Executive, and will be supported by the Director of Clinical and Care Governance, Corporate Directors and other relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

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

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

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

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

#### **3.3 Voting**

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

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

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

#### **3.5 Declaration of Interests**

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

3.6 All declarations of interest will be minuted.

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

#### **3.8 Administrative Support**

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

Corporate Services Team.

- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

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

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

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy and Quality Strategy;
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care;
- Ensure oversight of person centred care and feedback reflecting learning;
- That NHS GGC fulfils its statutory obligations relating the Board's Duty of Quality – including Duty of Candour;
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care;
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated;
- Appropriate governance in respect of risks, as allocated to the CCGC by the Audit Committee relating to *clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care.

#### **5. Key Duties of the Committee**

- 5.1 The key duties of the CC&GC are to receive and review reports and, as appropriate, seek direct feedback from staff concerning:
- Implementation of a Clinical Governance Policy ensuring a robust system assurance is in place across the whole system;
  - Implementation of the Quality Strategy and monitoring delivery of the agreed priorities;
  - Ensure learning is shared and best practice highlighted;

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- Relevant data and trends in patient safety, experience and outcomes, including feedback from patient safety walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care;
- Compliance with relevant regulatory requirements and national clinical standards;
- The processes within NHSGGC to ensure that appropriate action is taken in response to *adverse clinical incidents, infection control, complaints, feedback from patients, carers and families, and SPSO feedback*, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care;
- Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans; and
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour.
- Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required.
- Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.
- Seek assurance regarding executive and professional oversight of NHS Greater Glasgow & Clyde (NHSGGC) Child Protection and Adult Support and Protection arrangements taking into account the other public protection agendas identified in National policy including; Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS).

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

- Board Clinical Governance Forum
- Public Protection Forum

## 6. Authority

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

## 7. Reporting Arrangements

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

## 8. Conduct of the Committee

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

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Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
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**Appendix 1**

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

### NHS Greater Glasgow and Clyde Scheme of Delegation

<b>Table 5.1 Clinical Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Clinical Governance Policy	Clinical and Care Governance Committee onward to Board	Medical Director
2	Quality Strategy	Clinical and Care Governance Committee onward to Board	Nurse Director
3	Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies	Research and Ethics Committees with Annual Report to Clinical and Care Governance Committee	Medical Director
4	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
5	Monitoring and reporting of Patients complaints including trends and learning	Clinical and Care Governance Committee	Nurse Director
6	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board	Interim Executive Director of Infection Prevention and Control
7	Oversight of delivery of	Clinical and Care	Medical Director and Nurse



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

**Table 5.2 Staff Governance**

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

**Table 5.6 Information Governance**

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

**Table 5.10 Other Areas**

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

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		Committee	
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## APPENDIX 2

## Corporate Objectives Approved October 2020

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

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

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

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



## **NHS Greater Glasgow and Clyde**

### **Staff Governance Committee**

#### Terms of Reference

##### **1. Introduction**

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

##### **2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The SGC will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board and the Employee Director. The Chief Executive will also be a member, and the Committee will be supported by the Director of Human Resources and Organisational Development, Corporate Directors and relevant senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of

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

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

2.3 Members of the Area Partnership Forum listed below shall be ex-officio Members of the Committee (without voting rights):

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

2.4 The SGC may invite to attend other senior managers and staff side representatives e.g. Head of Health & Safety, Head of Equality and Human Rights.

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

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

3.2 The Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. The NHS Board Chair shall appoint two co-chairs, one of whom will be the Employee Director. In the event of a co-chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired solely by the other co-chair. In the absence of both co-chairs, the meeting shall be chaired by another voting member of the committee as agreed by the voting membership present.

#### **3.3 Quorum**

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

#### **3.5 Voting**

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

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

### **3.7 Frequency of Meetings**

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

### **3.9 Declarations of Interest**

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

- 3.11 All declarations of interest will be minuted.

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

### **3.13 Administrative Support**

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

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

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

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

## **5. Key Duties of the Committee**

- 5.1 The Committee shall act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:
- Well informed;
  - Appropriately trained and developed;
  - Involved in decisions;
  - Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- 5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.
- 5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc groups as agreed by the NHS Board.
- 5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(2000\)25](#) – and any subsequent amendments.
- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer

Staffing Regulations.

## **6. Authority**

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

## **7. Reporting Arrangements**

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

## **8. Conduct of the Committee**

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

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

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

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

**Table 4.6 Pay expenditure**

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

**Table 5.2 Staff Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Monitoring of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development

## BOARD OFFICIAL

3	Workforce Strategy/ Workforce Plan	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Dignity at Work	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Staff elements of Equality legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
6	Monitoring of Whistleblowing Policy	Staff Governance Committee	Head of Corporate Governance and Administration
7	Safe Staffing Legislation	Staff Governance Committee referring to Clinical Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
8	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
9	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development

**Table 5.3 Risk Management**

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

**Table 5.9 Public Health**

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

## APPENDIX 2

## Corporate Objectives Approved October 2020

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

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

## BOARD OFFICIAL

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



## BOARD OFFICIAL

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



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

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Remuneration Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a subcommittee of the Staff Governance Committee.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.2 The Remuneration Committee will ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health Directorate.

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The membership of the Remuneration Committee will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board, and the Vice Chairs of the NHS Board. The Chief Executive will also be a member of the Committee and the Director of Human Resources and Organisational Development will be in attendance to provide advice and support.

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

- 3.1 **Chairing the Committee**

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

### **3.2 Quorum**

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

### **3.3 Voting**

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

### **3.4 Frequency of Meetings**

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

### **3.5 Declarations of Interest**

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

### **3.6 Administrative Support**

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

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

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

- 4.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as

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

- 4.2 The Remuneration Committee shall provide assurance that systems and procedures are in place to manage senior manager pay as set out in [MEL\(2000\)25](#) – and any subsequent amendments, ensuring overarching staff governance responsibilities can be discharged.

## **5. Key Duties of the Committee**

- 5.1 The remit of the Remuneration Committee is to scrutinise the following key areas and provide assurance to the Staff Governance Committee regarding:
- 5.2 In accordance with Scottish Government Health Directorate (SGHD) guidance, determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades – D to I) and Senior Management Cohort (national pay grades – A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 5.3 Seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, including job descriptions, job evaluation, terms of employment, basic pay and performance related pay increases.
- 5.4 Seek assurance of the implementation and maintenance of the electronic performance management system - Turas Appraisal for Executive and Senior Management Cohorts for the forthcoming year.
- 5.5 Ensure that the performance process of the Executive Directors, Directors and Senior Management Cohorts is rigorously assessed against objectives agreed by the relevant line manager, and seek assurance from the Chair and Chief Executive as respective grandparent reviewers.
- 5.6 Receive updates on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.7 Agree any severance Processes/Policies/Procedures in respect of all staff including Executive and Senior Managers, e.g. premature retirements under the NHS Superannuation Scheme.

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

## 6. Authority

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

## 7. Reporting Arrangements

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

## 8. Conduct of the Committee

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

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

## BOARD OFFICIAL

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**Appendix 1**

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

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

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

## **NHS Greater Glasgow and Clyde**

### **Acute Services Committee**

#### Terms of Reference

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Acute Services Committee (ASC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the ASC is to oversee acute services across Greater Glasgow and Clyde (GGC) and provide assurance to the NHS Board regarding performance, financial governance and quality of acute care.

#### **2. Membership**

- 2.1 The Committee shall be nominated by the NHS Board Chair and be approved by the NHS Board annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. The Acute Services Committee will consist of 8 Non-Executive Directors of the Board, including the Chair of the NHS Board, and 5 Executive Director of the Board, including the Chief Executive. The Committee will be supported by the Chief Operating Officer and relevant Executive Directors and senior managers. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

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

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

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

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

#### **3.3 Voting**

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

#### **3.4 Frequency of Meetings**

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

#### **3.5 Declarations of Interest**

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

3.6 All declarations of interest will be minuted.

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

### **3.8 Administrative Support**

- 3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

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

- 4.1 The remit of the ASC is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services; efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute Services Committee. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## **5. Key Duties of the Committee**

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

### **Performance Management**

- Ensuring a co-ordinated approach to the management of performance across Acute Services scrutinising areas of challenge, highlighting risk and seeking remedial action;
- Supporting the Acute Services aspects of the Remobilisation Plan/Annual Operational Plan and oversight of implementation;
- Highlighting positive performance and sharing learning on improvement;

### **Resources**

- Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Reflecting on the role of the Finance Planning & Performance Committee in

the overall monitoring of the Board's financial position across the whole system.

### **Quality**

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

### **Capital Projects**

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

### **Risk Management**

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

## **6. Authority**

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

## 7. Reporting Arrangements

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

## 8. Conduct of the Committee

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

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Author:	Head of Corporate Governance and Administration
Responsible Executive Lead:	Chief Operating Officer
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**Appendix 1**

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

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

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

## APPENDIX 2

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

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

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

## BOARD OFFICIAL

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

## NHS Greater Glasgow and Clyde

### Population Health and Wellbeing Committee

#### Terms of Reference

### 1. Introduction

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

### 2.0 Membership

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

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

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

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

### **3.0 Arrangements for the Conduct of Business**

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

The Chair and Vice Chair of the Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

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

#### **3.3 Voting**

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

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

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

#### **3.5 Declaration of Interests**

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

- 3.6 All declarations of interest will be minuted.



- 3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.
- 3.8 **Administrative Support**
- 3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Co-Chairs and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

#### **4.0 Remit of the Committee**

- 4.1 The remit of the Population Health and Wellbeing Committee is to promote public health and oversee population health activities with regular feedback to the full Board to ensure that the Board develops a long term vision and strategy for public health. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1) and delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

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

##### **Planning**

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

**Performance**

- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff;
- To oversee the funding allocated to public health activities by the Board;
- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- To provide the Board members who are part of IJBs with information and evidence to promote public health;
- To oversee the adherence to Equality legislation referring specific staffing elements e.g. Equal Pay, to the Staff Governance Committee;
- To oversee the requirements of legislation in respect of child poverty making recommendations to the NHS Board.

**Risk Management**

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

**6.0 Authority**

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

**7.0 Reporting Arrangements**

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

## 8.0 Conduct of the committee

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

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## Appendix 1

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

## NHS Greater Glasgow and Clyde Scheme of Delegation

**Table 5.2 Staff Governance**

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

**Table 5.9 Public Health**

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

## BOARD OFFICIAL

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

## APPENDIX 2

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

## BOARD OFFICIAL

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



## BOARD OFFICIAL

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

## BOARD OFFICIAL

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



## NHS Greater Glasgow and Clyde Area Clinical Forum

### Terms of Reference

#### 1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Area Clinical Forum is constituted under "Rebuilding our National Health Service" - A Change Programme for Implementing "Our National Health, Plan for Action, A Plan for Change", which emphasised that NHS Boards should both:-
  - Draw on the full range of professional skills and expertise in their area for advice on clinical matters both locally and on national policy issues;
  - Promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process to support the NHS Board in the conduct of its business.
- 1.3 The Forum will be called NHS Greater Glasgow and Clyde Area Clinical Forum.

#### 2. Membership

- 2.1 The Area Clinical Forum will comprise the Chairs and Vice Chairs (or relevant Deputy) of the *statutory* Area Professional Committees as follows:-
  - Medical
  - Dental
  - Nursing and Midwifery
  - Pharmaceutical
  - Optometric
  - Area Allied Professionals and Healthcare Scientists
  - and the Chair and Vice Chair (or relevant Deputy) of the Area Professional Committees as follows:-
  - Psychology

## 2.2 **Persons in Attendance**

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

A Chief Officer of a Health and Social Care Partnership will be invited to attend meetings of the Forum.

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

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

### 3.1 **Chairing the Forum**

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

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

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

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

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

**3.7 Vice Chair**

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

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

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

**3.11 Officers of the Forum**

The Term of Office for Members will normally be up to four years. Individuals shall cease to be Members of the Area Clinical Forum on ceasing to be Chair/Vice Chair of their Professional Committee. Members will serve for a maximum of 4 consecutive years however in exceptional circumstances, ACF can agree to extend the maximum term by one year however succession planning for membership of the ACF is a key aspect of the role of Advisory Committees. If a member resigns or retires, the appropriate Area Professional Committee will choose a replacement. The replacement will hold office for the remainder of the period for which the member they replace would have held office.

**3.12 Quorum**

Meetings of the Forum will be considered quorate when there is representation from at least four of the constituent subcommittees. In the event that the Chair and Vice Chair are both absent, the Members present shall elect from those in attendance, a person to act as Chair for the meeting.

**3.13 Frequency of Meetings**

3.14 The Area Clinical Forum will meet at least four times each year. Additional meetings may be arranged at the discretion of the Forum Chair.

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

**3.16 Declarations of Interest**

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

which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.17 All declarations of interest will be minuted.

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

### 3.19 **Administrative Support**

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

3.20 The administrative support to the Forum will attend to take the minutes of the meeting, maintain a log of actions and an Annual Cycle of Business, providing appropriate support to the Chair and Forum members, and support preparation of an Annual Report on the work of the Forum for presentation to the Board.

### 3.21 **Alterations to the Constitution and Standing Orders**

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

Any alterations must be submitted to NHS Greater Glasgow and Clyde Board for approval as part of the Annual Review of Corporate Governance before the change is enforceable.

### 3.23 **Guest Speakers**

The Forum may invite guest speakers who it considers may have particular contribution to the work of the Forum to attend meetings.

## 4. **Remit of the Forum**

4.1 To represent the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology and health and social care partnerships to NHS Greater Glasgow and Clyde ensuring the

involvement of all the professions across the local NHS system in the decision-making process.

## **5. Key Duties of the Forum**

5.1 The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow and Clyde by:-

- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of strategic plans and the Board's strategic objectives by, through the ACF Chair, being fully engaged in NHS Board business.
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde, regular updates should be sought;
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement;
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement;
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery;

5.2 At the request of NHS Greater Glasgow and Clyde, the Area Clinical Forum may also be called upon to perform one or more of the following functions:-

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board where there is particular need for multi-disciplinary advice.
- Advise NHS Greater Glasgow and Clyde of the impact of national policies on the integration of services, both within the local NHS systems and across health and social care.

5.3 The Area Clinical Forum will review its functions periodically, in collaboration



with NHS Greater Glasgow and Clyde to ensure that they continue to fit local priorities and developments.

## 6. Authority

- 6.1 The Area Clinical Forum is a Standing Committee of the NHS Board.

## 7. Reporting Arrangements

- 7.1 The Area Clinical Forum will report to the NHS Board and submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minutes of the ACF will be cleared by the Chair of the Forum prior to distribution to the Area Clinical Forum for ratification at the next Forum meeting. The ratified minutes of the Area Clinical Forum will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.3 The Chair of the Forum shall draw to the attention of the NHS Board any issues that require escalation or noting.

## 8. Conduct of the Forum

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Forum will participate in an annual review of the Forum's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

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# **NHS Greater Glasgow and Clyde Governance Framework**

**June 2022**

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# 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.



**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.

- 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.

## BOARD OFFICIAL

- 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.
- 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.



- 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



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

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.



# 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).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (<https://learn.nes.nhs.scot/17367/board-development>).

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.
- 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



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Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

### **Board Members – Ethical Conduct**

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Greater Glasgow and Clyde NHS Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however they may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, they must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board's Head of Corporate Governance and Administration shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

## **2. CHAIR**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

## **3. VICE-CHAIR**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of

effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.

- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's 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 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 himself/herself inappropriately the person

presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

## Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 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.

### **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.

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- 5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

***Board Meeting in Private Session***

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
  - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

***Minutes***

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board's Director of Corporate Services and Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved 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:
- a) Improving the Health of the population (shared responsibility with the Integration Joint Partnership Boards (HSCP's);



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- b) Setting strategic direction and development;
- c) Development and implementation of the Annual Operational Plan;
- d) Monitoring of aggregated/exception reports from the Acute Services Committee, the Finance, Planning and Performance Committee and HSCP IJBs on key performance indicators;
- e) Resource Allocation (for both Capital and Revenue resource allocation);
- f) Approval of Annual Accounts;
- g) Scrutiny of Public Private Partnerships;
- h) Approve appointment process of Executive Directors;
- i) NHS Statutory Approvals;
- j) Corporate Objectives;
- k) Sets Values of the organisation;
- l) Corporate Governance Framework including:
  - i. Standing Orders
  - ii. Establishment, remit, and reporting arrangements of all Board Standing Committees;
  - iii. Scheme of Delegation;
  - iv. Standing Financial Instructions;

- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

## **7. DELEGATION OF AUTHORITY BY THE BOARD**

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.



## 8. EXECUTION OF DOCUMENTS

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## 9. COMMITTEES

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish.  
(<https://learn.nes.nhs.scot/17367/board-development>)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.
- 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.



## Standing Financial Instructions

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
Date for Review	April 2023
Replaces Previous Version	Standing Financial Instructions - 11th Revision, approved October 2020

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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:

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- The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48];
- A Common Understanding 2012 Working Together for Patients;
- The NHSGGC Whistleblowing Policy;
- The NHSGGC Fraud Policy.

The Code provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard 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

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1. "NHS Greater Glasgow and Clyde" (NHSGGC) is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board.
2. "Board" means the Management Committee of NHSGGC/Greater Glasgow Health Board, or such other Committee of the Board to which powers have been delegated.
3. "Budget" means an allocation of resources by the Board, Chief Executive or other officer with delegated authority expressed in financial terms, for the purposes of carrying out, over a specific period, a function or group of functions of the NHSGGC Board.
4. "Chief Officer" means any officer who is directly accountable to the Chief Executive i.e. Directors, Chief Officers/Directors of Divisions/HSCPs and some Heads of Department.
5. "Budget Holder" means the Chief Officer or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
6. "SGHSCD" means Scottish Government Health and Social Care Directorates.
7. "Supervisory Body" means a committee established by the Board with delegated authority to discharge the Board's responsibilities under the Adults with Incapacity (Scotland) Act 2000.
8. "Integration Joint Board" or "Joint Board" means the body corporate established by Scottish Ministers as a consequence of an approved integration plan.
9. Health and Social Care Partnership (HSCP) is the common name for an Integration Joint Board.

#### **1.4 RESPONSIBILITIES AND DELEGATION**

The Board will exercise financial supervision and control by:-

1. formulating the financial strategy;
2. requiring the submission and approval of annual budgets within approved allocations;
3. approving SFIs;
4. defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation.

All directors and employees have a general responsibility for the security of the property of NHSGGC, for avoiding loss, for economy and efficiency in the use of resources and for complying with the requirements of these Instructions. Should any difficulty arise regarding their interpretation or application then the advice of the Director of Finance or authorised nominee must be sought before action is taken.

It is the duty of the Chief Executive, managers and heads of department, to ensure that existing staff and all new appointees are informed of their responsibilities within these Instructions. Breaches of these Instructions will be reported to the Director of Finance.

Within these SFIs it is acknowledged that the Chief Executive is personally responsible for the proper management of public funds and for ensuring the



regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under section 15 of the Public Finance and Accountability (Scotland) Act 2000.

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control.

Without prejudice to the functioning of any other officer of NHS GGC, 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 NHS GGC'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 NHS GGC's duties and establishing with reasonable accuracy NHS GGC's financial position;
5. the provision of financial advice to NHS GGC'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 NHS GGC when acting on behalf of NHS GGC.

All references in these Instructions to the singular form will be read as equally applicable to the plural.

NHS GGC has adopted use of the non-gendered pronoun 'they' and this shall be read as being applicable and inclusive of all gender identities.

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Any reference to any legislation, provision or guidance should be construed as applying equally to any amendment or later publication of that legislation, provision or guidance.

Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board without further intimation or action by the Board.

## **SECTION 2**

### **ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING**

#### **2.1 INTRODUCTION**

NHSGGC will perform its functions within the total of funds allocated by Scottish Ministers and any other source of recognised income. All plans, financial approvals and control systems will be designed to meet this obligation.

#### **2.2 ALLOCATIONS AND REVENUE PLAN**

The Director of Finance will:

1. at least once per year, review the bases and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure NHSGGC's entitlement to funds;
2. submit Financial Plans to the Board for approval, for both revenue and capital expenditure, detailing sources of income and the proposed application of those funds, including any sums to be held in reserve;
3. ensure that the proposed application of funds reconciles to the allocations received and other sources of income;
4. ensure that the Financial Plan states clearly the significant assumptions on which it is based and details any major changes in activity, delivery of service or resources required to achieve the Plan;
5. ensure that the financial contribution to the Health and Social Care Partnership (HSCP) integrated budget is in accordance with the Integration Plan;
6. ensure that the Financial Plan reflects the objectives set out in the Annual Operational Plan and the Strategic Plans developed by HSCPs;
7. regularly report to the Board on significant changes to the initial allocation and the uses of such funds.

#### **2.3 PREPARATION AND APPROVAL OF BUDGETS**

The Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will predominantly cover allocations to Divisions and HSCPs to provide services for the delivery of healthcare and will also identify funding required for the operation of the corporate functions of NHSGGC. Such budgets will:

1. be in accordance with the aims and objectives set out in the Annual Operational Plan and the Strategic Plans developed by HSCPs;

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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

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 NHSGGC to expenditure must have authority to do so in the Scheme of Delegation. Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive, or the Director of Finance or the Board as appropriate in accordance with the Scheme of Delegation.

## **2.5 BUDGETARY CONTROL AND REPORTING**

The Director of Finance will devise and maintain systems of budgetary control. These will include:

1. financial reports available to the Board, in a form approved by the Board, containing:
  - income and expenditure to date showing trends and forecast year-end position;
  - movements in working capital materially affecting resource limits;
  - capital project spend and projected out-turn against plan;
  - explanations of any material variances from plan;
  - details of any corrective action where necessary;
  - an assessment of financial risk.

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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 [CEL 19 (2009) refers [See also Section 12 of these Instructions].

## **2.8 SCHEME OF DELEGATION**

The Board shall approve a Scheme of Delegation which will specify:

1. areas of responsibility;
2. nominated officers; and

3. the scope of the delegation in terms of financial value, time span etc.

The Scheme of Delegation will be reviewed and approved by the Board as part of the annual review of Corporate Governance arrangements.

## **2.9 PROJECT AUTHORISATION**

A Business Case for proposed changes to existing service provision must be submitted to the Finance, Planning and Performance Committee for approval where the proposal includes major service change, major workforce change or where the revenue implications are unfunded or greater than £1.5m. The proposal must be in accordance with the Board's clinical strategy and reflect the Annual Operational Plan and the HSCP's Strategic Plan

The Business Case should cover the following sections in sufficient detail to explain the proposal:

1. description of proposal;
2. statement of strategic fit;
3. detailed option appraisal, explanation of alternative options reviewed against a set of pre-agreed criteria and scoring summary;
4. financial appraisal, including summary of capital and revenue cost implications of alternative options;
5. overview of preferred option;
6. summary of implementation plan for preferred option with key milestones;
7. summary of benefit of preferred option;
8. risk management - plan for management of implementation and financial risks associated with preferred option; and
9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

The sources of funding for the proposed development must be identified with confirmation from existing budget holder(s) that the funds will be available for the proposed purpose. The Director of Finance will certify that additional allocations from SGHSCD identified in the Business Case will be available for that purpose.

Where the revenue implications of a project are up to £1.5m and funded from available resources a Business Case will be submitted for approval by the Acute Strategic Management Group, the HSCP Board or the Director of Finance as appropriate.

Where an approved Business Case requires third party spend the budget owner will complete a Project Authorisation checklist which will be forwarded to the Head of Procurement or relevant Board Procurement Lead as authority to proceed to Procurement.

## **2.10 REGIONAL PLANNING**

Regional Planning Groups simplify financial arrangements by reaching binding agreements on how regionally provided developments should be funded. The Board Chief Executive is a member of the West of Scotland Regional Planning



Group and is responsible for agreeing developments on behalf of the Board. The principles adopted by the Regional Planning Group are that:

- The costs of regional services, suitably benchmarked and validated, should be agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement.
- The NHS Board hosting the regional service should be able to clearly demonstrate the level of costs which result from providing the regional service with independent cost audits available if appropriate.
- Costs of regional services should be divided between the participating Boards on a weighted capitation basis rather than on volume of use unless this is inappropriate or unwieldy.
- The NHS Board hosting the regional service shall charge Boards for the service through the Service Level Agreement process.

## **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 Finance, Corporate Governance and Value in the first instance).

The Director of Finance will be responsible for ensuring that an adequate internal audit service is provided. The Audit and Risk committee has a key role in ensuring the effectiveness of the internal audit functions including:

- Overseeing the selection process for new internal auditors.
- Reviewing and agreeing the annual internal audit work plan.

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- Ensuring recommendations are actioned by the Executive Leadership Team.
- Disseminating audit reports to the relevant Board Committees.
- Encouraging the use of audit reports as improvement tools.
- Monitoring and assessing the effectiveness of the audit team.
- Awarding and termination of the contract for internal audit services.

The Director of Finance will be responsible for arranging the resources required to carry out any review or investigation which is commissioned directly by the Audit and Risk Committee under its Terms of Reference.

## 4.2 **EXTERNAL AUDIT**

NHSGGC's Accounts must be audited by auditors appointed by the Scottish Ministers. Under the Public Finance and Accountability (Scotland) Act 2000, the Auditor General for Scotland will secure the audit of the Board's Accounts on behalf of the Scottish Ministers.

The audit will be carried out in accordance with the Audit Scotland Code of Audit Practice and such other relevant legislation, directions and guidance as may be in force at the time.

The external auditor will discharge his reporting responsibilities under the Audit Scotland Code of Audit Practice by providing the following outputs from the audit:-

1. an Audit Certificate on NHSGGC's Statement of Annual Accounts;
2. a Final Report to Board Members; and
3. Management Letters and other reports to management as required.

The Director of Finance will ensure that:-

1. the external auditors receive full co-operation in the conduct of the audit;
2. the Final Report to Board Members together with the audited Accounts are presented timeously to the Board for noting and adoption, and the adopted Accounts are subsequently forwarded to the SGHSCD; and
3. action is taken in respect of all recommendations contained in the external auditor's reports and letters in accordance with the timetable agreed with the external auditor.

The Audit and Risk Committee is responsible for the oversight of the Board's relations with the external auditors including reviewing the scope of the annual audit plan. The external auditor will normally be expected to attend Audit and Risk Committee meetings and has a right of access to the Chair of the Board, all Audit and Risk Committee Members and other Members of the Board. The external auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

### 4.3 **DIRECTOR OF FINANCE**

The Director of Finance is responsible for:

1. ensuring that there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an internal audit function headed by a Chief Internal Auditor/Audit Manager of sufficient status;
2. ensuring that the internal audit service is adequate and meets NHS mandatory standards;
3. agreeing with the Directors of Finance of partner local authorities which incumbent internal audit team shall undertake the internal audit of an HSCP;
4. ensuring that responses to internal audit reports are provided timeously and that internal audit recommendations are implemented as agreed; and
5. ensuring that, in cases of fraud, the NHS Counter Fraud Service is notified without delay, in accordance with NHSGGC's Fraud Policy and the Partnership Agreement with NHS Counter Fraud Services.

The Director of Finance will ensure that cases of fraud, misappropriation or other irregularities are investigated in accordance with the Fraud Policy approved by the Board.

The Director of Finance will ensure that there is adequate communication between the external and internal auditors to avoid unnecessary overlapping of work.

### 4.4 **INTERNAL AUDIT**

The role of internal audit will be based upon the guidance contained in the Public Sector Internal Audit Standards (PSIASSs). 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:

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1. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case there will be a duty to safeguard that confidentiality);
2. access at all reasonable times to any premises or land of NHSGGC;
3. the production or identification by any employee of any Board cash, stores, or other property under the employee's control; and
4. explanations concerning any matter under investigation.

The Chief Internal Auditor/Audit Manager will report directly to the Director of Finance, and copy all reports to him. The Director of Finance will ensure that appropriate responses are provided and action is taken in respect of all internal audit reports.

1. the timetable for completion of reports and provision of responses will be as agreed between the Chief Internal Auditor/Audit Manager and the Director of Finance.
2. where, in exceptional circumstances, the use of normal reporting channels would be seen as a possible limitation of the objectivity of the audit, the Chief Internal Auditor/Audit Manager will seek the advice of the Chairman of the Audit and Risk Committee or Chairman or Vice Chairman of the Board.
3. failure to take any necessary remedial action within a reasonable period will be reported to the Chief Executive.

The Chief Internal Auditor/Audit Manager will normally attend Audit and Risk Committee meetings and has a right of access to the Chairman of the Board, all Audit and Risk Committee Members and other Members of the Board. The internal auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

The Chief Internal Auditor/Audit Manager will prepare an annual audit report for consideration of the Audit and Risk Committee. The report must cover:

1. a statement on the adequacy and effectiveness of NHSGGC's internal controls based on the audit work undertaken during the year;
2. major internal control weaknesses identified;
3. progress on the implementation of internal audit recommendations; and
4. progress against the internal audit annual plan over the previous year.

The annual audit report prepared for an HSCP will be made available to the Audit and Risk Committee.

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The Chief Internal Auditor/Audit Manager will prepare a strategic audit plan for consideration and approval of the Audit and Risk Committee. The plan will normally cover a period of three years and will be based on an assessment of the risks facing NHSGGC. Each year the Chief Internal Auditor/Audit Manager should update the plan and re-present it to the Audit and Risk Committee for approval.

The Strategic Audit Plan will be translated into an agreed Annual Plan which identifies the specific subjects to be audited in the coming year including any provision for contingencies and ad hoc work



## **SECTION 5**

### **BANKING ARRANGEMENTS**

#### **5.1 GENERAL**

The Director of Finance is responsible for managing NHSGGC's banking arrangements and for advising the Board on the provision of banking services and the operation of accounts, including the levels of delegated authority.

#### **5.2 BANKING PROCEDURES**

All funds will be held in accounts in the name of NHSGGC, subject to para 5.5 on Project Bank Accounts, and accounts may only be opened by the Director of Finance. Bank accounts operated by members of staff in any capacity should not be addressed to Board premises without the approval of the Director of Finance. Similarly non-NHSGGC entities should not use Board premises as an address for correspondence as to do so may imply a relationship with the Board.

Only authorised signatories may draw on these accounts. The Director of Finance will approve and maintain a list of authorised signatories for this purpose.

All transactions relating to Board business must be reflected through these accounts.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

The Director of Finance is responsible for:

1. establishing bank accounts;
2. establishing separate bank accounts for NHSGGC's non-exchequer funds;
3. defining the use of each account; and
4. ensuring that payments made from bank accounts do not exceed the amount credited to the account except as detailed in section 5.3 below.

The Director of Finance will ensure that detailed written instructions on the operation of bank accounts will include:

1. the conditions under which each bank account is to be operated;
2. a list of those authorised to sign cheques or other orders drawn on NHSGGC's accounts, including specimen signatures and the level of authority delegated to each signatory;
3. a list of those authorised to authenticate electronic payments.

The Director of Finance must advise NHSGGC's bankers in writing of the conditions under which each bank account is to be operated. This will include a list of authorised signatories with specimen signatures and the level of authority delegated to each.

The Director of Finance will advise NHSGGC's bankers of the conditions under which any on-line banking service to which NHSGGC subscribes is to be operated, including lists of those authorised to approve transfers between accounts and BACS payments to other bodies, together with levels of authority.

### **5.3 BANK ACCOUNTS**

The balances of accounts holding exchequer funds should not exceed any limits that may be set, from time to time, by the SGHSCD. All surplus funds must be maintained in accordance with the banking guidelines issued by SGHSCD.

Balances in commercial bank accounts should be kept to the minimum consistent with the principles of not providing funding in advance of need and avoiding accounts being overdrawn. Bank accounts will not be permitted to be overdrawn, pooling arrangements on bank accounts maintained in the same name and in the same right notwithstanding.

### **5.4 TENDERING AND REVIEW**

The Director of Finance will review the banking arrangements of NHSGGC at regular intervals to ensure they reflect best practice and represent best value for money.

Banking services will be subject to the procurement procedures set out in Section 10 of these Instructions.

### **5.5 PROJECT BANK ACCOUNTS**

A Project Bank Account (PBA) operates as a legal trust through the signing of a trust deed by the trustees (NHSGGC and the main contractor) signing a trust deed which complies with the law of Scotland and which names the beneficiaries to be paid from the PBA (main contractor and sub-contractors). They will be set up by NHSGGC (the commissioning body) and opened in joint names with the main contractor. The Director of Finance will oversee the opening of the PBA which will operate the authorisation of payments for qualifying projects in the same way other construction assessments/interim certificates are made at present on construction schemes within NHSGGC.

## **SECTION 6**

### **INCOME, SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

#### **6.1 INCOME SYSTEMS**

The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

All staff charged with the responsibility of administering monies have a duty to ensure that these funds are safeguarded and that any monies received are banked promptly.

#### **6.2 INCOME FROM EXTERNAL BODIES**

Where services are provided to external bodies, and the fees or charges are not determined by SGHSCD or by Statute, those responsible for that service must ensure that an appropriate charge is made which recovers all relevant overheads. These charges should be reviewed annually. Independent professional advice on matters of valuation will be taken as necessary.

Where income generation work is not undertaken as part of an NHS Body's function under the National Health Service (Scotland) Act 1978 appropriate insurance cover or indemnity must be obtained which covers the Board's legal liability arising from such work. Any additional cost incurred must be recovered by the fees charged.

Employees entering into arrangements whereby fees are charged to, or income received from, a third party must inform the relevant senior financial officer who will advise on an appropriate level of fee and authorise the arrangement. The relevant senior financial officers are:-

Board:

- a) the Director of Finance
- b) the Assistant Director of Finance – Financial Services, Capital and Payroll

Acute:

- a) the Director of Finance
- b) the Assistant Director of Finance – Acute and Access
- c) the Directorate Heads of Finance

HSCPs: the CFO of the HSCP in conjunction with the Director of Finance or the Assistant Director of Finance – Financial Planning and Performance where appropriate.

Fees may be waived only on the authority of one of the aforementioned.

Advice should be obtained in relation to non-standard contracts and agreements. Prior approval will be required prior to contacting the NHS Scotland Central Legal Office.

Departments must maintain a register of all such contracts and agreements. The register will be reviewed by the relevant Head of Finance or Chief Financial Officer annually.

Intellectual Property and any income generated will be managed in accordance with NHS MEL (1998) 23, the Policy Framework for managing Intellectual Property in the NHS arising from Research and Development and HDL (2004) 09, Management of Intellectual Property in the NHS.

### **6.3 GRANTS AWARDED BY OTHER PARTIES**

Where a grant is awarded to NHSGGC by a third party in respect of a specific project or piece of work, the Director of the department receiving the grant should discuss with the Director of Finance the accounting arrangements and any requirement for the grant to be audited.

### **6.4 DEBT RECOVERY**

The Director of Finance is responsible for ensuring that appropriate recovery action on all outstanding debts is taken.

Income not received/bad debts should only be written-off with the appropriate authority and dealt with in accordance with the losses procedures detailed in section 18 "Fraud, Losses and Legal Claims".

Systems should be put in place to prevent overpayments, but where they do occur, overpayments should be detected and recovery initiated. Write-off of unrecovered amounts is also covered in section 18, as referred to above,

### **6.5 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

The Director of Finance is responsible for ensuring:

1. the approval of the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
2. the appropriate ordering and secure control of any such stationery; and
3. that systems and procedures for handling cash and negotiable securities on behalf of NHSGGC are in place;

In addition the Director of Estates and Facilities is responsible for ensuring:

1. the provision of adequate facilities and systems for employees whose duties include collecting and holding of cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
2. that a system for the transportation of cash is in place.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

Cash balances held on NHSGGC premises will be kept to the minimum required for the provision of NHSGGC services. Any increase or decrease in the level of funds held, whether temporary to cover exceptional periods or permanent, must be authorised by the Head Cashier.

All cheques, cash and other negotiable instruments should be banked intact promptly, to the credit of the prescribed income or debtors account. The makeup of cash banked may be altered where change is required by the site provided the total amount of cash banked is unchanged. Cheques may not be substituted for cash and disbursements may not be made from cash received.

The holders of safe keys should not accept unofficial funds for depositing in their safes.

Keys should be held on the keyholder's person or kept secure at all times. Keys should not be kept in, or on, desks (either hidden or otherwise). A spare safe/petty cash key should be held by a manager 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;

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.

**SECTION 9****NON-PAY EXPENDITURE****9.1 INTRODUCTION**

All non-pay expenditure will be authorised, purchased and paid in accordance with these Standing Financial Instructions and the Board's Scheme of Delegation, ensuring that NHSGGC achieves financial balance, procures best value for money goods and services, meets commercial best practice and complies with competition legislation.

**9.2 STAFF RESPONSIBILITIES**

The Director of Finance will ensure that:

1. all accounts and claims are properly paid;
2. the Board is advised on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;
3. these thresholds are regularly reviewed; and
4. that NHSGGC has a Construction Procurement Policy that is consistent with national policy and guidelines.

The Head of Procurement is responsible for ensuring the preparation, maintenance and issue of procedural instructions on the procurement of goods, works and services incorporating these thresholds.

All non medicine procurements will be administered by the Procurement Department unless specific delegated purchasing authority has been granted by the Chief Executive. In some cases Procurement delegates purchase order responsibility to other "expert" departments whilst maintaining overall responsibility for commercial arrangements.

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
Pharmacy Services:	All medicines
Capital Planning:	All major building projects
Operational Estates:	Minor building and building repair projects
eHealth:	All IT projects, software, hardware and desktop.
Procurement:	All other 'in-scope' non-pay expenditure

The Director of Pharmacy is responsible for the ordering of, the safe storage and distribution of medicines in accordance with the Human Medicines Regulations 2012 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**

All contracts and purchases will be tendered in accordance with SFI10 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates

The Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act are applicable to all public sector organisations. These regulations are prescriptive in their requirements for public sector organisations and these SFI's are designed to ensure NHSGGC's full compliance.

The Freedom of Information (Scotland) Act 2002 (and any subsequent amendments) is applicable to public sector procurements where specific provisions and requirements with regard to disclosure of information apply and may override commercial sensitivities in some circumstances if deemed in the public interest. Given the potential for commercial prejudice therefore, and the risks to NHSGGC associated with compliance or non-compliance with the FOI Act, a structured and disciplined tender and contract award process taking into account FOI requirements shall apply in most circumstances. These SFIs set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the provisions and requirements of this regulation.

The Equality Act 2010 outlaws any discrimination, including any potential discrimination through the provision of goods and services. All public authorities therefore have a duty to take equality into account when procuring goods, works, or services from external providers. These SFI's set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the legal provisions and requirements and that suppliers and contractors adhere to the equality and diversity legislation and principles.

## **Contracts**

By definition a contract is any agreement between NHSGGC and other party/parties that is enforceable by the law. Contracts can be formed orally, in writing or even by conduct.

Where national, regional or local contracts exist (including framework agreements) the overriding principle is that use of these contracts is mandatory. Only in exceptional circumstances and with the authority of the Head of Procurement or the Director of Finance shall goods or services be ordered out-with such contracts. The Head of Procurement will maintain a record of any contracts placed out-with such contracts.

All contracts will have a sound basis in law and appropriate commercial contract conditions must be chosen to minimise the risk of any adverse litigation. 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 prior to 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**

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**

All requisitions and associated orders for the purchase of items must be properly authorised in accordance with these SFI's. The ordering/authorising officer is responsible for satisfying themselves that NHSGGC's contracting and ordering instructions have been properly complied with before they sign an order and that the order does not commit NHSGGC to expenditure in excess of the budgeted amount.

The Director of Finance has responsibility, acting on behalf of the Chief Executive, for the setting of financial limits as defined in the Scheme of Delegation.

**Delegation of Authority**

The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

Each operating unit will maintain a Scheme of Delegation and all employees must comply with the limits set in all aspects of non-pay expenditure. The Head of Financial Governance will be responsible for ensuring that schemes are consistent. Delegated limits will be reviewed annually by the relevant Head of Finance/Chief Financial Officer.

Requisitions for supplies can only be authorised by the budget holder of the directorate or department (or someone formally delegated with that authority) where the expenditure is planned and covered by available funds. The Director of Finance will ensure that there is a list of authorised signatories maintained for this purpose. Such delegated authority will be embedded in any electronic purchasing systems.

**Purchase Orders**

Only NHSGGC's authorised ordering officers, as approved by the Director of Estates and Facilities, shall sign purchase orders. This includes authorised ordering officers where Procurement has delegated authority to other "expert" departments (section 9.2).

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted to make commitments out-with the official 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 and NHSGGC's Construction Procurement policy.

## **Trial/Loan Products**

Products e.g. medical equipment, shall not be taken on trial or loan from suppliers or contractors unless authorised in accordance with these SFI's and the Scheme of Delegation and/or approved by the appropriate procurement department to ensure any arrangements are consistent with purchasing policy and do not commit the Board to a future uncompetitive purchase. The Board's Code of Conduct should be followed in these instances.

## **9.4 PAYMENT OF ACCOUNTS**

The Director of Finance will ensure that there are adequate systems and procedural instructions covering the procurement process and the procedures for the verification, recording and payment of accounts and claims payable. These procedures will ensure that:

1. properly authorised accounts and claims are paid promptly in accordance with the terms of the Late Payment of Commercial Debt (Interest) Act 1998 (and any subsequent amendments) and payment of contract invoices is in accordance with contract terms, or otherwise in accordance with national guidance;
2. payment shall only be made for goods and services that have a corresponding official purchase order; and
3. payment for goods and services is only made when goods and services are received and accepted (excepting exceptional circumstances).

Specifically the system will include checks that:

1. goods received are in accordance with those ordered and that prices are correct or within tolerances approved by the Director of Finance.
2. work done or services rendered have been carried out satisfactorily and are in accordance with the order and the agreed contract terms.
3. in the case of contracts for measured time, materials or expenses, time is verified, rates are in accordance with those quoted, and materials or expenses are verified for quantity, quality and price.
4. expenditure is in accordance with regulations and authorisations.
5. the account is arithmetically correct.
6. VAT and other taxation is recovered where permitted by legislation.

7. the account is in order for payment.

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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Pre-Market%20Engagement%20Procedure.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

## BOARD OFFICIAL

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.

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 - £138,760	Over £138,760
Services	£0 - £50k	£50k - £138,760	Over £138,760
Social & Other Specific Services*	£0 - £50k	£50k - £663,540	Over £663,540

Works	£0 - £2m	£2m - £4,447,447	Over £4,447,447
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\*Social and Other Specific Services 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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Social%20and%20Other%20Specific%20Services%20Guidance.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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS002%20Competitive%20Quotations%20Procedure.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.

## 10.8 **COMPETITIVE TENDERING**

Where the supply of goods or services is estimated to be **£50,000** (ex VAT) or above, officers should comply with the **Regulated Procurements Procedure** available here:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Regulated%20Procurements%20Procedure.pdf>

## 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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS001%20SFI%20Waiver%20Procedure.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.

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.



## **SECTION 11**

### **MANAGEMENT AND CONTROL OF STOCK**

The Head of Procurement is responsible for the control of stores, except for:

1. pharmaceutical stock, which is the responsibility of the Director of Pharmacy ; and
2. laboratories, radiography, occupational therapy and IM&T equipment, which are the responsibility of the senior manager in each of those departments.

The Head of Procurement will ensure that there are adequate arrangements in place to monitor and control the performance of any third party supplying storage and distribution services for stock owned by the Board.

Responsibility for security arrangements and the custody of keys for all stores locations should be clearly defined in writing and agreed with the designated manager, as referred to above or the Head of Procurement.

All stores systems and records should be in a form specified by the Head of Procurement or Director of Finance. Where practicable, stocks should be marked as Board property.

Records should be maintained of all goods received and a delivery note should be obtained from the supplier at the time of delivery and should be signed by the person receiving the goods. The acceptance and recording of goods received should be independent of those that requisitioned/ordered the goods. Instructions should be issued to staff covering the procedure to be adopted in respect of:

1. where the quantity delivered does not agree with that ordered;
2. where the quality/specification is unsatisfactory or not in accordance with the order;
3. where no delivery note is available; and
4. notification of suppliers of unsatisfactory deliveries.

All issue of stores must be supported by a requisition, authorised by the appropriate Budget-holding manager (or delegated officer). The Head of Procurement must be notified of all authorised signatories and their delegated authorities. The receiving department should acknowledge receipt of stores, this must be returned to the Stores Department independent of the storekeeper.

All transfers and returns should be recorded in a form approved by the Head of Procurement.

Breakages, obsolete stock and other losses of goods in stores should be recorded as they occur and a summary presented to the managers identified as responsible on a regular basis.

Stocktaking arrangements should be agreed with the Director of Finance or the Assistant Director of Finance - Financial Services, Capital and Payroll and a physical check covering all items in store performed at least once a year. The physical check should involve at least one officer other than the storekeeper. The stocktaking records should be

numerically controlled and signed by the officers undertaking the check. Any surpluses or shortages revealed in stocktaking should be reported immediately to the Head of Procurement, who will investigate as appropriate. Known losses of stock items not on stores control should also be reported to the Head of Procurement. The Head of Procurement will report all losses to the Director of Finance on an annual basis, or immediately if significant or caused by fraud or theft.

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)<sup>40</sup>. These Instructions reflect the inherent responsibility of Boards to manage their capital needs from within available capital funds.

These Instructions should be read in conjunction with the Scottish Capital Investment Manual, the Scottish Government Construction Procurement Handbook and NHSGGC's Construction Procurement Policy. For property transactions, the relevant guidance is contained in the NHS Property Transaction Handbook.

The Board's Chief Executive Officer is responsible for ensuring compliance with mandatory policy and guidance.

#### **12.2 CAPITAL INVESTMENT PROCESS**

An annual Capital Plan will be developed by the Property and Asset Strategy Group (PASG). This will be submitted to the Finance, Planning and Performance Committee for review prior to submission to the Board for approval.

The Capital Plan must be in line with the Board's strategic direction and reflect the objectives set out in the Annual Operational Plan. The Capital Plan will detail specific ring fenced allocations plus the national formula capital allocation.

The Finance, Planning and Performance Committee will approve the Boards strategy for investment in GP practices.

The Director of Finance and/or the Director of Estates and Facilities/Director of eHealth (as appropriate) will ensure that a Business Case is produced in accordance with the SCIM guidance for all new major capital expenditure proposals.

The requirements for each level of expenditure are:

- up to £3m a Summary Business Case
- Between £3m and £10m a Standard Business Case
- Over £10m an Initial Agreement, Outline Business Case and Full Business Case

The Director of Finance will ensure that for every capital expenditure proposal, the PASG will be provided with assurance that the financial consequences, both capital and revenue, of the proposal have been fully identified, and are within the constraints of the Financial Plan.

The delegated limits to approve Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £10m however proposals above £5m will be submitted to the Capital Investment

Group (CIG) at SGHSCD to allow for additional scrutiny prior to approval by the Board. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board 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 £2m is delegated to PASG.
- e) Authority to approve capital proposals, including unfunded proposals, up to £1m is delegated to CPG

A Business Case will be required for each proposal commensurate with the size and complexity of the project.

In addition for IM&T proposals the Director of eHealth has authority to approve proposals up to £0.5m from national formula capital allocation.

In the Acute Division Business Cases will be countersigned by the Chief Officer and the Assistant Director of Finance – Acute and Access prior to review by the Strategic Management Group and the Acute Capital Forum. Business Cases will then be submitted to the PASG for approval.

HSCP Business Cases will be countersigned by the relevant Chief Officer and the Chief Financial Officer. After approval by the HSCP Management Team it will be submitted to the PASG for approval.

On approval of a capital expenditure scheme the Head of Finance – Capital and Planning will issue a capital scheme number and update the Capital Plan.

### **12.3 NATIONAL FORMULA ALLOCATION**

The Board receives a national formula allocation for minor works each year. The CPG allocates this funding to the Acute Capital Planning Forum, the Capital Equipment Group, and to the eHealth Senior Management Team. Each committee has responsibility to manage expenditure within their allocation. Capital expenditure proposals less than £1m will normally be funded from the minor works allocation however where a proposal has Board wide implications a Business Case should be submitted to PASG for approval with no de minimis value. Estates minor works will usually be used to reduce backlog maintenance and for statutory compliance and condition improvement projects under the direction of the Director of Estates and Facilities.

### **12.4 REVENUE FUNDING**

Revenue funding made available by SGHSCD for a specific purpose may require minor capital expenditure to implement the service change. In these circumstances a capital scheme number will be issued by the Head of Finance – Capital and Planning and the Capital Plan updated accordingly.

## **12.5 CAPITAL EXPENDITURE APPROVAL PROCESS**

Where a capital expenditure proposal is approved and a capital scheme number is issued by the Head of Finance – Capital and Planning, the Director of Finance or the Director of Estates and Facilities in accordance with the Board's Scheme of Delegation, will ensure that authority to proceed to procurement is issued to the manager responsible for the capital expenditure proposal.

The Property Management Group will approve the following property transactions;

- a) acquisitions and disposals where the value is up to £0.150m,
- b) where the annual lease/rental charge is up to £0.150m

PASG will approve property lease/rentals and property acquisitions and disposals between £0.015m and £1.5m.

The Finance, Planning and Performance Committee will approve all property lease/rentals and acquisitions and disposals above £1.5m.

Procurement of all capital items will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

## **12.6 MAJOR CAPITAL PROGRAMMES**

Where CIG approval is given for major capital schemes the Board may delegate authority for managing the approved allocation to a Project Board. The management of any such projects will be structured in accordance with the Scottish Government Construction Procurement Handbook issued by the SGHSCD and NHSGGC's Construction Procurement Policy. The Project Director will provide progress reports to the Board on a regular basis.

## **12.7 REGIONAL PLANNING**

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure included in any regional planning business case where it will become a Board asset.

## **12.8 PRIVATE FINANCE**

Where any additional capital works are considered as a variation to an existing PPP/PFI contract the capital investment process detailed above should be applied.

## **12.9 THIRD PARTY DEVELOPER SCHEMES /HUB**

Third party developer schemes such as hub are used to support infrastructure developments particularly within primary care settings. All projects funded by third party developers and other ways of providing new premises for independent contractors such as GPs and GDPs are subject to the same business case approvals process as any other proposed development.

The Director of Finance shall demonstrate that the capital procurement route represents value for money and genuinely transfers risk to the private sector.

The PASG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

#### **12.10 HSCP CAPITAL PLANNING**

Each HSCP will prepare a 3 year capital plan in tandem with the annual capital planning process operated by each parent organisation. This will be submitted to a HSCP Steering Group for review by senior HSCP, Board and Local Authority officers. Following this review it will be taken forward within the Board or Local Authority planning process as appropriate.

Each HSCP will update and formally approve its 3 year capital plan annually.

The nominated HSCP Chief Officer and Chief Financial Officer will be a full member of the PASG.

#### **12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS**

Where a joint project is led by a Local Authority or other partner the Board must seek to ensure that NHSGGC contributions to such schemes represent value for money and are affordable. The approvals process detailed above should be applied to such schemes.

#### **12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA ensures that subcontractors get paid promptly for work done and that those payments are ring fenced if the main contractor ceases trading. A PBA will be a condition of tender for all such projects.

A PBA operates as a legal trust and a trust deed must be agreed for each project that uses a PBA. A template is provided in the SG guidance on Implementing Project Bank Accounts in Construction Projects. Any arrangement for a trust deed to cover more than one main contract, from the commissioning body's perspective, is not recommended. Further information on PBAs is provided in the SG guidance Implementing Project Bank Accounts in Construction Projects.

## **SECTION 13**

### **ASSETS**

#### **13.1 ASSETS**

Assets include all property of NHSGGC including physical assets, such as buildings, equipment, vehicles, stores, cash, and intangibles such as intellectual property or goodwill. All staff have a duty to protect and safeguard the assets of NHSGGC in the performance of their duties and it is the responsibility of the Chief Executive to ensure that there are adequate systems in place to maintain satisfactory control of fixed assets. All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Investment.

#### **13.2 ASSET REGISTERS**

For the purposes of these Instructions, Fixed Assets will be defined in accordance with the guidance contained in the Capital Accounting Manual produced by the SGHSCD.

The Director of Finance will ensure that an Asset Register is maintained, and that all Fixed Assets are accurately and timeously recorded in the Register in accordance with the guidance contained in the Capital Accounting Manual.

The Director of Finance will ensure that procedural instructions are prepared and implemented to ensure that:-

1. additions to the fixed asset register are clearly identified to an appropriate budget holder and validated by reference to:
  - a. properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
  - b. stores, requisitions and wages records for own materials and labour including appropriate overheads; and
  - c. lease agreements in respect of capitalised assets;
2. where capital assets are sold, scrapped, lost or otherwise disposed of, their value is removed from the accounting records and each disposal validated by reference to authorisation documents and invoices (where appropriate);
3. balances on fixed assets accounts in ledgers are reconciled to balances on the fixed asset register;
4. the value of each asset is indexed to current values in accordance with methods as specified in the Capital Accounting Manual;



5. the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of NHSGGC; and
6. capital charges are calculated and paid as specified in the Capital Accounting Manual.

A joint operational sub-group representing each HSCP will be responsible for maintaining:

1. a joint property database incorporating all local authority and NHS Community properties; and
2. a register of jointly occupied properties recording details of joint funding agreements.

### **13.3 SECURITY OF ASSETS**

The Director of Finance will ensure that procedures for the control of assets are prepared and implemented. These procedures will make provision for the:

1. recording of managerial responsibility for each asset;
2. identification of additions and disposals;
3. identification of all repairs and maintenance expenses;
4. physical security of assets;
5. periodic verification of the existence of, condition of, and title to, assets recorded; and
6. identification and reporting of all costs associated with the retention of an asset.

The Director of Finance will ensure all discrepancies revealed by verification of physical assets to the fixed asset register are investigated in accordance with the procedures set out in Section 18 of these Instructions.

Whilst each employee has a responsibility for the security of property of NHSGGC, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to NHSGGC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses (Section 18 of these Instructions).

Where practical, assets should be marked as NHSGGC property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal.

(See Section 6 of these Instructions for security of cash cheques and other negotiable instruments)

#### **13.4 DISPOSAL OF ASSETS**

All disposals of assets should secure maximum income for NHSGGC (or minimise the cost where the disposal has no proceeds) other than when donated to a charitable organisation (refer to section 13.5). Assets with an estimated value greater than £1,000 should be disposed of on the open market with arrangements commensurate with the value of the disposal. Under this level, the responsible manager must record and demonstrate that the best outcome for NHSGGC has been obtained. Where the disposal incurs a cost to NHSGGC, it should be dealt with in accordance with SFI 10 Orders Quotations and Tenders.

Where a disposal is made to a related party (i.e. other than at “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).

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. A number of officers throughout NHSGGC have been trained in the requirements of FOISA. Anyone receiving a formal request for information should immediately pass it to one of the FOISA trained officers or, alternatively, the Director of Corporate Governance and Administration.

Staff should continue to respond timeously to general requests for information, where it has been customary to do so, without reference to FOISA officers.

#### **14.2 CONFIDENTIALITY AND SECURITY**

All employees have a responsibility to treat as confidential information which may be available to them, obtained by them or derived by them whilst employed by NHSGGC. They should not breach this duty of confidence by disclosing confidential information, using it in an unauthorised manner, or providing access to such information to unauthorised individuals or organisations.

The complexity of delivering healthcare services means there is a need to facilitate appropriate access in a seamless manner to patients' information throughout the patient journey. Information sharing between organisations should be in accordance with the Intra-NHS Scotland Information Sharing Accord (2020).

Executive Directors and Heads of Department are responsible for the security and accuracy of data relating to their area of responsibility. In particular, the Director of Finance is responsible for the security of NHSGGC data processed and stored by information systems designed or procured under his responsibility. They are responsible for ensuring the accuracy and security of NHSGGC's financial data, including that held on and processed by computer.

Directors should discharge these responsibilities in accordance with the Scottish Government Information Security Policy Framework.

These instructions should be read in conjunction with:-

1. the Computer Misuse Act 1990 (as amended by the Serious Crime Act 2015);
2. the Data Protection Regulations;

3. NHS CEL (2011) 25 – Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors;
4. NHS CEL (2012) 25 – NHS Scotland Mobile Data Protection Standard ; and
5. NHS Scotland Code of Practice - Protecting Patient Confidentiality.

#### **14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION**

Under the terms of NHS MEL (1999) 19 and subsequent guidance issued by the SGHSCD, NHSGGC has nominated the Director of Public Health as the Caldicott Guardian to “safeguard and govern the uses made within NHSGGC of patient identifiable information including both clinical and non clinical information.” The Director of Public Health will be supported by the Board’s Medical Director.

#### **14.4 RESOLUTION OF CONFLICT**

The Director of Finance or the Director of Public Health must be consulted in the event of a conflict arising between NHSGGC's obligations under the Code of Practice on Openness/FOISA and the need to maintain confidentiality.

#### **14.5 COMPUTERISED FINANCIAL SYSTEMS**

The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of NHSGGC, will ensure that:

1. procedures are devised and implemented to ensure adequate protection of NHSGGC's data, programs and computer hardware, for which he is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Regulations;
2. adequate controls exist over data entry, processing, storage, transmission and output, to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
3. adequate controls exist such that the computer operation is separated from systems development, maintenance and amendment;
4. an adequate audit trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

The Director of Finance will ensure that contracts for computer services for financial applications with another health organisation, other agency or external supplier shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage.

The contract will also ensure the rights of access for audit purposes and the Director of Finance will periodically seek assurances that adequate controls are in operation.

Where computer systems have an impact on corporate financial systems, the Director of Finance must be satisfied that:

1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC's Digital Strategy;
2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;
3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

#### **14.6 RETENTION OF RECORDS**

The Scottish Government Records Management NHS Code of Practice 2020 and the NHSGGC Corporate Records Policy provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice encompasses the requirements of:

- Public Records (Scotland) Act 1937; as amended by the
- Public Records (Scotland) Act 2011;
- Data Protection Regulations;
- Freedom of Information (Scotland) Act 2002;
- NHS Scotland Code of Practice on Protecting Patient Confidentiality; and
- Environmental Information (Scotland) Regulations 2004;

Any other relevant laws or regulations and subsequent instructions/guidance issued by the SGHSCD must also be complied with when considering retention of records.

The Director of eHealth and the Head of Records will issue guidance on this matter as required and in cases of doubt their advice should be obtained.

#### **14.7 INFORMATION SHARING WITH LOCAL AUTHORITIES**

Section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the Board to disclose information to one or more local authorities which they may reasonably require for, or in relation to, the preparation of a strategic plan.

**SECTION 15****ENDOWMENT FUNDS****15.1 GENERAL**

Endowment funds are defined as money or property donated to the Board and held on trust for such purposes relating to services provided under the National Health Service (Scotland) Act 1978 or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit. The Board is appointed as a corporate trustee to hold the funds and property attributable to the endowment funds and Board members are appointed as Trustees of the endowment funds.

The endowments are constituted under the National Health Service (Scotland) Act 1978. As the NHSGGC Endowment Funds are registered with the Office of the Scottish Charities Regulator (OSCR) the Trustees must also comply with the Charities and Trustee Investment (Scotland) Act 2005.

The legally registered name of the charity is the Greater Glasgow Health Board Endowment Funds. “NHS Greater Glasgow and Clyde Endowment Funds” is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board Endowment Funds.

The endowment Trustees are all the members of the Health Board. They are responsible for the general control and management of the charity in accordance with the NHS Greater Glasgow and Clyde Endowment Funds Charter and operating policies and procedures. Fundholders must comply with the Endowment Operating Instructions which are available on Staffnet.

**15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS**

The purpose of the Board’s endowment funds is the advancement of health through;

- a) improvement in the physical and mental health of the local population;
- b) the prevention, diagnosis and treatment of illness;
- c) the provision of services and facilities in connection to the above; and
- d) the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.
- e) education and development in connection to the above.

Charitable donations should only be accepted by the Trustees where they are consistent with this purpose.

The receipt of a charitable donation can attract substantial media interest, particularly where it represents a considerable amount of money. The Trustees



must consider whether there are reasons why a donation might be inappropriate and should therefore be refused. While the following list is not exhaustive, it sets out circumstances where a donation should be refused.

- It specifies further requirements that the Board cannot meet.
- It specifies conditions which are incompatible with the purpose of the Board's endowments.
- Onerous conditions are attached to the donation, which are not acceptable or cannot be met. For example, where the donation is for the provision of particular equipment or facilities, and the running of which would not be cost-effective or would be unaffordable.
- 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:

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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”), the Board must provide primary medical services within its area or secure their provision within its area, by establishing and operating the following services:

- Childhood Immunisation \*Pneumococcal Immunisation \*
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation \*
- Shingles (Herpes Zoster) Immunisation \*
- Meningitis B Immunisation \*
- Preschool Boosters
- Rotavirus
- Seasonal Influenza \*

\*Note that funding for Immunisation Schemes will transfer to the Global Sum from 2022/23.

The Board must, where necessary, vary the contractor's primary medical services contract so that the plan setting out these arrangements comprises part of the contractor's contract and the requirements of the plan are conditions of the contract. Prior to issuing payments in accordance with the above paragraph, the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018.

Coronavirus Vaccinations (Directed Enhanced Services)(Scotland) Directions 2020: During the period in which these Directions are in force, the Board must ensure that arrangements are in place for the provision of coronavirus vaccinations to all eligible persons within their area in accordance with the 2018 Directions as amended by these Directions.

### **National Enhanced Services**

The Board will determine which National Enhanced Services it wishes to implement.

The GMS Operational Group will authorise implementation of the National Enhanced Service ensuring that the financial impact is within available resources.

The national specification and guidelines for the National Enhanced Service will be applied.

### **Local Enhanced Services**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The enhanced service specifications outline the more specialised services to be provided. The specification of these services is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond scope of essential services. No part of these specifications by commission, omission or implication defines or redefines essential or additional services.

The GMS Operational Group will authorise implementation of the Local Enhanced Service ensuring that the financial impact is within available resources.

The specifications for the Local Enhanced Services will be agreed by the GMS Operational Group in consultation with the local Medical Committee.

## **16.6 PAYMENT VERIFICATION**

Accountability for carrying out payment verification ultimately rests with the Board. Whilst the majority of payment verification will be undertaken by Practitioner Services (in accordance with the Partnership Agreement between Practitioner Services and the NHS Boards) there may be instances where it is more appropriate for payment verification to be undertaken by the NHS Board. Consequently, there is an onus on Practitioner Services and NHS Boards to agree the annual payment verification programme. Payment verification will be undertaken in accordance with the payment verification protocols issued in DL (2020)26.

## **SECTION 17**

### **HEALTH AND SOCIAL CARE PARTNERSHIPS**

#### **17.1 INTRODUCTION**

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the Board has delegated functions and resources to Health and Social Care Partnerships (HSCPs). The functions to be delegated to the HSCPs are prescribed in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Each HSCP will be responsible for managing expenditure within allocated budgets.

#### **17.2 HSCP STRATEGIC PLAN**

HSCPs will produce a Strategic Plan which will incorporate a financial plan for the resources within scope of the HSCP. The Strategic Plan will set out the level of capacity required each year in all of the sectors in the care pathway and the allocation of resource within scope of the plan across the sectors. The HSCP Chief Officer, supported by the Chief Finance Officer, will develop a case for an Integrated Budget based on a Strategic Plan which has been approved by both the Health Board and the Local Authority.

The allocations made from the HSCP to the parent bodies for operational delivery of services will be set out in the financial plan that underpins the Strategic Plan.

#### **17.3 BUDGETS DELEGATED TO AN HSCP**

The management responsibility for a budget delegated to an HSCP will be determined by the category of budget. The categories are described below.

- 1. Directly Managed Budgets**

Budgets such as District Nursing where there are no specific conditions attached due to the nature of the funding source.

- 2. Directly Managed Ringfenced**

Budgets where the HSCP has been allocated budget management responsibility but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of the funding is ring fenced for specific purposes.

- 3. Managed on Behalf (MOB)**

Service budgets where one HSCP is responsible for managing the service on behalf of one or more other HSCPs. Where such hosted arrangements apply the responsible HSCP will be expected to manage the overall service expenditure within available funds.

- 4. Centrally Managed with Spend/Consumption Targets (CMT)**

The budget will remain centrally managed but the HSCPs will actively participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets.



**5. Centrally Managed**

Budgets will continue to be managed centrally on account of their nature and/or scale.

**6. Set Aside (including Acute)**

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 NHS GGC, in circumstances where that employee carries out Delegated Functions.

**17.4 VIREMENT**

An HSCP may vire resources across partners to enable implementation of strategic plans. Virement proposals will require the support and commitment of the HSCP Chief Financial Officer, the Board Director of Finance and the Local Authority Finance Officer. Agreed virements will be paid to partner authorities through the resource transfer mechanism.

Where virement of funds may have an impact on service provision by another HSCP, area wide partnership or Board wide managed service, the proposal must be supported by the head of that service and by the relevant Chief Financial Officers.

**17.5 NON RECURRING FUNDING**

HSCPs may receive non-recurring funding in any one year from the Board which relates to a specific activity. HSCPs must account for such funding as required and must not utilise it for purposes other than funded activity. HSCPs should not plan for a recurrence of such funding.

**17.6 RESERVES**

HSCPs may hold reserves subject to the agreed reserves policy.

**17.7 CAPITAL PLANNING**

Each HSCP will undertake a strategic review of service priorities in order to develop a 3 year Capital Plan. This will be reviewed annually in tandem with a review of its premises needs, including existing owned and leased clinical and office premises.

**17.8 BUSINESS CASES**

Where NHSGGC funding is the sole targeted source of finance the Business Case guidance in Section 2 of these SFIs should be followed.

## **SECTION 18**

### **FRAUD, LOSSES AND LEGAL CLAIMS**

#### **18.1 FRAUD, OTHER CRIMINAL OFFENCES AND FINANCIAL IRREGULARITIES**

The Chief Executive, as Accountable Officer, is responsible for ensuring that all suspected fraud, theft, bribery, corruption and other financial irregularities are investigated and appropriate action taken. Operational responsibility for this is delegated to the Director of Finance and/or NHSGGC's Fraud Liaison Officer, who will take/instruct the necessary action and keep the Chief Executive informed of any salient issues, or where controversy may arise. NHSGGC has a formal Fraud Policy, which sets out the Board's policy and individuals' responsibilities. The Policy is supported by a formal Partnership Agreement with NHS Counter Fraud Service which details the action to be taken when fraud, theft, corruption or other financial irregularities are suspected (ensuring compliance with circular DL(2022)06. The following paragraphs provide an outline of the requirements but the Fraud Policy should be referred to for further detail.

The definitions of fraud, corruption and embezzlement (generally referred to as "fraud") and the related activity of theft are contained in the Fraud Policy, and are as follows:-

*Fraud: the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party.*

*Bribery or Corruption: the offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person.*

*Embezzlement: the felonious appropriation of property by a person to which it has been entrusted.*

*Theft: the dishonest appropriation of property without the consent of the rightful owner or other lawful authority.*

NHSGGC will take appropriate legal and/or disciplinary action against any employee, director, contractor or other third party if any of the above offences are found to be proven. In instances where there is sufficient evidence to support a criminal prosecution there is a presumption that a referral will be made to the Procurator Fiscal for consideration.

Every officer has a duty to report, without delay, any instances of fraud, corruption, embezzlement, theft or other financial irregularities that they discover. This also includes any reasonably held suspicions that such circumstances have occurred (or are about to occur). This should normally be reported to the officer's line manager, in the first instance, but may be 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.

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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.

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



## BOARD OFFICIAL

property. The Director of Finance will ensure the performance of partnership providers is monitored and measured against these procedures.

## **SECTION 20**

### **USE OF CONSULTANCY SERVICES (NON-MEDICAL)**

#### **20.1 DEFINITION**

An external consultancy service is defined as:

- a) an ongoing exchange of intellectual or professional information; where
- b) the commission ends on completion of a defined output; and
- c) the day to day management of the consultant remains with the supplier.

External consultants should only be used where the required skills and expertise to deliver the project cannot be provided internally.

#### **20.2 MANAGEMENT CONSULTANTS**

Where use of management consultants is being considered, the guidance contained in Circular NHS MEL (1994) 4 must be observed. This guidance covers the engagement, control and reimbursement of fees to management consultants.

#### **20.3 CAPITAL PROJECTS**

Where external consultants such as architects, design consultants, surveyors etc. are engaged on capital projects, including IM&T projects, the Board should follow the guidance contained in SCIM including the requirement for a post project evaluation.

#### **20.4 REVENUE FUNDED PROJECTS**

External consultants for revenue funded projects should only be engaged where it is considered to be the best way to deliver an outcome of value to the Board.

All engagements must have a clearly defined remit and outcome which will enable the Board to deliver its approved clinical strategy.

Any internal resources required to support the external consultant should be identified prior to engaging the external consultant.

A post project evaluation should be undertaken to assess whether the required outcome has been achieved.

#### **20.5 PROCUREMENT**

Engagement of all external consultants will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

All legal services will be obtained through NHS Central Legal Services (CLO) other than where the Board has appointed external legal advisers to a specific project. Note that prior approval will be required before consulting CLO.



# **NHS Greater Glasgow and Clyde Scheme of Delegation**

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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: -**

1. Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
2. Setting the organisation's strategic direction and development goals;
3. Approval of the organisation's Corporate Strategies
4. Development and Implementation of the Annual Operating Plan;
5. Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;
6. Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register;
7. Allocating financial resources for both Capital and Revenue resource allocation;
8. Approval of Annual Accounts;
9. Scrutiny of Public Private Partnerships;
10. NHS Statutory Approvals;

## 11. 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

**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 for Board members		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.

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
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**Table 4.1 Allocations and Budgets**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit
3	Preparation and submission of Budgets - Acute Division		Director of Finance	Limit as per Financial Plan
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee and onward to the Board	Chief Executive	Resources within scope of Integration Plan
5	Establishment and maintenance of Budgetary Control System		Director of Finance	
6	Delegation of Budgets		Chief Executive/Director of Finance	Limit as per Financial Plan
7	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
8	Authority to use N/R budget to fund recurring expenditure		Chief Executive	Within available resources
9	Virement of budget – Acute Services		Chief Operating Officer /Director of Finance	Within available budget.

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10	Virement of budget – HSCP		HSCP Chief Officers / Board Director of Finance / Local Authority Finance Officer	Within available budget
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 £2m– within available resources Chief Executive up to £2m Director of Finance up to £250k

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 Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
3	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

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3	Appointment of external auditors	Scottish Ministers	Director of Finance	In accordance with the Audit Scotland Code of Audit Practice
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**Table 4.4 Banking Arrangements**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Opening of Bank accounts in the Board's name	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	Contracts/ Service Level Agreements over £1.5m	CMT to review and onwards to Finance, Planning and Performance Committee for approval	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all agreements over £1.5m
2	Resource Transfer	Finance, Planning and Performance Committee	Director of Finance and HSCP Chief Officers	Within approved budget

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3	Setting of Fees and Charges: income generation - Board		Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ Assistant Director of Finance - Financial Services	Where not determined by SGHSCD or statute
4	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services – Acute Services		Director of Finance/ Assistant Director of Finance – Acute Services/ Directorate Heads of Finance	Where not determined by SGHSCD or statute
5	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services - Health and Social Care Partnerships		Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ HSCP Chief Financial Officers	Where not determined by SGHSCD or statute

Table 4.6 Pay expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of Human Resource policies in respect of pay.	Staff Governance Committee	Director of Human Resources and Organisational Development	
2	Responsibility for implementing changes to terms and conditions of service	CMT	Director of Human Resources and Organisational Development	Within national guidance
3	Preparation of contracts of employment		Director of Human Resources and Organisational Development	Compliance with current legislation and agreed terms and conditions

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4	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Chairman where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding
6	Oversight of 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 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 HR policies
9	Approval of hours worked		Budget Holder	Within approved budget
10	Approval of Leave		Budget Holder	In accordance with agreed Terms and Conditions
11	External contractors		Budget Holder	Within approved budget

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 Estates and Facilities	N/A

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2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Estates and Facilities	N/A
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Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Request for tender/purchase (including specification) revenue - Health supplies/ services revenue - other supplies/ services expenses		Budget holder	In accordance with approved strategy/ Business Case/ Project Authorisation Checklist
2	Approval of Non Pay revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors HSCP Chief Officers	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; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.
3	Approval of Non 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 £2m



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				Capital Planning Group up to £1m Senior General Managers - Capital Planning up to £1m
4	Approval of 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 £2m; (limited to £20m; above £20m approval required by Board) CMT up to £2m; Capital Planning Group up to £1m
5	Placing external commitments/ contract awards	Finance, Planning & Performance Committee	Chief Executive Director of Finance Head of Procurement	Finance, Planning & Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Head of Procurement up to £2m
6	Maintenance of Contract Register		Head of Procurement	
7	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
8	Waivers to Tender	Audit and Risk Committee	Relevant Director and Head of Procurement; Director of Finance when >£250k or >£50k	Required >£10k. Additional requirements for DoF sign off when >£250k (urgent or no competition) or >£50k when tender process not followed

Table 4.9 Management and Control of Stock

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Issue of Stores recording and operating procedures		Director of Estates and Facilities	All stocks
2	Day to day management and security arrangements		Director of Pharmacy	Pharmacy stock



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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

Table 4.10 Capital Investment

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non IM&T	<p>Capital Investment Group ( SG)</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>SGHSCD CIG approval required over £10m (note that Business Cases between £5m and £10m will be submitted to CIG for scrutiny after provisional approval by the FP&amp;P)</p> <p>Finance, Planning &amp; Performance Committee over £3m (limited to £10m provisional approval to £20m; above £20m provisional approval required by Board prior to submission to CIG)</p> <p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m (where expenditure not included in approved Capital Plan)</p>

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2	Approval of Business Cases - IM&T	<p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of eHealth	<p>SGHSCD eHealth Programme approval required over £10m (note that Business Cases between £5m and £10m will be submitted to the SG eHealth Programme Board for scrutiny after provisional approval by the FP&amp;P)</p> <p>Finance, Planning and Performance Committee over £3m; (limited to £10m provisional approval to £20m; above £20m provisional approval required by Board prior to submission to CIG)</p> <p>CMT up to £3m;</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m</p>
3	Property acquisitions/ disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board)</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>

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4	Lease/rental agreements	Finance, Planning and Performance Committee	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	Finance, Planning and Performance Committee over £1.5m. (limited to £20m; above £20m approval required by Board)
		CMT		
		Property and Asset Strategy Group		Property and Asset Strategy Group between £0.15m and £1.5m.
		Property Management Group		Property Management Group up to £0.15m.
5	Strategy for Investment in Primary care	Board	Director of Estates and Facilities	Business case limits as above
6	Concessionary Leases (a lease at below market terms to voluntary/community/ social enterprise)	Finance, Planning & Performance Committee	Director of Estates and Facilities	Finance, Planning and Performance Committee over £1.5m. (limited to £20m; above £20m approval required by Board)
		CMT		
		Property and Asset Strategy Group		Property and Asset Strategy Group between £0.15m and £1.5m.
		Property Management Group		Property Management Group up to £0.15m.
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 4.11 Management of Endowment Funds

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Endowment Management Committee	Director of Finance	

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2	Approval of expenditure from Endowment Funds	Endowment Management Committee	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 £250,000 and £750,000
			Endowment Management Cttee approval plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Over £250,000
3	Appointment to endowment funded posts	Endowment Management Committee	Director of Finance	All Endowment funded posts
4	Maintenance of Accounts and Records		Director of Finance	
5	Access to share and stock certificates, property deeds		Director of Finance	
6	Opening of Bank accounts in the Endowment Fund name	Endowment Management Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Endowment Management 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	Endowment Management 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		Interim Director of Primary Care	
3	Individual GP Practice Contract changes		Interim 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		Interim 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 HSCP	
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		Interim Director of Primary Care	

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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	Delegation of functions to IJBs	Board	Chief Executive	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	Delegation of funds to IJBs	Finance, Planning and Performance Committee 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
3	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Medical Director/Chief Executive	In accordance with Integration Scheme and within limits of Financial Plan
4	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme
5	Review and response to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance	HSCP Chief Officers	In accordance with Integration Scheme

**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	



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2	Writing off of losses	Audit and Risk Committee SGHSCD	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	Over £20,000 other than losses relating to: - Stores/Procurement - Fixed Assets(other than equipment related fraud/ theft where the limit is over £20,000) - Abandoned RTA claims  In these exceptions the limit is over £40,000
3	Ex-gratia payments	Audit and Risk Committee SGHSCD	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Director of Corporate Services and Governance	Financial loss over £25,000; Extra contractual payments over £20,000; Other payments over £2,500
4	Maintenance of medical negligence claims register		Director of Corporate Services and Governance	
5	Maintenance of legal claims register		Director of Corporate Services and Governance	
6	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	
7	Oversight of settlement of legal claims and Compensation Payments – Non Clinical Claims	CMT Audit and Risk Committee onwards to Board and SGHSCD	Director of Corporate Services and Governance with Relevant Acute or Corporate Director  Director of Corporate Services and Governance with Chief	Non–Clinical up to £100,000  Non-Clinical claims over £100,000;



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			Operating Officer and Director of Finance Chief Executive Officer and Director of Finance	Non-Clinical claims over £250,000
8	Oversight of settlement of legal claims and Compensation Payments – Clinical Claims	CMT Audit and Risk Committee onwards to Board and SGHSCD	Director of Corporate Services and Governance with Relevant Acute or Corporate Director  Director of Corporate Services and Governance with Chief Operating Officer and Director of Finance  Chief Executive Officer and Director of Finance	Clinical claims up to £100,000  Clinical claims Over £250,000;  Clinical claims over £500,000
9	Settlement of Legal Claims and Compensation Payments.	Audit and Risk Committee	Director of Corporate Services and Governance and Director of Finance	Clinical claims Over £250,000 Non clinical claims up to £100,000

Table 4.15 Patients Private Funds and Property

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Authorisation of Manager and Establishments to manage residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
2	Monitoring and reviewing arrangements for the management of residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
3	Establishment of arrangements for the safe custody of patients' and residents' property		Chief Executive	Within the terms of the Mental Health Act 1984, Adults with Incapacity Act 2000 and guidance laid down by the Scottish Government.
.4	Arrangements for the opening and management of bank accounts		Director of Finance	

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5	Establishment of detailed procedures for the safe custody and management of patients' and residents' property		Director of Finance	
6	Provision of a receipts and payments statement in the approved format annually		Director of Finance	
7	Preparation for Approval of Annual Accounts	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

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**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 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	Interim Director of Infection Prevention and Control

**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

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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 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	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
9	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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

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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
6	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

Table 5.4 Healthcare Services Planning

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Operational 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

Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval of Performance Management Framework	Finance, Planning and Performance Committee	Director of Finance

## BOARD OFFICIAL

2	Review and provide feedback on draft IJB Annual Reports	Finance, Planning and Performance Committee	Director of Finance
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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
4	Caldicott Guardian		Director of Public Health supported by the Deputy Director of Public Health
5	Freedom of Information Policy	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	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Preparation and maintenance of Business Continuity Plan	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 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
6	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
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health



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Table 5.10 Other Key Areas

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
2	SFIs and Scheme of Delegation	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance
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
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



# **NHS Greater Glasgow and Clyde Governance Committees Terms of Reference**



## NHS Greater Glasgow and Clyde Audit and Risk Committee

### Terms of Reference

#### 1. Introduction

- 1.1 The Audit and Risk Committee (ARC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The purpose of the ARC conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
  - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations;
  - Public money is safeguarded and properly accounted for;
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question;
  - Reasonable steps are taken to prevent and detect fraud and other irregularities; and
  - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC will support the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of the Board and Accountable Officer. In this context, assurance is defined as an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework.

#### 2. Membership

- 2.1 The Committee 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.

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- 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, other Board Members shall also have the right to attend. A schedule of meetings will be published, and those NHS Board members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.4 At least one member of the ARC should have recent and relevant financial experience.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when 4 Non Executive Members are present.

#### **3.3 Voting**

Should a vote need to be taken, only the Non Executive Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

#### **3.4 Frequency of Meetings**

The ARC shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair, Director of Finance, and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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- 3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

### 3.8 Support Arrangements

The Director of Finance shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit and Risk Committee. This will be by way of an Executive Group which shall provide support to the Audit and Risk Committee by ensuring that reports and relevant matters are being actioned at local level by management. It will also agree which responsible officers should be instructed to attend the Audit and Risk Committee to be responsible for an audit report. These arrangements shall be subject to review, evaluation and approval on an annual basis by the Audit and Risk Committee.

- 3.9 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.10 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a committee agenda forward planner, providing appropriate support to the Chair and Committee members.
- 3.11 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.12 The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.13 The external auditor and internal auditor shall meet on at least one occasion each year with the Committee without the Director of Finance, other Executive Directors or Board staff being present. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such meeting.
- 3.14 The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of specific matters. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such discussions.
- 3.15 The Audit and Risk Committee will provide the Board and the Accountable Officer with an annual report on the Board's system of internal control, timed to support finalisation of the Annual Report and Accounts, including the Governance Statement. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

## 4. 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

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1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
  - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer;
  - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence.
4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
9. Oversight of and monitoring of the Board's systems for information governance receiving minutes and updates from the Information Governance Steering Group.
10. Oversight of claims against the Board, liability and settlement status.

**Table 4.2 Annual Accounts and Reports**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
3	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance	In accordance with Accounts Manual



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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
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
Table 4.8 Orders, Quotations and Tenders				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
8	Waivers to Tender	Audit and Risk Committee	Relevant Director and Head of Procurement; Director of Finance when >£250k or >£50k	Required >£10k. Additional requirements for DoF sign off when >£250k (urgent or no competition) or >£50k when tender process not followed
Table 4.14 Fraud, losses and Legal				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Writing off of losses	Audit and Risk Committee SGHSCD	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of	Over £20,000 other than losses relating to: - Stores/Procurement - Fixed Assets(other than equipment related fraud/ theft where the limit is over £20,000) - Abandoned RTA claims In these exceptions the limit is over £40,000



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			eHealth / Chief Operating Officer/ HSCP Chief Officers/ Director of Corporate Services and Governance	
3	Ex-gratia payments	Audit and Risk Committee SGHSCD	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Director of Corporate Services and Governance	Financial loss over £25,000; Extra contractual payments over £20,000; Other payments over £2,500
6	Oversight of claims, liability and settlement status	Audit and Risk Committee	Director of Corporate Services and Governance	
7	Oversight of settlement of legal claims and Compensation Payments	Audit and Risk Committee onwards to SGHSCD		Clinical claims Over £250,000; Non—Clinical claims over £100,000

## (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

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1. Approving the arrangements for securing an internal audit service, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
2. Monitoring the delivery of internal audit and the annual performance of external audit.
3. Approving and reviewing internal audit plans, and receiving reports on their subsequent achievement.
4. Reviewing external audit plans, and receiving reports on their subsequent achievement.
5. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
6. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
7. Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
8. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chair of the Committee.
9. Ensuring co-ordination between internal and external audit.
10. Receiving and approving the internal auditor's report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Government Health Directorates in accordance with the NHS Scotland Property Transactions Handbook.

## (iv) Annual Accounts

1. Approving changes to accounting policies, and reviewing the Board's Annual Report and Accounts prior to their adoption by the full Board. This includes:
  - Reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts;
  - Reporting in the Directors' report on the role and responsibilities of the Audit and Risk Committee and the actions taken to discharge those;
  - Reviewing unadjusted errors arising from the external audit; and
  - Reviewing the schedules of losses and compensations.
2. The Chair of the Audit and Risk Committee (or nominated deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

## 5. Authority

- 5.1 The ARC is a Standing Committee of the NHS Board.

## 6. Reporting Arrangements

- 6.1 The ARC will report to the NHS Board.
- 6.2 The 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**

**Revised September 2016**

**Revised August 2017**

**Revised March 2018**

**Revised June 2019**

**Revised January 2020**

**Revised August 2020**

**Revised May 2022**



## APPENDIX 1

<b>Corporate Objectives Approved October 2020</b>
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Code	Corporate Objective	Lead Committee
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

## BOARD OFFICIAL

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## **NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Finance, Planning and Performance Committee (FP&PC) is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.5 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHS GGC strategic plans and Health and Social Care Partnership strategic plans.

#### **2. Membership**

- 2.1 The Committee 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.
- 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 April or at a meeting to be held as soon as convenient thereafter. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when 6 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting members of the Committee shall be allowed to vote, either by a show of hands, or a ballot.

#### **3.4 Frequency of Meetings**

The Finance, Planning and Performance Committee shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the 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, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## 4. Remit of the Committee

4.1 The remit of the Finance, Planning and Performance Committee is to scrutinise the following key areas and provide assurance to the NHS Board. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Whole system strategic planning and performance including oversight of the healthcare services delegated to IJBs;
- Whole system financial planning, including an overview of budgets delegated;
- The Property and Asset Management Strategy and Capital Plans of the NHS Board;
- Robust and effective stakeholder engagement across the planning processes and work programmes;
- Appropriate governance in respect of risks, as allocated to FP&PC by the Audit Committee relating to *finance, planning, performance* and *property*, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

## 5. Key Duties of the Committee

5.1 The Key Duties of the Finance, Planning and Performance Committee are as follows:

### Planning and Commissioning

- NHS Board's Strategic Plans: ensure that strategic planning objectives are aligned with the NHS Board's overall strategic vision, aims and objectives, and make recommendations to the NHS Board;
- NHS Board's Annual Operational Plan (Currently Remobilisation Plan): ensure that the Annual Plan is fit to deliver key local and national objectives and priorities (including Regional Planning requirements), and make recommendations to the NHS Board.
- IJB Strategic Plans: ensure NHSGGC input, at an appropriate level, to draft IJB Strategic Plans, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives.
- Strategic Board-wide Initiatives: maintain oversight of progress with the implementation of Strategic Board-wide initiatives (such as the Moving Forward

Together Programme and eHealth Strategy)

- External Inquiries: oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry and Oversight Board) ensuring completeness and transparency.
- QEUH Legal Claim: Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.

### **Financial Oversight**

- Financial Strategy: approve the NHS Board's three year Financial Strategy and receive annual updates on its progress, advising the NHS Board as appropriate
- Annual Financial Plan: approve the NHS Board's Annual Financial Plan, advising the NHS Board as appropriate.
- Financial Performance: have oversight and receive analysis of financial performance across the whole system in order to consider significant issues which may impact adversely on the NHS Board's financial position, including budgets delegated to IJBs.
- Non-recurrent Funds: oversee the use of non-recurrent funds and reserves.

### **Performance Oversight**

- Performance Management Framework: review and approve the NHS Board's Performance Management Framework, ensuring that it is able to reflect progress on delivering the Board's objectives, and provide evidence of the effectiveness of mechanisms that are in place to promote best value, improved efficiency and effectiveness.
- Performance Management Framework: ensure that the Performance Management Framework provides a rigorous and systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the full NHS Board.
- IJBs: Oversee IJB performance against strategic plans and review IJB Annual Performance Reports
- Risk Based Approach: The FP&PC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.

### **Property and Asset Oversight**

- Property & Asset Strategy: ensure that the strategy reflects the NHS Board's strategic direction, and that the NHS Board's property and assets are developed and maintained, to meet the needs of 21<sup>st</sup> Century service models.
- New Developments: oversee developments to the values indicated by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery on budget, and to agreed standards. This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per values indicated by SoD) and recommend to the NHS Board as appropriate.
- Acquisitions and Disposals: ensure that there is a robust approach to all major

property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook (PTHB).

- Capital Plan: review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FP&PC will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation.
- Continuous Improvement: receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.

## **6. Authority**

- 6.1 The Finance, Planning and Performance Committee is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The FP&PC will report to the NHS Board.
- 7.2 The draft minute of the FP&PC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the FP&P Committee and distribution to the FP&PC for ratification at the next Committee meeting. The ratified minutes of the FP&PC will be presented to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chairperson of the Committee shall draw to the attention of the NHS NHS Board any issues that require escalation or noting.
- 7.5 The FP&PC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

## **8. Conduct of the Committee**

- 8.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

## BOARD OFFICIAL

<b>Version Control</b>	<b>Final draft 28 June 2022</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	5 April 2022
Date for review:	March 2023
Replaces previous version:	September 2021

## APPENDIX 1

## Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

Table 4.1 Allocations and Budgets				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	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
3	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Finance, Planning and Performance Committee	Chief Executive/Director of Finance	FP&P above £2m— within available resources Chief Executive up to £2m Director of Finance up to £250k
Table 4.5 Contracts/Service Level Agreements				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Contracts/ Service Level Agreements over £1.5m	CMT and onwards to Finance, Planning and Performance Committee for approval	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all agreements >£1.5m
2	Resource Transfer	Finance, Planning and Performance Committee	Director of Finance and HSCP Chief Officers	Within approved budget
Table 4.7 Non-Pay Expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board	Director of Estates and Facilities	N/A

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2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group	Director of Estates and Facilities	N/A
		CMT		
		Finance, Planning and Performance Committee		

Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Non Pay revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive up to £5m; Director of Finance up to £4m; Chief Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.	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; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.
2	Approval of Non 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 £2m  Capital Planning Group up to £1m Senior General Managers - Capital Planning up to £1m

## BOARD OFFICIAL

3	Approval of 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 £2m; (limited to £20m; above £20m approval required by Board) CMT up to £2m; Capital Planning Group up to £1m
4	Placing external commitments/ contract awards	Finance, Planning & Performance Committee	Chief Executive Director of Finance Head of Procurement	Finance, Planning & Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m; Director of Finance up to £4m Head of Procurement 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 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	SGHSCD CIG approval required over £10m (note that Business Cases between £5m and £10m will be submitted to CIG for scrutiny after provisional approval by the FP&P) Finance, Planning & Performance Committee over £3m (limited to £10m provisional approval to £20m; above £20m provisional approval required by Board prior to submission to CIG) CMT up to £3m Property and Asset Strategy Group up to £2m  Capital Planning Group up to £1m (where expenditure not included in approved Capital Plan)



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2	Approval of Business Cases - IM&T	<p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of eHealth	<p>SGHSCD eHealth Programme approval required over £10m (note that Business Cases between £5m and £10m will be submitted to the SG eHealth Programme Board for scrutiny after provisional approval by the FP&amp;P)</p> <p>Finance, Planning and Performance Committee over £3m; (limited to £10m provisional approval to £20m; above £20m provisional approval required by Board prior to submission to CIG)</p> <p>CMT up to £3m;</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m</p>
3	Property acquisitions/ disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board)</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>
4	Lease/rental agreements	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	<p>Finance, Planning and Performance Committee over £1.5m</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m</p> <p>Property Management Group up to £0.15m</p>
5	Concessionary Leases (a lease at below market terms to voluntary/ community/ social enterprise)	<p>Finance, Planning &amp; Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £1.5 (limited to £20m; above £20m approval required by Board)</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m</p> <p>Property Management Group up to £0.15m</p>

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6	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 4.13 Health and Social Care Partnerships**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	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
2	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Medical Director/Chief Executive	In accordance with Integration Scheme and within limits of Financial Plan
3	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme

**Table 5.4 Healthcare Services Planning**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Operational 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	Oversight of the relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Finance, Planning and Performance Committee	Director of Finance

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**Table 5.5 Performance Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Approval of Performance Management Framework	Finance, Planning and Performance Committee	Director of Finance
2	Review and provide feedback on draft IJB Annual Reports	Finance, Planning and Performance Committee	Director of Finance

## APPENDIX 2

**Corporate Objectives Approved October 2020**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	<b>Lead Committee: Finance, Planning and Performance Committee</b> /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	<b>Finance, Planning &amp; Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	<b>Finance, Planning &amp; Performance Committee</b>

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COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	<b>Finance, Planning &amp; Performance Committee</b>
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	<b>Finance, Planning &amp; Performance Committee</b>
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	<b>Finance, Planning &amp; Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## NHS Greater Glasgow and Clyde Clinical & Care Governance Committee

### Terms of Reference

#### 1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Clinical & Care Governance Committee (C&CGC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Clinical & Care Governance Committee is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS Board.

#### 2. Membership

- 2.1 The Committee 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.

### 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 of the Committee**

4.1 The remit of the C&CGC is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of Corporate Objectives



(Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy and Quality Strategy;
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care;
- Ensure oversight of person centred care and feedback reflecting learning;
- That NHS GGC fulfils its statutory obligations relating the Board's Duty of Quality – including Duty of Candour;
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care;
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated;
- Appropriate governance in respect of risks, as allocated to the CCGC by the Audit Committee relating *to clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care.

## 5. Key Duties of the Committee

5.1 The key duties of the CC&GC are to receive and review reports and, as appropriate, seek direct feedback from staff concerning:

- Implementation of a Clinical Governance Policy ensuring a robust system assurance is in place across the whole system;
- Implementation of the Quality Strategy and monitoring delivery of the agreed priorities;
- Ensure learning is shared and best practice highlighted;
- Relevant data and trends in patient safety, experience and outcomes, including feedback from patient safety walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care;
- Compliance with relevant regulatory requirements and national clinical standards;
- The processes within NHSGGC to ensure that appropriate action is taken in response to *adverse clinical incidents, infection control, complaints, feedback from patients, carers and families, and SPSO feedback*, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care;
- Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans; and
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour.
- Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required.

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- Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.
- Seek assurance regarding executive and professional oversight of NHS Greater Glasgow & Clyde (NHSGGC) Child Protection and Adult Support and Protection arrangements taking into account the other public protection agendas identified in National policy including; Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS).

The C&CGC will receive minutes/reports from the:

- Board Clinical Governance Forum
- Public Protection Forum

## **6. Authority**

- 6.1 The Clinical & Care Governance Committee is a Standing Committee of the NHS Board.

## **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

<b>Version Control</b>	<b>Draft June 2022</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	21 <sup>st</sup> December 2021
Date for review:	April 2022
Replaces previous version:	September 2021

**APPENDIX 1****Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde**

<b>Table 5.1 Clinical Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	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	Interim Director of Infection Prevention and Control
<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
8	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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**Table 5.6 Information Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
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

**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
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



## APPENDIX 2

<b>Corporate Objectives Approved October 2020</b>
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Code	Corporate Objective	Lead Committee
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	<b>Clinical &amp; Care Governance Committee</b>
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: <b>Clinical &amp; Care Governance Committee</b> / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: <b>Clinical &amp; Care Governance Committee</b> / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

## BOARD OFFICIAL

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee





## NHS Greater Glasgow and Clyde 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 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 2.3 Members of the Area Partnership Forum listed below shall be ex-officio Members of the Committee (without voting rights):

- Director of Human Resources and Organisational Development
- Depute Director of Human Resources
- Head of People & Change as appropriate
- Chief Officer (representing HSCPs)
- Chief Operating Officer (representing Acute)
- Area Partnership Forum Staff Side Secretaries (2)
- Area Partnership Forum Acute Division Joint Trade Union representative
- Area Partnership Forum HSCPs Joint Trade Union representatives one representing Glasgow City HSCP and one to represent the non-city partnerships

- 2.4 The SGC may invite to attend other senior managers and Staff Side representatives e.g. Head of Health & Safety, Head of Equality and Human Rights.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

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.

#### **3.2 Quorum**

Meetings will be considered quorate when at least four Non-Executive Members of the Committee are present.

#### **3.3 Voting**

Should a vote need to be taken, only the voting Members of the Committee shall be allowed to vote. Such a vote shall be either by show of hands, or by ballot.

#### **3.4 Frequency of Meetings**

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.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test

has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

### **3.8 Administrative Support**

Administrative support for the Committee will be provided by a member of the HR Team supported by the Corporate Services Team.

3.9 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 1), delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## **5. Key Duties of the Committee**

5.1 The Committee shall act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.

5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc groups as agreed by the NHS Board.

## BOARD OFFICIAL

- 5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(1993\)114 \(amended\)](#).
- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer Staffing Regulations.

## **6. Authority**

- 6.1 The SGC is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The SGC will report to the NHS Board 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.
- 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.

<b>Version Control</b>	<b>Draft June 2022 gm</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	June 2021
Date for review:	April 2023
Replaces previous version:	June 2021

**APPENDIX 1****Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde**

<b>Table 4.6 Pay expenditure</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight and approval of relevant Human Resource policies	Staff Governance Committee	Director of Human Resources and Organisational Development

  

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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 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	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
9	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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**Table 5.3 Risk Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight and approval of relevant Health & Safety policies	Health & Safety Committee onward to CMT and Staff Governance Committee	Director of Human Resources and Organisational Development/ Chief Executive

**Table 5.9 Public Health**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health



## APPENDIX 2

**Corporate Objectives Approved October 2020**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee

## BOARD OFFICIAL

COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## NHS Greater Glasgow and Clyde Population Health and Wellbeing Committee

### Terms of Reference

#### 1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Population Health and Wellbeing Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.
- 1.3 The Population Health and Wellbeing Committee is a Standing Committee of the NHS Board.
- 1.4 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; and
- Representative of Public Health Scotland.

The Committee will be supported by the Director of Public Health, and other Executive Directors as appropriate. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.

- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangements for the Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of the Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when four Non-Executive Members are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

#### **3.4 Frequency of meetings**

The Population Health and Wellbeing Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declaration of Interests**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

- 3.6 All declarations of interest will be minuted.

- 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 Co-Chairs and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## **4. Remit of the Committee**

- 4.1 The remit of the Population Health and Wellbeing Committee is to promote public health and oversee population health activities with regular feedback to the full Board to ensure that the Board develops a long term vision and strategy for public health. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1) and delivery of Corporate Objectives (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## **5. 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, through regular progress reports and review of intermediate measures and long term outcomes making recommendations to the NHS Board;
- To develop a whole system approach to support population wellbeing, working with partners to deliver improved services for people living with mental illness. (This includes focusing on expanding the workforce, development primary care and community mental health services and using new methods to deliver services for people living with mental illness).
- To ensure that public health strategic planning objectives are part of the Board's overall objectives, strategic vision and direction;
- To review the development of the Board's Public Health Directorate's Annual Work-plan across the three domains of Health Protection, Health Improvement and improving the quality of Health Services;
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical service changes & Child Health Services;

### **Performance**

- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff;
- To oversee the funding allocated to public health activities by the Board;
- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;

- To provide the Board members who are part of IJBs with information and evidence to promote public health;
- To oversee the adherence to Equality legislation referring specific staffing elements e.g. Equal Pay, to the Staff Governance Committee;
- To oversee the requirements of legislation in respect of child poverty making recommendations to the NHS Board.

### **Risk Management**

- To ensure appropriate governance in respect of risks, as allocated to Population Health and Wellbeing Committee by the Audit Committee relating to *public and population health* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

## **6. 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

## BOARD OFFICIAL

<b>Version Control</b>	<b>Final draft 5 April 2022</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	13 April 2022
Date for review:	March 2023
Replaces previous version:	September 2021



**APPENDIX 1****Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde**

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Staff elements of Equality legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
<b>Table 5.9 Public Health</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
2	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
3	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
4	Oversight of Child Poverty Action Plans	Population Health and Well Being Committee	Director of Public Health
5	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
6	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Population Health and Wellbeing Committee	Director of Public Health

## APPENDIX 2

**NHS GGC - Corporate Objectives Approved October 2020**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	<b>Population Health and Wellbeing Committee</b>
COBH2	To reduce health inequalities through advocacy and community planning.	<b>Population Health and Wellbeing Committee</b>
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	<b>Population Health and Wellbeing Committee</b>
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	<b>Population Health and Wellbeing Committee</b>
COBH5	To promote and support good mental health and wellbeing at all ages.	<b>Population Health and Wellbeing Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Lead Committee: Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical & Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	

## BOARD OFFICIAL

COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## **NHS Greater Glasgow and Clyde 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 3 Non Executive Members are present (one of whom may be the Chair).

### 3.3 Voting

Should a vote need to be taken, all of the members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

### 3.4 Frequency of Meetings

The Committee shall meet a minimum of twice per annum. Additional meetings may be arranged at the discretion of the Committee Chair.

### 3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

### 3.6 Administrative Support

Administrative support for the Committee will be provided by a member of the Corporate Services Team.

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 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 new substantive posts and temporary posts in excess of 12 months within the Executive Director cohort (national pay grades – D to I)
- 5.12 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.

- 5.13 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.
- 5.14 Undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and seek assurance of their application and implementation within NHSGGC.

## 6. Authority

- 6.1 The Remuneration Committee is a Sub Committee of the Staff Governance Committee, which is a formal Standing Committee of the Board.

## 7. Reporting Arrangements

- 7.1 To ensure that the Staff Governance Committee is fully apprised of the work of the Remuneration Committee, the Employee Director will present a summary of key issues discussed and processes applied, the terms of which shall be agreed with the Committee.

## 8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

<b>Version Control</b>	<b>1 March 2022</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
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**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 Acute Services 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 Acute Services Committee (ASC) is established in accordance with NHSGGC 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.

#### **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, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

**3.4 Frequency of Meetings**

The 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 and 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 and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting and depending on the significance of the interest may not thereafter participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

**3.8 Administrative Support**

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 the Committee Annual Cycle of Business, provide support to the Chair and Committee members, and support preparation of an Annual Report on the work of the Committee for presentation to the Board.

**4. Remit of the Committee**

4.1 The remit of the ASC is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services, efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute services Committee. This includes oversight of delivery of relevant Corporate Objectives 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.

### **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 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 Committee on business cases to be submitted to SGHD for approval (usually above £5m). However it is for the Finance & Planning 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 and submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minute will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the ASC and distribution to the 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 ASC will produce an Annual Report to be presented to the NHS Board as part of the Annual Review of Governance.

## 8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board, for approval.

<b>Version Control</b>	<b>1 March 2022</b>
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## 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 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 Area Clinical Forum will comprise the Chairs and Vice Chairs (or relevant Deputy) of the *statutory* Area Professional Committees as follows:-

- Medical
- Dental
- Nursing and Midwifery
- Pharmaceutical
- Optometric
- Area Allied Professionals and Healthcare Scientists

- and the Chair and Vice Chair (or relevant Deputy) of the Area Professional Committees as follows:-
- Psychology

## **2.2 Persons in Attendance**

Persons other than Members may be invited to attend a meeting(s) for discussion of specific items at the request of the Chair or Secretary. That person will be allowed to take part in the discussion but will not have a vote. NHS Greater Glasgow and Clyde Board's Chief Executive, Medical Director, Nurse Director, Director of Public Health, Pharmaceutical Adviser, and Consultant in Dental Public Health shall be regular attenders at meetings of the Area Clinical Forum.

A Chief Officer of a Health and Social Care Partnership will be invited to attend meetings of the Forum.

Other officers may be invited to attend for all or part of any meeting as and when appropriate.

## **3. Arrangement for Conduct of Business**

### **3.1 Chairing the Forum**

The Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. The Forum's choice of Chair will be notified to the NHS Board Chair. Selection of the Chair will be an open process, and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health and Wellbeing, serve as a Non-Executive Director of NHS Greater Glasgow and Clyde Board.

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.

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.

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.

### **3.2 Vice Chair**

A Vice Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. Selection of the Vice Chair of the Forum will be



an open process and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

The Vice Chair will deputise, as appropriate, for the Chair, but where this involves participation in the business of NHS Greater Glasgow and Clyde Board, they will not be functioning as a Non-Executive Director of NHS Greater Glasgow and Clyde Board.

The Vice Chair will serve for a period of up to four years.

### **3.3 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.

### **3.4 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.

### **3.5 Frequency of Meetings**

The Area Clinical Forum will meet at least four times each year. Additional meetings may be arranged at the discretion of the Forum Chair.

The Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.

### **3.6 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 Forum.

### **3.7 Administrative Support**

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

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.

### **3.8 Alterations to the Constitution and Standing Orders**

Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Forum provided a Notice of the proposed alteration is circulated with the Notice of the Meeting and that the proposal is seconded and supported by two thirds of the Members present and voting at the meeting.

Any alterations must be submitted to NHS Greater Glasgow and Clyde Board for approval as part of the Annual Review of Corporate Governance before the change is enforceable.

### **3.9 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;

## BOARD OFFICIAL

- 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**

## BOARD OFFICIAL

- 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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Author:

Director of Corporate Services and Governance

Responsible Executive Lead:

Medical Director

Approved by:

Remuneration Committee

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# **NHS Greater Glasgow and Clyde Standing Committee Annual Reports**

**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF AUDIT AND RISK GOVERNANCE COMMITTEE  
2021/22****1. PURPOSE**

- 1.1 In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

**2. AUDIT & RISK GOVERNANCE COMMITTEE****2.1 Purpose of Committee**

The purpose of the Audit & Risk Governance Committee is to provide the NHS Board with the assurance that –

- Business is conducted in accordance with the law and proper standards governing the NHS and its interface with partner organisations;
- Public money is safeguarded and properly accounted for;
- Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question;
- Reasonable steps are taken to prevent and detect fraud and other irregularities; and
- The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The Audit & Risk Committee will review the comprehensiveness, reliability and integrity of assurances provided to meet the requirements 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.

**2.2 Composition**

During the financial year ended 31 March 2022 membership of Audit & Risk Governance Committee comprised:

Chairperson – Margaret Kerr  
Vice Chair – Michelle Wailes

**MEMBERSHIP**

Michelle Wailes  
Jim Clocherty  
Jacqueline Forbes  
Margaret Kerr  
Jonathan McColl



## BOARD OFFICIAL

Ketki Miles  
 Charles Vincent  
 Susan Brimelow  
 Mark White

**IN ATTENDANCE**

John Brown – NHSGGC Board Chair  
 Jane Grant – Chief Executive  
 Lesley Aird – Assistant Director of Finance  
 William Edwards – Director of eHealth  
 Elaine Vanhegan – Head of Administration & Corporate Governance  
 Jennifer Haynes – Corporate Services Manager - Governance  
 Zack Barlow – Secretariat  
 Calum Morrison – Head of Operations  
 John Cornett – Audit Scotland  
 Leigh Johnston – Audit Scotland  
 Liz Maconachie – Audit Scotland  
 Chris Brown – Azets  
 Rachael Weir - Azets  
 Laura Reid – Azets  
 Elizabeth Young – Azets  
 Paul Kelly - Azets  
 Martin Gill – BDO  
 Paul Ryan – Non Executive Board Member  
 Stewart Whyte – Information Governance Manager  
 Chris Sanderson – Head of Procurement

**2.3 Meetings**

**The Committee met on four occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:**

- 22 June 2021
- 14 September 2021
- 14 December 2021
- 15 March 2022

The attendance schedule is attached at Appendix 1.  
 All meetings of the Audit & Risk Governance Committee were quorate.

**2.4 Business**

The Committee considered both routine and specific work areas during the financial year 2021/2022. Areas considered included:

- Internal Audit Reports
- External Audit Reports
- Fraud Reports
- Audit Scotland Reports
- Corporate Risk Register

- Annual Review of Corporate Governance
- Endowment Funds Accounts
- NHSGGC Annual Report and Accounts
- NSS Service Audits
- Statement of Assurance and Review of System of Internal Control 2020/21
- Patients Private Funds
- Significant Issues Letter
- Corporate Governance Statement
- Internal Audit Framework Tender
- Cyber Security – NIS Directive Audit Report
- Cyber Security – Audit Scotland Cyber Security
- Annual Whistleblowing Report
- Risk Management Policy
- Risk Management Annual Report
- Information Governance Annual Report
- Audit & Risk Annual Cycle of Business
- 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.

### **3. OUTCOMES**

Through the financial year the Committee were presented with various reports and these can be summarised as follows:-

#### **3.1 Statement of Assurance and Review of System of Internal Control 2020 - 21**

The Committee were asked to note the summary of System of Internal Control; approve the paper for submission to the NHS Board; approve the Governance Statements; and note the agreed position at the previous meeting that the Chair would notify the Health and Social Care Assurance Board that there were no significant issues of fraud.

The Committee agreed to approve the recommendation for the Director of Finance and the Accountable Officer to sign the Governance Statement and the relevant parts of the Financial Statement for submission to the Scottish Government. The Chair would complete the appropriate sign off on behalf of the Committee.

#### **3.2 Annual Review of Governance**

The Committee were asked to endorse the following combined governance framework: Code of Conduct for members of NHSGGC, the NHS Board Standing Orders including Decisions reserved for the NHS Board, the Standing Financial Instructions, Scheme of Delegation, and the Standing Committees Terms of Reference.

The Audit and Risk Committee noted the work undertaken to review the governance framework across NHSGGC to ensure an annual update; noted that further

alteration may be required as part of the work underway to develop the Board's approach to Active Governance and defining an Assurance Framework, and to develop an Information Assurance System; and endorsed the key elements of the governance framework for onward approval by the NHSGGC Board.

### **3.3 Endowment Funds Auditors Report**

The Committee were asked to consider the paper "Endowments Funds Auditors Report" presented by Mr M Gill, BDO. The report provided a summary of the results of completing the planned audit approach for the year end 31 March 2021, specific audit findings and areas requiring further discussion.

Mr Gill asked the Committee to confirm any awareness of fraud on the endowment funds. Members confirmed no instances of fraud had been reported.

No significant issues had been identified over the recognition of income, testing of investments or during the testing of related party transactions. Mr Gill highlighted only one unadjusted item of £55,000 found after the year-end.

Following question from the Committee regarding outstanding testing, Mr Gill confirmed that testing had been complete. Information from the final test had just been received and results would be shared with management by the end of the day. Mr Gill assured the Committee that there were no anticipated issues to come from the report.

### **3.4 Endowment Funds Accounts**

The Committee were presented with the paper "Endowment Funds Annual Accounts 2020-21" from Ms Aird. Ms Aird provided the Committee with an overview of the balance sheet, the statement of financial activities including donation legacies, charitable activities, net expenditure, net losses, income and investments.

The Committee were content to note the Endowments Funds Annual Accounts report for the financial year ended 31<sup>st</sup> March 2021, and were content to recommend that the accounts were adopted by the Board of Trustees of the Endowments Fund.

### **3.5 NSS Service Audits**

The Committee received an update from Ms Lesley Aird, Assistant Director of Finance on NSS Service Audits. Ms Aird advised that the NSS Service Audit for 2020-21, payments to Primary Care Contractors, was qualified for the second year in a row. It was advised that the report was being presented to provide the Committee with assurance around the processes undertaken and the additional reviews commissioned. It was advised that the additional reviews concluded that the majority of issues leading to the qualification were administrative in nature rather than failures in control. The independent reviewer and Internal Audit indicates that the risk of material mis-statement in financial statements of customer boards was low. The position would continue to be monitored by NSS and the customer boards on an on-going basis.

The Committee were content to note the report and the actions taken by NSS to mitigate partner risk.

### **3.6 Annual Whistleblowing Report**

The Committee were asked to consider the “Annual Whistleblowing Report” presented by Ms Jennifer Haynes, Corporate Service Manager for Governance.

The purpose of the paper was to give Committee Members an overview of whistleblowing activity in 2020/21. Ms Haynes advised that the launch of new National Whistleblowing Standards took place on 1st April 2021, however, the report included performance activity based on the new Standards for good practice, and also detailed the improvement work that had taken place to ensure compliance with the Standards.

The Committee were content to note the performance from the year 2020/21 and the improvement work undertaken to make the whistleblowing service effective, supportive and fit for purpose. It was also agreed that going forward, the Audit & Risk Committee would oversee the monitoring of the Whistleblowing Report, taking the responsibility away from the Staff Governance Committee.

### **3.7 Risk Management Annual Report**

The Committee were asked to consider the paper “Risk Management Steering Group Annual Report” presented by Mr M White, Director of Finance. The purpose of the report was to provide the Committee with assurance that adequate and effective risk management arrangements were in place to ensure continued compliance with relevant legislation and guidance.

The Committee were content to note assurance from the report, noting that there had been a noticeable difference in the way risk was identified and managed.

### **3.8 Information Governance Annual Report**

The Committee were asked to consider the paper “Information Governance Annual Report 2020/21” presented by Mr S Whyte, Information Governance Manager.

The report detailed the work carried out by the Information Governance and Security Teams throughout the year 2020/21. It was noted that both Data Protection and the Security & Threat mandatory training modules showed staff completion rates of 92.4% and 92.3% respectively. There were 7 confidentiality breaches to the Information Commissioner’s Office and in addition the ICO received 6 complaints from members of the public.

The Audit & Risk Committee were content to note assurance from the activity which took place across 2020/21, noting the quantity of good work undertaken and how the system has been improved. The Committee recommended to Mr Whyte that the Information Governance Group should look to promote good information governance through a communications strategy.

### 3.9 Internal Audit Framework Tender

The Committee were asked to consider the paper “Internal Audit Framework Tender Renewal” presented by Ms L Aird, Assistant Director of Finance.

The Committee were asked to agree to postpone the re-tendering of the Internal Audit Framework contract until the Auditor General has confirmed the new External Audit appointees. The proposal therefore was for the current contract with Azets to be extended for a further year, to May 2023, In addition to this extension it was also proposed to commission an external assessment of the internal audit service later in 2021/22, in line with the requirements of Institute of Internal Auditors, with the assessment informing the future service specification. This was last completed through the Chartered Institute of Internal Auditors in 2016 and it was agreed to repeat the exercise in 2021/22 through the Institute again due to the Institute being independent, objective and have no vested interest, as well as set the standards and have an understanding of them.

The Audit & Risk Committee noted that Azets had provided high quality information and audits during their tenure and were content to approve the extension of the current internal audit contract from May 2022 - May 2023, and to commission an external assessment of the Internal Audit Department to be undertaken during 2021/22 financial year and thereon at least once every five years by a qualified, independent assessor from outside the organisation.

## 4. CONCLUSION

### STATEMENT OF ASSURANCE

As Chair of the Audit & Risk Governance Committee during financial year 2021/2022, 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 Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective Audit & Risk 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. This past year has seen many changes to the Audit & Risk Governance Committee and how it has had to reflect the impact of Covid 19. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and for their excellent support of the Committee.

**Margaret Kerr**

**Chairperson**

**On behalf of AUDIT & RISK GOVERNANCE COMMITTEE**

## BOARD OFFICIAL

**APPENDIX 1****AUDIT & RISK GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2021/22****PRESENT**

NAME	POSITION	ORGANISATION	22 June 2021	14 Sept 2021	14 Dec 2021	15 Mar 2022
Margaret Kerr	Non-Executive	NHSGGC	P	P	P	P
Susan Brimelow	Non-Executive	NHSGGC	-	P	P	P
Jim Clocherty	Non-Executive	NHSGGC	P	P	AA	P
Jacqueline Forbes	Non-Executive	NHSGGC	P	P	P	P
Ketki Miles	Non-Executive	NHSGGC	P	P	P	P
Jonathan McColl	Non-Executive	NHSGGC	P	P	P	P
Charles Vincent	Non-Executive	NHSGGC	A	P	P	P
Michelle Wailes	Non-Executive	NHSGGC	P	P	P	P
Mark White	Director of Finance	NHSGGC	P	P	P	AA

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	22 June 2021	14 Sept 2021	14 Dec 2021	15 Mar 2022
John Brown	NHSGGC Board Chair	NHSGGC	P	P	P	P
Jane Grant	Chief Executive	NHSGGC	P	P	P	P
Lesley Aird	Assistant Director of Finance	NHSGGC	P	P	P	P
William Edwards	Director of eHealth	NHSGGC	P	-	-	-

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	22 June 2021	14 Sept 2021	14 Dec 2021	15 Mar 2022
Elaine Vanhegan	Head of Administration & Corporate Governance	NHSGGC	P	-	-	P
Jennifer Haynes	Corporate Services Manager - Governance	NHSGGC	P	P	P	-
Zack Barlow	Secretariat	NHSGGC	P	P	P	-
Calum Morrison	Head of Operations	NHSGGC	P	-	-	-
John Cornett	Audit Director	Audit Scotland	AA	P	AA	P
Liz Maconachie	Senior Audit Manager	Audit Scotland	P	P	P	P
Lisa Duthie	Senior Audit Manager	Audit Scotland	P	P	P	P
Chris Brown	Audit Partner	Azets	P	P	-	-
Rachael Weir	Assistant Manager	Azets	P	P	P	P
Laura Reid	Audit Director	Azets	P	-	-	-
Elizabeth Young	Audit Partner	Azets	-	-	P	P
Paul Kelly	Audit Director	Azets	-	-	P	-
Martin Gill	Audit Partner	BDO	-	P	-	-
Paul Ryan	Non-Executive Board Member	NHSGGC	-	-	P	-



## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	22 June 2021	14 Sept 2021	14 Dec 2021	15 Mar 2022
Stewart Whyte	Information Governance Manager	NHSGGC	-	-	P	-
Chris Sanderson	Head of Procurement	NHSGGC	-	-	P	-

**Key**

P – Present

A – Absent – no apologies received

AA – Absent – apologies received

- Attendance not required

## APPENDIX 2

**AUDIT & RISK GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2021/22**

DATE OF MEETING	BUSINESS DISCUSSED
22 <sup>nd</sup> June 2021	<p><b>Minutes of Meeting held on 16<sup>th</sup> March 2021</b></p> <p><b>Rolling Action List</b></p> <p><b>Standing Items:</b></p> <ul style="list-style-type: none"> <li>• Azets Internal Audit Reports</li> <li>• Audit Scotland External Audit Reports</li> <li>• Fraud Reports</li> </ul> <p><b>New Items:</b></p> <ul style="list-style-type: none"> <li>• Corporate Risk Register Update</li> <li>• Risk Management Policy</li> <li>• Cyber Security Reports</li> <li>• Patient Private Funds</li> <li>• Significant Issues Letter</li> <li>• Corporate Governance Statement</li> <li>• Audit &amp; Risk Draft Work Plan</li> <li>• Internal Audit Framework Tender</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Risk Management Steering Group – 15<sup>th</sup> June 2021</li> <li>• Minutes of Information Governance Steering Group – 19<sup>th</sup> May 2021</li> </ul>
14 <sup>th</sup> September 2021	<p><b>Minutes of Meeting held on 22<sup>nd</sup> June 2021</b></p> <p><b>Rolling Action List</b></p> <p><b>Standing Items:</b></p> <ul style="list-style-type: none"> <li>• Azets Internal Audit Reports</li> <li>• Audit Scotland External Audit Reports</li> <li>• Fraud Reports</li> </ul> <p><b>New Items:</b></p> <ul style="list-style-type: none"> <li>• Annual Review of Corporate Governance</li> <li>• Standing Governance Committee Annual Reports</li> <li>• Endowments Funds Accounts</li> <li>• NHSGGC Annual Report and Accounts</li> <li>• NSS Service Audits</li> <li>• Statement of Assurance and Review of Systems of Internal Control</li> <li>• Risk Management</li> <li>• Cyber Security Update</li> <li>• Annual Whistleblowing Report</li> </ul>

## BOARD OFFICIAL

DATE OF MEETING	BUSINESS DISCUSSED
	<ul style="list-style-type: none"> <li>• Audit &amp; Risk Committee Annual Cycle of Business</li> <li>• Private Meeting with External Auditors</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Risk Management Steering Group – 18 August 2021</li> <li>• Minutes of Information Governance Steering Group – 24 August 2021</li> </ul>
14 <sup>th</sup> December 2021	<p><b>Minutes of Meeting held on 14<sup>th</sup> September 2021</b></p> <p><b>Rolling Action List</b></p> <p><b>Standing Items:</b></p> <ul style="list-style-type: none"> <li>• Azets Internal Audit Reports</li> <li>• Audit Scotland External Audit Reports</li> <li>• Fraud Report</li> <li>• Risk Management – Corporate Risk Register, and Annual Report</li> </ul> <p><b>New Items:</b></p> <ul style="list-style-type: none"> <li>• Whistleblowing Report Q2</li> <li>• Information Governance Annual Report</li> <li>• Private Meeting with Internal Auditors</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Risk Management Steering Group – 1<sup>st</sup> December 2021</li> <li>• Minutes of Information Governance Steering Group – 24<sup>th</sup> November 2021</li> </ul>
15 <sup>th</sup> March 2022	<p><b>Minutes of Meeting held on 14<sup>th</sup> December 2021</b></p> <p><b>Rolling Action List</b></p> <p><b>Standing Items:</b></p> <ul style="list-style-type: none"> <li>• Azets Internal Audit Reports</li> <li>• Audit Scotland External Audit Reports</li> <li>• Fraud Report</li> <li>• Risk Management – Corporate Risk Register</li> <li>• Whistleblowing Report Q3</li> </ul> <p><b>New Items:</b></p> <ul style="list-style-type: none"> <li>• Scottish Cot Death Trust Dispensation from SFIs</li> <li>• Bad Debt Write Off</li> <li>• External Assessment of Internal Audit</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Risk Management Steering Group – 1 March 2022</li> <li>• Minutes of Information Governance Steering Group – 23 February 2022</li> </ul>

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF FINANCE, PLANNING AND PERFORMANCE GOVERNANCE COMMITTEE 2021/22**

#### **1. INTRODUCTION**

- 1.1 The year 2021/22 was one of continued challenges in respect of the ongoing response to the COVID-19 pandemic. This saw the Board continually review the governance arrangements in place, and subsequently, one scheduled meeting of the Finance, Planning and Performance Committee (13 April 2021) was cancelled as a result.

#### **2. PURPOSE**

- 2.1 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 GOVERNANCE COMMITTEE**

##### **3.1 Purpose of Committee**

The purpose of the Finance, Planning and Performance Governance Committee is to provide the NHS Board with the 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.

##### **3.2 Composition**

During the financial year ended 31 March 2022 membership of the Finance, Planning and Performance Governance Committee comprised:

Chairperson – Mr Simon Carr  
Vice Chair - Rev John Matthews, OBE

##### **MEMBERSHIP**

Dr Jennifer Armstrong  
Ms Susan Brimelow, OBE  
Prof John Brown, CBE  
Mr Alan Cowan  
Prof Linda de Caestecker  
Mrs Jane Grant  
Ms Jacqueline Forbes  
Dr Margaret McGuire  
Prof Iain McInnes (From 01/04/21)  
Mr Allan MacLeod (To 31/07/21)

## BOARD OFFICIAL

Ms Anne Marie Monaghan  
 Mr Ian Ritchie  
 Ms Dorothy McErlean (To 31/12/21)  
 Cllr Sheila Mechan  
 Mr Mark White

**IN ATTENDANCE**

Ms Lesley Bairden – Chief Finance Officer, East Renfrewshire HSCP  
 Mr Jonathan Best – Chief Operating Officer (To 31 March 2022)  
 Ms Denise Brown – Interim Director of eHealth (From 17 January 2022)  
 Ms Sandra Bustillo – Director of Communications and Public Engagement  
 Ms Frances Burns – Head of Strategic Planning and Health Improvement, Renfrewshire HSCP  
 Dr Emilia Crichton – Deputy Director of Public Health  
 Mr John Donnelly – Head of Capital Planning  
 Ms Gillian Duncan – Secretariat  
 Mr William Edwards – Chief Operating Officer (From 10 January 2022)  
 Mr Stephen Fitzpatrick – Assistant Chief Officer Older People's Services, Glasgow City HSCP  
 Mr David Fogg – Strategic Service Improvement Manager, Renfrewshire HSCP  
 Mr Andrew Gibson – Chief Risk Officer  
 Mr Grant Harrison – Audit Scotland  
 Ms Jennifer Haynes – Corporate Services Manager, Governance  
 Ms Lorna Kelly – Director of Primary Care  
 Ms Christine Lavery – Interim Chief Officer, Renfrewshire HSCP  
 Ms Fiona MacKay – Associate Director of Planning  
 Ms Fiona McEwan – Assistant Director of Finance, Planning and Performance  
 Mr Paul McKenna – Head of Financial Improvement Programme  
 Ms Liz Maconachie – Audit Manager, Audit Scotland  
 Mrs Anne MacPherson – Director of Human Resources and Organisational Development  
 Ms Susan Manion – Associate Director of Delivery, Child Surveillance, and GP Out of Hours  
 Mrs Geraldine Mathew – Secretariat Manager  
 Ms Susanne Millar – Interim Chief Officer, Glasgow City HSCP  
 Dr Kerri Neylon – Deputy Medical Director for Primary Care  
 Mr Steven Reid – Policy, Planning and Performance Manager, East Renfrewshire HSCP  
 Mr Chris Sanderson – Head of Procurement  
 Ms Caroline Sinclair – Chief Officer, East Dunbartonshire HSCP  
 Mr Tom Steele – Director of Estates and Facilities  
 Mr Arwel Williams – Director of Diagnostics and Regional Services  
 Ms Elaine Vanhegan – Director of Corporate Administration and Governance

**3.3 Meetings**

The Committee met on five occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 15 June 2021
- 10 August 2021
- 12 October 2021
- 7 December 2021
- 15 February 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Finance, Planning and Performance Governance Committee were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2021/22. Areas considered included:

- Finance Update
- Performance Report
- COVID-19 Update
- QEUH/RHC Update and Action Plans
- Remobilisation Plans
- Audit of Remobilisation Plans
- Radionuclide Dispensary
- Property Disposals
- Corporate Risk Register
- Caledonia House Lease Renewal
- West of Scotland Major Trauma Network Readiness Assessment
- West of Scotland Thrombectomy Service Update
- NHSGGC System Wide Infrastructure Investment Strategy

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 Remobilisation Plan (RMP4) Update and Winter Plan 2021/22

The Committee received a presentation by Dr Jennifer Armstrong, Medical Director, which highlighted the key areas in respect of RMP4, including submission dates; overview of content; finance; staff health and wellbeing; the elective programme; critical care capacity; primary care; mental health; the digital programme; sustainability; winter planning assumptions; redesign of urgent care; support to secondary care; and hospital bed capacity.

The Committee were assured by the information provided that extensive work was underway in respect of the remobilisation of services and actions were being taken to address the likely challenges ahead of the winter 2021/22 period.

#### **4.2 GP Out of Hours Consolidation**

The Committee considered a paper presented by Ms Susan Manion, Associate Director of Delivery, Child Surveillance and GP Out of Hours, which outlined the proposal to consolidate the GP Out of Hours model and remove the business continuity arrangements for the service which had been in place since February 2020.

There was significant debate regarding the proposals presented and the Committee recommended that further work was required in respect of the key issues highlighted by the Committee including:

- Clear decision on the number of services;
- Views of the Scottish Government on engagement was required;
- Further work to be undertaken to conclude the model in Inverclyde and ensure this was sustainable;
- The EQIA work required further clarification.

The Committee anticipated further updates on the above work in due course.

#### **4.3 HSCP Strategic Plans**

##### **Renfrewshire HSCP Strategic Plan**

The Committee considered the Renfrewshire HSCP Strategic Plan, presented by Ms Christine Laverty, the Interim Chief Officer, Renfrewshire HSCP. A presentation was provided which highlighted the key themes from the Strategy, with extensive feedback and work undertaken with the Corporate Planning Team to ensure alignment with all NHS GGC strategies and plans.

##### **East Renfrewshire HSCP Strategic Plan**

The Committee considered the East Renfrewshire HSCP Strategic Plan, presented by Ms Lesley Bairden, Chief Finance Officer. Ms Bairden provided an overview of the process involved with development of the Strategy, including work undertaken with the Corporate Planning Team, extensive consultation, and a seminar planned for the IJB.

The Committee welcomed the opportunity to review and provide feedback on the development of the HSCP Strategic Plans, and noted that these were both subject to further consultation. The Committee received an update on progress following this, and noted that the final versions of the Strategic Plans would be presented to the Committee once finalised.



## 5. CONCLUSION

### STATEMENT OF ASSURANCE

As Chair of the Finance, Planning and Performance Governance Committee during financial year 2021/2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective Finance, Planning and Performance Governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the Finance, Planning and Performance Governance Committee. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and NHS GGC for their excellent support of the Committee.

**Mr Simon Carr**

**Chairperson**

**On behalf of FINANCE, PLANNING AND PERFORMANCE GOVERNANCE  
COMMITTEE**

## BOARD OFFICIAL

**APPENDIX 1****FINANCE, PLANNING AND PERFORMANCE GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2021/22****PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>15/06/21</b>	<b>10/08/21</b>	<b>12/10/21</b>	<b>07/12/21</b>	<b>15/02/22</b>
Mr Simon Carr	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	P	P	P	P
Ms Susan Brimelow, OBE	Non-Executive Board Member	NHSGGC	P	AA	P	P	P
Prof John Brown, CBE	NHSGGC Board Chair	NHSGGC	AA	P	P	P	P
Ms Ann Cameron-Burns (From 01/01/22)	Non-Executive Board Member	NHSGGC	-	-	-	-	P
Mr Alan Cowan	Non- Executive Board Member	NHSGGC	AA	P	P	P	P
Prof Linda de Caestecker	Director of Public Health	NHSGGC	AA	AA	AA	AA	AA
Ms Jacqueline Forbes	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	P
Mr Allan MacLeod (To 31/07/21)	Non-Executive Board Member	NHSGGC	P	-	-	-	-
Rev John Matthews, OBE	Non-Executive Board Member	NHSGGC	P	P	P	P	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	15/06/21	10/08/21	12/10/21	07/12/21	15/02/22
Ms Dorothy McErlean (To 31/12/21)	Non-Executive Board Member	NHSGGC	P	AA	P	-	-
Cllr Sheila Mehan	Non-Executive Board Member	NHSGGC	AA	AA	AA	AA	AA
Dr Margaret McGuire	Director of Nursing	NHSGGC	AA	AA	AA	AA	AA
Prof Iain McInnes (From 01/04/21)	Non-Executive Board Member	NHSGGC	AA	AA	AA	AA	P
Ms Anne Marie Monaghan	Non-Executive Board Member	NHSGGC	P	P	P	P	AA
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Ms Rona Sweeney	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Mr Mark White	Director of Finance	NHSGGC	P	P	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	15/06/21	10/08/21	12/10/21	07/12/21	15/02/22
Ms Lesley Bairden	Chief Finance Officer	East Renfrewshire HSCP	-	-	-	P	P
Mr Jonathan Best	Chief Operating Officer (To 31 March 2022)	NHSGGC	AA	P	P	P	AA
Ms Denise Brown	Interim Director of eHealth (From 17 January 2022)	NHSGGC	-	-	-	-	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	15/06/21	10/08/21	12/10/21	07/12/21	15/02/22
Ms Sandra Bustillo	Director of Communications and Engagement	NHSGGC	P	-	P	P	P
Ms Frances Burns	Head of Strategic Planning and Health Improvement	Renfrewshire HSCP	-	-	-	P	P
Dr Emilia Crighton	Deputy Director of Public Health	NHSGGC	-	-	-	-	P
Mr John Donnelly	Head of Capital Planning	NHSGGC	-	-	-	P	-
Ms Gillian Duncan	Secretariat	NHSGGC	P	-	-	P	-
Mr William Edwards	Chief Operating Officer (From 10 January 2022, previously Director of eHealth)	NHSGGC	P	-	-	-	AA
Mr Stephen Fitzpatrick	Assistant Chief Officer Older People's Services, Glasgow City HSCP	Glasgow City HSCP	-	P	-	-	-
Mr David Fogg	Strategic Service Improvement Manager, Renfrewshire HSCP	Renfrewshire HSCP	-	-	-	P	P
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	-	-	-	-	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	15/06/21	10/08/21	12/10/21	07/12/21	15/02/22
Ms Jennifer Haynes	Corporate Services Manager – Governance	NHSGGC	P	-	-	P	P
Ms Lorna Kelly	Director of Primary Care	NHSGGC	-	-	P	P	-
Ms Christine Lavery	Interim Chief Officer, Renfrewshire HSCP	Renfrewshire HSCP	-	-	-	P	P
Ms Fiona MacKay	Associate Director of Planning	NHSGGC	P	-	P	P	-
Ms Fiona McEwen	Assistant Director of Finance, Planning and Performance	NHSGGC	P	P	-	P	P
Mr Paul McKenna	Head of Financial Improvement Programme	NHSGGC	-	P	-	-	
Ms Liz Maconachie	Audit Manager	Audit Scotland	-	-	-	P	P
Mrs Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	-	P	P	P
Ms Susan Manion	Associate Director of Delivery, Child Surveillance, and GP Out of Hours	NHSGGC	-	-	-	P	-
Mrs Geraldine Mathew	Secretariat Manager	NHSGGC	-	P	P	-	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	15/06/21	10/08/21	12/10/21	07/12/21	15/02/22
Ms Susanne Millar	Interim Chief Officer,	Glasgow City HSCP	-	P	-	-	-
Dr Kerri Neylon	Deputy Medical Director for Primary Care	NHSGGC	-	-	-	P	-
Mr Steven Reid	Policy, Planning and Performance Manager,	East Renfrewshire HSCP	-	-	-	-	P
Mr Chris Sanderson	Head of Procurement	NHSGGC	-	-	-	-	P
Ms Caroline Sinclair	Chief Officer	East Dunbartonshire HSCP	-	-	-	-	P
Mr Tom Steele	Director of Estates and Facilities	NHSGGC	P	P	P	P	P
Mr Arwel Williams	Director of Diagnostics and Regional Services	NHSGGC	P	P	-	-	-
Ms Elaine Vanhegan	Director of Corporate Administration and Governance	NHSGGC	-	P	-	-	-

**Key**

P – Present

A – Absent – no apologies received

AA – Absent – apologies received

- Attendance not required

**APPENDIX 2****FINANCE, PLANNING AND PERFORMANCE GOVERNANCE COMMITTEE****SCHEDULE OF BUSINESS CONSIDERED 2021/22**

<b>DATE OF MEETING</b>	<b>TITLE OF BUSINESS DISCUSSED</b>
15 June 2021	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Introductory Remarks</li> <li>• Declarations of Interest</li> <li>• Minutes of previous meeting of 30 March 2021</li> <li>• Matters Arising and Rolling Action List</li> <li>• Urgent Item of Business</li> <li>• Finance Update Month 12</li> <li>• Performance Report</li> <li>• COVID-19 Update</li> <li>• QEUH Update – Action Plan and Timeline</li> <li>• Remobilisation Plan</li> <li>• Audit of Remobilisation Plan</li> <li>• Radionuclide Dispensary</li> <li>• Property Disposals</li> <li>• Corporate Risk Register</li> <li>• Annual Cycle of Business</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
10 August 2021	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Introductory Remarks</li> <li>• Declarations of Interest</li> <li>• Minutes of previous meeting of 15 June 2021</li> <li>• Matters Arising and Rolling Action List</li> <li>• Urgent Items of Business</li> <li>• Finance Report</li> <li>• Performance Report</li> <li>• Delayed Discharges</li> <li>• COVID-19 Update</li> <li>• QEUH/RHC Update</li> <li>• Caledonia House Lease Renewal</li> <li>• Remobilisation Plan Update</li> <li>• West of Scotland Major Trauma Network NHSGGC Readiness Assessment</li> <li>• Institute of Neurological Sciences Overview</li> <li>• Establishing a West of Scotland Thrombectomy Service Update</li> <li>• NHSGGC System Wide Infrastructure Investment Strategy</li> <li>• Corporate Risk Register</li> <li>• Review of Terms of Reference</li> <li>• Annual Cycle of Business</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>



## BOARD OFFICIAL

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
12 October 2021	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Introductory Remarks</li> <li>• Declarations of Interest</li> <li>• Minutes of previous meeting of 10 August 2021</li> <li>• Urgent Items of Business</li> <li>• Finance Report (including Financial Improvement Programme)</li> <li>• Three Year Capital Plan</li> <li>• Performance Report</li> <li>• Disposal of 2&amp;4 Waterloo Close</li> <li>• COVID-19 Update</li> <li>• QEUH/RHC Update</li> <li>• Delivering the 2018 General Medical Services Contract: Update on Primary Care Improvement Plans</li> <li>• Remobilisation Plan (RMP4) Update and Winter Plan 2021/22</li> <li>• Corporate Risk Register</li> <li>• Annual Cycle of Business</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
7 December 2021	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Introductory Remarks</li> <li>• Declarations of Interest</li> <li>• Minutes of previous meeting of 12 October 2021</li> <li>• Urgent Items of Business</li> <li>• North East Hub Full Business Case</li> <li>• Bishopton Hub Standard Business Case</li> <li>• QEUH/RHC Update</li> <li>• Remobilisation Plan 4</li> <li>• GP Out of Hours Consolidation</li> <li>• Renfrewshire HSCP Strategic Plan</li> <li>• East Renfrewshire HSCP Strategic Plan</li> <li>• COVID-19 Update</li> <li>• Finance Report (including Financial Improvement Plan and End of Year Financial Forecast)</li> <li>• Capital Plan Update (including Scottish Government Additional Capital Grant Scheme Allocations)</li> <li>• Performance Report</li> <li>• Corporate Risk Register</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
15 February 2022	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Introductory Remarks</li> <li>• Declarations of Interest</li> <li>• Minutes of previous meeting of 7 December 2021</li> <li>• Urgent Items of Business</li> <li>• Matters Arising and Rolling Action List</li> <li>• QEUH/RHC Update</li> <li>• Renfrewshire and East Renfrewshire HSCP Strategic Plans Update</li> </ul>

## BOARD OFFICIAL

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"><li>• East Dunbartonshire HSCP Strategic Plan</li><li>• COVID-19 Update</li><li>• Procurement Strategy</li><li>• Infrastructure Strategy</li><li>• Finance Report</li><li>• Financial Plan</li><li>• Performance Report</li><li>• Corporate Risk Register</li><li>• Closing Remarks and Key Messages for the Board</li></ul>

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF CLINICAL AND CARE GOVERNANCE COMMITTEE 2021/22

#### 1. Introduction

- 1.1 The year 2022/23 saw the introduction of the Board remobilisation plan following the COVID-19 pandemic. During this period, it was agreed interim Board arrangements put in place, meaning that, although Committee meetings were reintroduced, these were based on proportionate governance

#### 2. Purpose

- 2.1 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. Governance Committee

##### 3.1 Purpose of Committee

The purpose of the Clinical and Care Governance Committee is to provide the NHS Board with the assurance that:

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy and Quality Strategy;
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care;
- Ensure oversight of person centred care and feedback reflecting learning;
- That NHS GGC fulfils its statutory obligations relating the Board's Duty of Quality – including Duty of Candour;
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care;
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated;
- Appropriate governance in respect of risks, as allocated to the CCGC by the Audit Committee relating *to clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care.

### 3.2 Composition

During the financial year ended 31 March 2022 membership of the Clinical and Care Governance Committee comprised:

Chairperson - Ms Susan Brimelow, OBE

Vice Chair – Mr Ian Ritchie

#### MEMBERSHIP

- Dr Jennifer Armstrong, Medical Director
- Cllr Caroline Bamforth, Non-Executive Board Member
- Professor John Brown, NHSGGC Board Chair
- Professor Linda de Caestecker, Director of Public Health
- Mr David Gould, Non-Executive Board Member
- Mrs Jane Grant, Chief Executive
- Ms Amina Khan, Non-Executive Board Member
- Dr Margaret McGuire, Nurse Director
- Professor Iain McInnes, Non-Executive Board Member
- Dr Lesley Rousselet, Non-Executive Board Member
- Dr Paul Ryan, Non-Executive Board Member
- Ms Audrey Thomson, Non-Executive Board Member
- Ms Paula Speirs, Non-Executive Board Member

#### IN ATTENDANCE

- Professor Julie Brittenden, Director of Research and Innovation
- Ms Gail Caldwell, Director of Pharmacy
- Dr Scott Davidson, Deputy Medical Director, Acute
- Dr Chris Deighan, Deputy Medical Director, Corporate
- Ms Sandra Devine, Acting Infection Control Manager
- Dr David Dodds, Chief of Medicine, Regional Services
- Mr Andrew Gibson, Chief Risk Officer
- Dr Judith Godden, Scientific Officer / Manager for Research Ethics
- Ms Jennifer Haynes, Corporate Services Manager – Governance
- Ms Natalia Hedo, Business Manager – Infection Control
- Ms Geraldine Jordan, Director of Clinical and Care Governance
- Ms Jennifer Rodgers, Deputy Nurse Director, Corporate
- Ms Elaine Vanhegan, Head of Corporate Governance and Administration
- Professor Angela Wallace, Director of Infection Prevention and Control

### 3.3 Meetings

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 7 June 2021
- 6 September 2021
- 6 December 2021
- 7 March 2022

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 2022/2023. Areas considered included:

- Overview Update from Executive Leads
- Clinical Governance Healthcare Quality Report
- Healthcare Associated Infection Reporting Template (HAIRT)
- Board Support for Care Homes
- Care Opinion/Patient Experience Quarterly Reports
- Clinical Governance Annual Report
- Duty of Candour Annual Report
- QEUH / RHC Update
- Clinical Risk Management - Clinical Risk Report January 2021-June 2021 including Scottish National Audit Programme (SNAP) and HSMR
- Person Centred Improvement Programme
- Health and Safety Executive Prosecution
- West of Scotland Research Ethics Committees Annual Report
- West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)
- Extract from Corporate Risk Register

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 Care Opinion/Patient Experience Quarterly Reports**

The Committee received updates which provided an overview of performance and the mechanisms used to identify feedback from people using NHSGGC's services. The Committee were assured that feedback opportunities, complaints received and Scottish Public Services Ombudsman Investigative Reports and Decision Letters were used to bring about service improvements for the people who use NHSGGC services and their carers.

### **4.2 Clinical Governance Annual Report 2021-22**

The Committee considered the Clinical Governance Annual Report presented by the Director of Clinical and Care Governance. The Annual Report described the progress that had been made in improving safe, effective and person centred care and included a number of examples of the activities and interventions that had

taken place over the year and demonstrated the significant commitment of the Board to managing and improving the quality of care we provide, and that the clinical governance structure is well developed.

The report provided assurance that despite the challenges encountered throughout the pandemic, NHSGGC had continued to focus on clinical governance and ensuring safe, effective, and person centred care.

The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to approve the report for onward submission to the NHSGGC Board.

#### **4.3 Duty of Candour Annual Report 2021-22**

The Committee considered the Duty of Candour Annual Report, presented by the Director of Clinical and Care Governance. The Duty of Candour legislation became active in 2018 and set out the procedure by law to follow when there had been an unintended or unexpected incident that resulted in death or harm (or additional treatment was required to prevent injury that would result in death or harm). The Annual Report was a legal requirement and described how duty of candour had been operated in NHSGGC during the year and provided assurance that the Duty of Candour policy and procedures had been followed. The Clinical and Care Governance Committee were assured by the information provided and were content to approve the Report

#### **4.4 West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)**

The Committee considered the West of Scotland Cancer Reports and Action Plans presented by the Chief of Medicine for Regional Services which outlined the established governance structures, the key reporting figures for the period August 2020 to August 2021 and the progress made.

The Committee were advised each Board within the West of Scotland Cancer Network reported QPI progress through the Regional Cancer Advisory Group which in turn reported to Healthcare Improvement Scotland to create the national picture. The aim of QPIs was to ensure Boards were able to focus attention on areas for improved survival of cancer and improved patient experience and to reduce variation of cancer care nationally and to ensure all treatment delivered within cancer services were safe and effective.

The Committee were assured that the West of Scotland Cancer Reports demonstrated a well-established audit and reporting framework and noted the considerable work that had been completed at all levels.

#### **4.5 West of Scotland Research Ethics Committees Annual Report**

The Committee considered the West of Scotland Research Ethics Service: Annual Report presented by the Scientific Officer from the West of Scotland Research Ethics Service.

The report highlighted the important role the volunteers and staff played in the protection and promotion of the interests of patients in health care research. The Committee were advised that Research Ethics Committees were subject to audit by the Health Research Authority every two years and all of the West of Scotland RECs had been audited within the last year and each received full accreditation with no actions required.

The Committee were assured by the robustness of the processes outlined in the report and noted their admiration for the important role of volunteers in health care research. The Committee were content to approve the report.

## **5. Conclusion**

### **5.1 Statement of Assurance**

As Chair of the Clinical and Care Governance Committee during financial year 2021/2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical and Care Governance arrangements were in place across NHS GGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the Clinical and Care Governance Committee. I would 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.

**Ms Susan Brimelow, OBE**  
**Chairperson**  
**On behalf of Clinical & Care Governance Committee**



## BOARD OFFICIAL

**APPENDIX 1****CLINICAL & CARE GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2020/21****Present**

Name	Position	Organisation	Date of Committee			
			08/06/21	14/09/21	14/12/21	01/03/22
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	P	P	P
Cllr Caroline Bamforth	Non-Executive Board Member	NHSGGC	P	AA	AA	P
Ms Susan Brimelow (Chair)	Non-Executive Board Member	NHSGGC	P	P	P	P
Professor John Brown	NHSGGC Board Chair	NHSGGC	P	P	AA	AA
Professor Linda de Caestecker	Director of Public Health	NHSGGC	A	AA	A	-
Mr David Gould	Non-Executive Board Member	NHSGGC	-	-	-	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	A	P
Ms Amina Khan	Non-Executive Board Member	NHSGGC	P	-	-	-
Dr Margaret McGuire	Nurse Director	NHSGGC	P	P	P	AA
Professor Iain McInnes	Non-Executive Board Member	NHSGGC	AA	AA	P	AA
Mr Ian Ritchie (Vice Chair)	Non-Executive Board Member	NHSGGC	P	P	P	P
Dr Lesley Rousselet	Non-Executive Board Member	NHSGGC	-	P	P	P
Dr Paul Ryan	Non-Executive Board Member	NHSGGC	P	P	P	P
Ms Audrey Thomson	Non-Executive Board Member	NHSGGC	P	-	-	P
Ms Paula Speirs	Non-Executive Board Member	NHSGGC	P	P	P	-

## BOARD OFFICIAL

**In Attendance**

Name	Position	Organisation	Date of Committee			
			08/06/21	14/09/21	14/12/21	01/03/22
Professor Julie Brittenden	Director of Research and Innovation	NHSGGC	-	-	<b>P</b>	-
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	<b>P</b>	-	-	-
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	-	-	-	<b>P</b>
Dr Chris Deighan	Deputy Medical Director Corporate	NHSGGC	<b>P</b>	-	-	-
Ms Sandra Devine	Acting Infection Control Manager	NHSGGC	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
Dr David Dodds	Chief of Medicine, Regional Services	NHSGGC	-	-	<b>P</b>	-
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	-	-	-	<b>P</b>
Dr Judith Godden	Scientific Officer/Manager for Research Ethics	NHSGGC	-	-	<b>P</b>	-
Ms Jennifer Haynes	Corporate Services Manager – Governance	NHSGGC	<b>P</b>	<b>P</b>	-	-
Ms Natalia Hedo	Business Manager – Infection Control	NHSGGC	<b>P</b>	-	-	-
Ms Geraldine Jordan	Director of Clinical and Care Governance	NHSGGC	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate	NHSGGC	-	-	-	<b>P</b>
Ms Elaine Vanhegan	Head of Corporate Governance and Administration	NHSGGC	<b>P</b>	-	-	-
Professor Angela Wallace	Director of Infection Prevention and Control	NHSGGC	-	-	<b>P</b>	-

**Key**

**P** : Present  
**A** : Absent, no apologies received  
**AA** : Absent, apologies received  
**–** : Attendance not required

## APPENDIX 2

# CLINICAL AND CARE GOVERNANCE COMMITTEE

## SCHEDULE OF BUSINESS CONSIDERED 2021/22

Date of Meeting	Title Of Business Discussed
08/06/21	<ul style="list-style-type: none"> <li>• Apologies and Opening Remarks</li> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of meeting held on 1st December 2020</li> <li>• Matters Arising from the Minutes               <ul style="list-style-type: none"> <li>a) Rolling Action List</li> </ul> </li> <li>• Overview</li> <li>• Care Opinion/Patient Experience</li> <li>• Clinical Governance Healthcare Quality Report</li> <li>• Thrombolysis and Thrombectomy Services</li> <li>• Healthcare Associated Infection               <ul style="list-style-type: none"> <li>a) Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>b) SBAR Action Plan</li> </ul> </li> <li>• Board Support for Care Homes</li> <li>• Corporate Risk Register</li> <li>• Board Clinical Governance Forum - Minutes of Meetings:               <ul style="list-style-type: none"> <li>a) Approved minute of Board Clinical Governance Forum Meeting of 14<sup>th</sup> December 2020</li> <li>b) Approved minute of Board Clinical Governance Forum Meeting of 1<sup>st</sup> February 2021</li> <li>c) Approved minute of Board Clinical Governance Forum Meeting of 12<sup>th</sup> April 2021</li> </ul> </li> <li>• Closing Remarks and Key Messages for Board</li> </ul>
14/09/21	<ul style="list-style-type: none"> <li>• Apologies and Opening Remarks</li> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of meeting held on 8 June 2021</li> <li>• Matters Arising from the Minutes               <ul style="list-style-type: none"> <li>a) Rolling Action List</li> </ul> </li> <li>• Overview</li> <li>• Care Opinion/Patient Experience – Quarter 1 Report</li> <li>• Clinical Governance Annual Report</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Corporate Risk Register – New Aligned Clinical Risks</li> <li>• Terms of Reference</li> <li>• Duty of Candour Annual Report</li> <li>• Annual Cycle of Business</li> <li>• Board Clinical Governance Forum - Minutes of Meetings:               <ul style="list-style-type: none"> <li>a) Approved Minute of Board Clinical Governance Forum Meeting of 10 May 2021</li> </ul> </li> <li>• Closing Remarks and Key Messages for Board</li> </ul>

## BOARD OFFICIAL

Date of Meeting	Title Of Business Discussed
14/12/21	<ul style="list-style-type: none"> <li>• Apologies and Opening Remarks</li> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of meeting held on 14 September 2021</li> <li>• Matters Arising from the Minutes               <ul style="list-style-type: none"> <li>a) Rolling Action List</li> </ul> </li> <li>• Overview</li> <li>• QEUH / RHC Update</li> <li>• Acute Services Update</li> <li>• Clinical Risk Management - Clinical Risk Report January 2021-June 2021               <ul style="list-style-type: none"> <li>a) Scottish National Audit Programme &amp;</li> <li>b) HSMR</li> </ul> </li> <li>• Patient Experience, Complaints, Ombudsman – Quarter 2 Report</li> <li>• Person Centred Improvement Programme</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Health and Safety Executive Prosecution</li> <li>• West of Scotland Research Ethics Committees Annual Report</li> <li>• West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)</li> <li>• Extract from Corporate Risk Register</li> <li>• Board Clinical Governance Forum - Minutes of Meetings:               <ul style="list-style-type: none"> <li>a) Approved Minute of Board Clinical Governance Forum Meeting of 16 August 2021</li> <li>b) Approved Minute of Board Clinical Governance Forum Meeting of 4 October 2021</li> </ul> </li> <li>• Closing Remarks and Key Messages for Board</li> </ul>
01/03/22	<ul style="list-style-type: none"> <li>• Apologies and Opening Remarks</li> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of meeting held on 14 December 2021</li> <li>• Matters Arising from the Minutes               <ul style="list-style-type: none"> <li>a) Rolling Action List</li> </ul> </li> <li>• Overview               <ul style="list-style-type: none"> <li>a) Acute Services Update</li> <li>b) Flow Navigation Centre</li> </ul> </li> <li>• Care Home Collaborative</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Extract from Corporate Risk Register</li> <li>• Board Clinical Governance Forum - Minutes of Meeting:               <ul style="list-style-type: none"> <li>a) Approved Minute of Board Clinical Governance Forum Meeting of 8 November 2021</li> </ul> </li> <li>• Board Infection Control Committee – Minutes of Meeting:               <ul style="list-style-type: none"> <li>a) Approved Minute of Infection Control Committee Meeting of 9 December 2021</li> </ul> </li> <li>• Closing Remarks and Key Messages for Board</li> </ul>

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE 2021/2022

#### 1. Purpose

- 1.1 In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### 2. 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 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, Acute Services and Corporate Directorate have their own Staff Governance arrangements and structure. Compliance with the Standard is monitored through the 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 Staff Governance is reviewed through a series of implementation plans and strategies, service presentations, and policy review and regular NHSGGC Workforce Strategy implementation plan updates.

## 2.2 Composition

During the financial year ending 31 March 2022 membership of the Staff Governance Committee comprised:

Joint Chairs:

Mr A Cowan (Joint Chair)  
Mrs D McErlean (Joint Chair until 31 December 2021)  
Ms A Cameron-Burns (Joint Chair from 1 January 2022)

### MEMBERSHIP

Councillor S Mechan  
Mrs R Sweeney (until 31 May 2021)  
Mr C Vincent  
Ms A Khan  
Mr F Shennan  
Dr P Ryan (from 1 June 2021)  
Prof. J Brown CBE, Chair – NHS Greater Glasgow and Clyde  
Ms J Grant, Chief Executive – NHS Greater Glasgow and Clyde

### IN ATTENDANCE

Mr J Best, Chief Officer, Acute Services  
Mr W Edwards, Chief Operating Office, Acute Services  
Ms A Cameron-Burns, Area Partnership Forum (APF) Staff Side Secretary (until 31 December 2021)  
Ms F Carmichael, Staff Side Chair, Acute Services Staff Partnership Forum  
Ms B Culshaw, Chief Officer, West Dunbartonshire Health and Social Care Partnership (HSCP) (representing HSCPs)  
Mrs D Hudson, Staff Governance Co-ordinator/iMatter Operational Lead  
Mrs M Macdonald, Head of Learning and Education  
Mrs A MacPherson, Director of Human Resources & Organisational Development  
Ms P Martin, Head of Staff Experience  
Ms M McCarthy, Staff Side Chair, Glasgow City HSCP Staff Partnership Forum  
Mr A McCready, Staff Side Chair, Non City HSCP Staff Partnership Forum  
Ms N Owens, Depute Director of Human Resources & Organisational Development  
Ms E Quail, Area Partnership Forum Staff Side Secretary / Area Partnership Forum Secretariat  
Ms C Heuston, Assistant Chief Officer, Human Resources, Glasgow City HSCP  
Mr A McCready, Staff Side Chair, APF Delegate to Staff Governance Committee  
Mr M Allen, Senior Administrator  
Dr M McGuire, Executive Director of Nursing  
Ms F Lyall, Trade Union Representative  
Mr G Wilson, APF Secretariat

### AS REQUIRED

Dr J Armstrong, Medical Director (or delegated representative)



## BOARD OFFICIAL

Ms K Strannigan, Head of Health and Safety  
 Ms R Wall, Head of Occupational Health and Safety  
 Mr S Munce, Workforce Planning and Analytics Manager / Interim Head of Human Resources, Resources and Development  
 Mr K Small, Independent Human Resource Management Specialist (15 April 2021 Whistleblowing Meeting only)  
 Ms E Vanhegan, Director of Corporate Services and Governance  
 Ms S Blades, Lead Nurse for Professional Governance & Regulation  
 Ms J Burns, Consultant, Department of Medicine for the Elderly  
 Mr A Reynolds, Head of Human Resources – Service Development and Support  
 Ms J Haynes, Corporate Services Manager – Governance  
 Dr L Donaldson, Director of Medical Education  
 Dr C Perry, Consultant, Endocrinology  
 Ms T Carrey, Interim Workforce Planning & Analytics Manager

## 2.3 Meetings

2.3.1 During the period 1 April 2021 to 31 March 2022, the Committee met on five occasions, on the undernoted dates:

- 15 April 2021 (formal review of Whistleblowing Procedures)
- 11 May 2021
- 3 August 2021
- 2 November 2021
- 1 February 2022

The attendance schedule is attached at Appendix 1.

2.3.2 All meetings of the Staff Governance Committee were quorate.

## 2.4 Business

The Committee considered both routine and specific work areas during the financial year 2021/2022. 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 are attached at Appendix 2. With the Board continuing to operate on a modified governance basis, in light of the COVID-19 circumstances, it was agreed to place Service Assurance Presentations on hold for the duration of 2021/22.

The Committee gave due consideration to the priorities outlined by the Board Chair around Wellbeing, Workforce Planning, Partnership Working & Staff Engagement while also seeking assurance that the work programme was aligned to the Board Objectives.

### 2.4.1 Health, Safety and Wellbeing

- 2.4.1.1 The Committee welcomed updates in relation to the Staff Health Strategy, which was written with a specific focus on mental health, health and safety and supporting staff with long term/chronic health conditions. This also included updates on the specific action plan through the Mental Health and Wellbeing



Group established for COVID purposes .The key areas of focus and progress on these, are set out below:

### **Support for Staff with Long COVID**

- 2.4.1.2 The longer-term impact of COVID-19 upon staff wellbeing is well recognised. The Board has established additional dedicated support within the HR Support and Advice Unit, to ensure managers and employees are supported in dealing with COVID-19 related absences. In particular, guidance has been developed to assist in managing the previously unknown condition of Long COVID.
- 2.4.1.3 The guidance offers initial support via employee wellbeing calls when they first commence Long COVID absence and then follows the process and principles of NHS Scotland Attendance Policy to offer further support.
- 2.4.1.4 Furthermore, work has been undertaken in conjunction with Occupational Health Services to ensure there is an appropriate and detailed management referral process for any employee absent due to Long COVID.
- 2.4.1.5 A specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing is established within the Occupational Health service. This service is for staff and will provide individual assessment and treatment plans to support staff to return to work.
- 2.4.1.6 On average, there are 280 staff absent due to the effects of long-COVID on a daily basis. This number has been reasonably constant since September 2021. The Long COVID team have undertaken 175 referrals to date, and further referrals are expected.

### **Mental Health Check-in**

- 2.4.1.7 The Staff Wellbeing and Mental Health group has reviewed the anonymised data available from the initial three runs of the Staff Mental Health Check-in to ascertain the format to be used going forward, and determine how best to point staff in the right direction of appropriate services and long term support.
- 2.4.1.8 Three cycles of the check-in were completed, during which a total of 4,308 surveys were completed and, from those, 1,750 employees across all three cycles have received follow up contact.
- 2.4.1.9 Staff who required further intervention were provided with this via self-directed support, counselling, cognitive behavioural therapy or psychology from the in-house service. Some staff were directed to local mental health teams.

### **Peer Support programme**

- 2.4.1.10 The Peer Support Framework will be available across all our services. This is provided across three levels:
  - Universal – Level One: Online programme to support staff to increase their knowledge and skills

- Peer Supporter – Level Two: two day programme building on the online skills programme enabling participants to be a nominated “Peer Supporter”
  - Trainer – Programme designed to enable a small cohort to be trained to a level that would allow them to provide the “Peer Supporter” training thus ensuring the longevity and sustainability of the supports available.
- 2.4.1.11 To date, the first group of non-medical staff have been trained as peer supporters, and the level one online training now available to all staff, with a full programme of training planned for 2022.
- 2.4.1.12 Medical staff had previously been trained in a slightly different model and the aspiration is to combine both programmes. The medical teams have trained a range of medical staff and have established a specific route for access to peer support.

### **Wellbeing Bus**

- 2.4.1.13 Work commenced to convert a former coach, donated by “First Bus”, to provide the equivalent mobile Relaxation resources as those in the Rest and Recuperation (R&R) Hubs based on sites. The bus is expected to be made available in early 2022/23.

### **Next Steps**

- 2.4.1.14 The current Staff Health Strategy will be completed in 2023 and a further staff survey will be undertaken to identify key themes for the period of 2023–2026. An action plan for 2022/2023 is being finalised.
- 2.4.1.15 The Committee look forward to receiving regular updates on the plan and progress on activity, and the positive impact on staff, at Committee meetings.

## **2.4.2 NHSGGC Workforce Strategy 2020-2025**

- 2.4.2.1 The Committee welcomed the opportunity to review progress of the Workforce Strategy 2020-2025. Notably, a defined Implementation Plan focusing on the first phase (April 2021 – December 2022) was created and presented to the Committee, which provided an assurance of progress.
- 2.4.2.2 Specifically, during 2021/22, the Committee received an update on the provision of personal development planning and appraisals within NHSGGC.
- 2.4.2.3 Appraisal activity is recovering from the impact of the COVID-19 pandemic, with the focus being on supportive discussions with staff to reflect on the previous year and the impact of COVID-19 on wellbeing, requiring support for the year ahead.
- 2.4.2.4 Furthermore, a Communications and Engagement Action Plan to improve the uptake to Personal Development Plan (PDP) and TURAS reviews was completed and promoted across NHSGGC.
- 2.4.2.5 Additionally, the initial phase of developing and evaluating leadership development programmes was scheduled to be completed by the end of September 2021. Unfortunately, due to COVID-19 circumstances, the

development has been paused, however, the Committee were reassured that it would resume as soon as possible when the current pressure permits, and looked forward to future updates.

- 2.4.2.6 Finally, despite the pandemic and the associated staffing challenges NHSGGC has continued to involve staff with the implementation of Investors in People (IiP).
- 2.4.2.7 During 2021, the Inverclyde Royal Hospital site IiP workforce group focussed on progressing the recommendations made following an initial assessment in 2020, and achieved IiP accreditation when re-assessed in December 2021. The subsequent assessment of our corporate offices and facilities units in early 2022, also resulted in successful accreditation.
- 2.4.2.8 Further progress against the roll-out schedule will be made throughout 2022 with the target for overall accreditation across Acute and Corporate Services by the end of 2022/23.
- 2.4.2.9 The Committee was assured of the progress of the Strategy during 2021 despite the impact of the COVID-19 pandemic, and looked forward to further progress in 2022/23.

### **2.4.3 Workforce Equality**

- 2.4.3.1 Regular updates were provided to the Staff Governance Committee to provide assurance around overall progress and activity from the Workforce Equality Group, and it's associated Action Plan 2021/2022. Details in relation to Equality and Diversity data across NHSGGC is also provided to the Committee via the Workforce Analytics Storyboard, circulated at each meeting.
- 2.4.3.2 Specifically, during 2021-2022, the Committee welcomed updates regarding the Equalities and Human Rights Commission (EHRC) Report published in November 2020, the newly developed NHS National Ethnic Minority Network, and, from this, the alignment of the NHSGGC Workforce Equality Action Plan with EHRC Report recommendations and NHS National Ethnic Minority Network work streams.
- 2.4.3.3 The EHRC report, published following a consultation across public sector organisations, established recommendations for progress, together with conclusions and a request for a commitment to three new actions from each public authority organisation. The details are outlined in the below table, including the action areas identified for NHSGGC:

Recommendations	Conclusions	Minimum of three new actions
1. Assessment of barriers 2. Recruitment 3. Training 4. Equal Pay 5. Consultation 6. Ethnic representation	1. Ethnicity employment gap remains unacceptable, reduce pay gap and occupational segregation	1. Consistency 2. Data 3. Attraction 4. Equal Pay 5. Engagement and Contribution

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7. Positive action 8. Data 9. Three new Actions	2. Chief Executive and Senior Leaders to demonstrate leadership in this area	
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2.4.3.4 In addition, the recently established NHS National Ethnic Minority Network has three established priority work streams detailed below:

- **Employment:** Recruitment, selection, development and career progression
- **Workplace Culture:** Race conversations, lived experiences, recognising barriers, clear messages, race equality
- **Mental Health:** Practical advice, signposting, support, communications, governance

2.4.3.5 The collaboratively developed NHSGGC Workforce Equality Action Plan includes local action to address and align the recommendations and priority work streams outlined above.

2.4.3.6 Governance and assurance on progress of this action plan is provided initially via the NHSGGC Workforce Equality Group, with regular updates at the Staff Governance Committee. Furthermore, the Non-Executive Board Equality and Diversity Champion is a member of the Staff Governance Committee, and provides further assurance and scrutiny to the progress of activity.

2.4.3.7 The Committee look forward to receiving progress updates in relation to the Workforce Equality Action Plan, during 2022/23.

#### 2.4.4 Medical Education

2.4.4.1 The Committee welcomed the Board Medical Director and Director of Medical Education's regular updates on Medical Education throughout 2021/22, as training our doctors of the future is a crucial and important role for NHSGGC.

2.4.4.2 Outlined below is a summary of the key work streams covered, throughout 2021/22:

##### Medical Trainee wellbeing

2.4.4.3 The Medical Wellbeing Group, chaired by the Director of Medical Education (DME), focuses on several workstreams informed by the GMC publication: *'Caring for Doctors: Caring for Patients'*.

2.4.4.4 All workstreams are progressed utilising the expertise of this multidisciplinary group and key outputs are: the establishment of a peer support network, supporting the R&R hubs, medical staffing leads and trainee engagement around rotas and rostering, and supporting the Civility Saves Lives work.

##### August 2021 Induction

2.4.4.5 Transition from medical student to doctor and employee, are challenging and particularly so during COVID-19. The trainees joining NHSGGC in August had their 4<sup>th</sup> year studies curtailed, but, in mitigation, started earlier in their 5<sup>th</sup> year,

and were involved in a University of Glasgow initiative to immerse 5<sup>th</sup> year students in placement units and becoming part of the team.

- 2.4.4.6 In recognition of the potential disruption to training the Scottish Government funded an additional optional five days of shadowing in 2021/22. NHSGGC welcomed around 250 new FY1s during July who undertook the optional additional induction and shadowing.

### **Impact of COVID-19 on training**

- 2.4.4.7 All trainees were affected by the impact of COVID-19 to some extent. In the first wave 160 trainees were redeployed to emergency and acute medicine, in the second around 20 trainees were redeployed.
- 2.4.4.8 In addition to a physical disruption to training, there were changes to how training was delivered. Utilisation of online training platforms has brought many positive aspects to training. Prior to COVID-19 there was sector and site-based teaching, moving online has allowed the majority of training to be accessed across the Board.

### **Quality management of medical education**

- 2.4.4.9 The NHSGGC DME noted there has been a marked change in the way in which the Deanery and the Directorate of Medical Education progress the recommendations after GMC Enhanced Monitoring visits. From discussions, it was clear the collective aim was to implement SMART objectives in a deliverable and measurable way.
- 2.4.4.10 All NHSGGC sites currently subject to the GMC's Enhanced Monitoring processes, have had a recent Deanery / GMC visit. Some areas were recognised to be stubbornly resistant to management action but the Committee were pleased to note that most of the recommendations made by the GMC were on a positive trajectory and, with the newly implemented SMART objectives, there is a clear focus on timescales and what is achievable within the recommendations for each site.
- 2.4.4.11 The Committee welcomed the updates regarding the work undertaken during 2021/22 to support trainees. The Committee will continue to receive updates and assurance of progress during 2022/23.

### **2.4.5 iMatter: The Staff Experience Continuous Improvement Tool**

- 2.4.5.1 The Committee welcomed an update on the outcome of iMatter 2021. Overall, NHSGGC achieved a response rate of 51%, with over 23,000 staff taking part and results generating an Employee Engagement Index (EEI) score of 74.
- 2.4.5.2 Following review of the Board iMatter report, key areas of strength were identified including clarity of roles, having confidence and trust in team managers and staff having a sense of understanding how their role contributes to the organisation.



- 2.4.5.3 The feedback also highlighted opportunities for continuous improvement that are being progress through the development of the Internal Communications and Employee Engagement Strategy, which will focus on visibility, ownership, inclusion, collaboration and excellence.
- 2.4.5.4 The Committee noted that, despite COVID-19 challenges, it was encouraging that 51% of the workforce had completed the iMatter survey and that the overall EEI Score was positive and within the green 'strive and celebrate' score matrix.
- 2.4.4.5 Further updates regarding the progress of the Internal Communications and Employee Engagement Strategy will be brought to the Committee, along with year on year progress of the iMatter programme.

#### **2.4.6 Safe Staffing**

- 2.4.6.1 The Committee were pleased to be provided with an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGGC.
- 2.4.6.2 The 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.
- 2.4.6.3 Locally within NHSGGC, an inaugural meeting of the NHSGGC Health & Care Staffing Programme Board took place in September 2021. The Board is chaired by the Executive Director of Nursing and co-chaired by the Deputy Medical Director.
- 2.4.6.4 The Programme Board reports and makes professional recommendations to the Staff Governance Committee and ultimately to the NHSGGC Board. In order to fulfil its function the Programme Board undertake a range of duties, which will include:
- Providing assurance to NHSGGC Board that the Nursing, Midwifery and Allied Health Professionals (NMAHP) workforce is safe and effective
  - Developing and monitoring processes to identify levels of risk
  - Ensuring that there are clear escalation processes in place and that appropriate resulting feedback is disseminated
  - Developing, directing implementing, reviewing, overseeing and monitoring of NMAHP workforce provision across NHSGGC
  - Reviewing and monitoring vacancies and turnover and monitoring the trends across hospitals/departments
  - Reviewing the provision of supplementary staffing across NHSGGC to ensure safe and effective cover
  - Implementing, monitoring and reporting on effective rostering
  - Promoting and supporting the use and application of national mandated workload workforce planning tools

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- Reviewing the outcomes to aid in the development of the annual national report for Scottish Government from NHSGGC
- Considering and validating any proposed changes in workforce as a result of service change.

2.4.6.5 The Committee particularly welcomed the encouragement of staff to escalate safe staffing concerns timely, and via DATIX, as appropriate. Where further support is necessary and where it is appropriate, the NHSGGC Whistleblowing policy is available, for all staff to utilise.

2.4.6.6 The Committee were assured that robust safe staffing processes exist and will seek further assurance during 2022/23 on the consistent application of safe staffing regulations and policies across the Board and understood by staff.

#### **2.4.7 Whistleblowing**

2.4.7.1 At meeting of the Committee in April 2021, the NHSGGC Whistleblowing Review was fully scrutinised, and subsequently approved by the Board. Following the review, a working group, in place to progress implementation of the National Whistleblowing Standards, also considered the Review recommendations as part of the NHSGGC Whistleblowing action plan.

2.4.7.2 The launch of the standards have afforded NHSGGC the opportunity to review and improve the whistleblowing service, in terms of the handling, rigour, compassion and reporting. This has resulted in a more consistent approach.

2.4.7.3 The Committee noted there had been a small number of new cases, following the launch of the National Standards in 2021, that the Whistleblowing Implementation Group had reviewed these cases and the new procedure was successfully applied.

2.4.7.3 Further updates will be brought to the Committee during 2022/23 to summarise Whistleblowing cases from across NHSGGC, and progress of the action plan in place.

#### **2.4.8 Remuneration Committee**

2.4.8.1 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.

2.4.8.2 During 2021/22, verbal updates on the Remuneration Committee meeting of 30 July 2021 and 20 August 2021, were given. These updates highlighted that the Remuneration Committee had:

- Been assured by the update on Executive and Senior Manager Appointments, Leavers / Interim Arrangements and Changes;
- Noted Consultants' Discretionary Points 2019/20 Outcomes;
- Approved the Terms of Reference which will be presented to the September meeting of the Board.



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- 2.4.8.3 The Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee (where both Staff Governance Committee Co-Chairs are members) in line with the Committee remit.
- 2.4.9 Full details of all of the business items considered by the Committee during 2021/22 are attached at Appendix 2, including Medical Revalidation, NMC Referrals and Assurance, Workforce Information storyboard reports, Area Partnership Forum reports, and Risk Register updates.
- 2.4.10 Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

### 3. Outcomes

- 3.1 During 2021/22, the Board operated on a modified governance basis, due to the COVID-19 pandemic. Therefore, no service assurance presentations were delivered to the Committee during that time.
- 3.2 Given the modified governance approach taken during 2021/22, presentations, along with verbal updates, were encouraged by those attending to provide updates to the Committee. The topics and summaries outlined in section 2.4 above, cover the range of items presented.

### 4. Conclusion

#### STATEMENT OF ASSURANCE

As Joint Chairs of the Staff Governance Committee during financial year 2021/22, 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.

We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many positive changes to the Staff Governance Committee. We thank all those members of staff who have prepared reports and attended meetings of the Committee and NHS Greater Glasgow and Clyde for their excellent support of the Committee.

**Ms Ann Cameron-Burns**

**Mr Alan Cowan**

**Joint Chairs**

**On behalf of the STAFF GOVERNANCE COMMITTEE**

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## APPENDIX 1

## STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2021/22

NAME	POSITION	ORGANISATION	Date 15/04/21	Date 11/05/21	Date 03/08/21	Date 02/11/21	Date 01/02/22
Mr A Cowan	Co-Chair	NHSGGC	P	P	P	P	P
Mrs D McErlean	Co-Chair	NHSGGC	P	P	P	P	-
Ms A Cameron-Burns	Co-Chair		-	-	-	-	P
Mr C Vincent	Member/NED	NHSGGC	P	P	P	P	P
Mr F Shennan	Member/NED	NHSGGC	P	P	P	AA	AA
Councillor S Mehan	Member/NED	NHSGGC	AA	P	P	P	AA
Mrs R Sweeney	Member/NED	NHSGGC	AA	P	-	-	-
Ms A Khan	Member/NED	NHSGGC	P	P	P	P	P
Dr P Ryan	Member/NED	NHSGGC	-	-	P	P	P

NAME	POSITION	ORGANISATION	Date 15/04/21	Date 11/05/21	Date 03/08/21	Date 02/11/21	Date 01/02/22
<b>IN ATTENDANCE</b>							
Mrs A MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P	P	P
Ms N Owens	Depute Director of Human Resources & Organisational Development	NHSGGC	P	P	P*	P	AA
Ms C Heuston	Assistant Chief Officer, Human Resources, Glasgow HSCP	Glasgow HSCP	P	P	P	P	P
Mrs B Culshaw	Chief Officer, West Dunbartonshire HSCP	West Dun HSCP	AA	P	AA	P	P
Ms S Strachan	Interim Chief Officer, Renfrewshire HSCP	Renfrewshire HSCP	P	-	-	-	-

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NAME	POSITION	ORGANISATION	Date 15/04/21	Date 11/05/21	Date 03/08/21	Date 02/11/21	Date 01/02/22
Professor J Brown CBE	Chair – NHS Greater Glasgow and Clyde	NHSGGC	P	A	P	P	A
Ms J Grant	Chief Executive – NHS Greater Glasgow and Clyde	NHSGGC	P	P	AA	AA	A
Mr J Best	Chief Officer, Acute	NHSGGC	AA	P	P	A	P
Ms A Cameron Burns	APF Staff Side Secretary	NHSGGC	P	P	P	P	-
Ms F Carmichael	Co-Chair Acute APF Representative	NHSGGC	A	AA	AA	A	AA
Ms M McCarthy	Glasgow HSCP PF Representative	NHSGGC	P	P	A	A	P
Mr A McCready	Co-Chair, Non City HSCP SPF	NHSGGC	P	P	P	P	AA
Mrs D Hudson	Staff Governance Co-ordinator	NHSGGC	P	P	P	P	P
Mr S Munce	Workforce Planning and Analytics Manager / Interim Head of Human Resources, Resources and Development	NHSGGC	-	-	P*	P	P
Mrs M Macdonald	Head of Learning & Education	NHSGGC	-	P	P	P	P
Ms K Strannigan	Head of Health & Safety	NHSGGC	-	P*	P	P	-
Mrs P Martin	Head of Staff Experience	NHSGGC	P	P	P	P	P
Ms R Wall	Head of Occupational Health & Safety	NHSGGC	A	P*	-	P	-
Mr M Allen	Senior Administrator	NHSGGC	P	P	P	P	P
Mr K Small	Independent Human Resource Management Specialist	N/A	P	-	-	-	-
Ms E Vanhegan	Director of Corporate Services and Governance	NHSGGC	AA	P*	P*	A	A
Ms E Quail	Staff Side Secretary / APF Secretariat	NHSGGC	P	P	P	P	P
Dr J Armstrong	Medical Director	NHSGGC	-	P*	P*	P	P*

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NAME	POSITION	ORGANISATION	Date 15/04/21	Date 11/05/21	Date 03/08/21	Date 02/11/21	Date 01/02/22
Ms S Blades	Lead Nurse for Professional Governance & Regulation	NHSGGC	-	P*	P*	-	P*
Ms J Burns	Consultant, Department of Medicine for the Elderly	NHSGGC	-	P*	-	-	-
Mr A Reynolds	Head of Human Resources – Service Development and Support	NHSGGC	-	P	P	-	-
Dr M McGuire	Nursing Director	NHSGGC	-	P*	AA	A	A
Ms J Haynes	Corporate Services Manager – Governance	NHSGGC	-	P*	-	-	-
Dr L Donaldson	Director of Medical Education	NHSGGC	-	-	AA	-	P*
Ms F Lyall	Trade Union Representative	NHSGGC	-	-	-	P	-
Dr C Perry	Consultant, Endocrinology	NHSGGC	-	-	-	P*	-
Ms T Carrey	Interim Workforce Planning & Analytics Manager	NHSGGC	-	-	-	-	P*
Mr W Edwards	Chief Operating Officer, Acute	NHSGGC	-	-	-	-	P
Mr G Wilson	APF Secretariat	NHSGGC	-	-	-	-	P

**Key**

P – Present

P\* – Present for relevant agenda item only

A – Absent – no apologies received

AA – Absent – apologies received

- Attendance not required

## APPENDIX 2

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2021/22**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
15 April 2021	<b>Matters Directly Related to the Staff Governance Standard:</b> <ul style="list-style-type: none"> <li>Whistleblowing Review</li> </ul>
11 May 2021	<b>Minutes of Meeting held on 3 November 2020 (noting)</b> <b>Minutes of Meeting held on 15 April 2021</b>  <b>Matters Arising:</b> <ul style="list-style-type: none"> <li>Rolling Action List</li> </ul> <b>Matters Directly Related to the Staff Governance Standard:</b> <ul style="list-style-type: none"> <li>Staff Governance Workplan</li> <li>Health, Safety and Wellbeing Update</li> </ul> <b>Reports that Support Compliance with the Staff Governance Standard:</b> <ul style="list-style-type: none"> <li>Annual Review of Terms of Reference</li> </ul> <b>Other Relevant Reports:</b> <ul style="list-style-type: none"> <li>Safe Staffing Legislation</li> <li>Medical Revalidation: NES Report – Medical Appraisal and Revalidation</li> <li>Equality and Human Rights Committee Recommendations</li> <li>COVID-19 Response Workforce Summary and Workforce Analytics Storyboard</li> <li>Area Partnership Forum Report</li> <li>Corporate Risk Register</li> <li>Whistleblowing Standards and Review</li> </ul>
3 August 2021	<b>Minutes of Meeting held on 11 May 2021</b>  <b>Matters Arising:</b> <ul style="list-style-type: none"> <li>Rolling Action List</li> </ul> <b>Matters Directly Related to the Staff Governance Standard:</b> <ul style="list-style-type: none"> <li>Workforce Equality</li> </ul> <b>Reports that Support Compliance with the Staff Governance Standard:</b> <ul style="list-style-type: none"> <li>Medical Education Governance</li> <li>NMC Referrals and Assurance (Annual Report)</li> <li>Annual Staff Governance Report to NHS Board</li> <li>Staff Governance Monitoring Return</li> <li>Workforce Strategy (Action Plan)</li> </ul>

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DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> <li>• Summary Workforce Information Report and Storyboard</li> <li>• Whistleblowing               <ul style="list-style-type: none"> <li>○ Annual Report and Monitoring Update</li> <li>○ Quarterly Performance Report</li> <li>○ Closed Cases – 1 April 2017 to 31 May 2021</li> </ul> </li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Area Partnership Forum Report</li> <li>• Human Resources Risk Register</li> <li>• Annual Review of Terms of Reference</li> <li>• Remuneration Committee               <ul style="list-style-type: none"> <li>○ Report from meeting held on 30 July 2021</li> </ul> </li> <li>• Cycle of Business</li> </ul>
2 November 2021	<p><b>Minutes of Meeting held on 3 August 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• iMatter 2021</li> <li>• Health, Safety and Wellbeing Update</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Medical Education – Enhanced General Medical Council Monitoring Update</li> <li>• Workforce Strategy Implementation Plan – Update</li> <li>• Summary Workforce Information Report and Storyboard</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Area Partnership Forum Report</li> <li>• Human Resources Risk Register</li> <li>• Whistleblowing Standards and Review</li> <li>• Remuneration Committee               <ul style="list-style-type: none"> <li>○ Verbal update of meeting held on 20 August 2021</li> </ul> </li> <li>• Cycle of Business</li> <li>• Safe Staffing Legislation</li> </ul>
1 February 2022	<p><b>Minutes of Meeting held on 2 November 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Medical Education Enhanced General Medical Council Monitoring Update</li> </ul>

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DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"><li>• Workforce Update<ul style="list-style-type: none"><li>○ Workforce Performance Report</li><li>○ Wellbeing – COVID-19 Workforce Update</li><li>○ Safe Staffing and Whistleblowing</li></ul></li></ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"><li>• Area Partnership Forum Report</li><li>• Human Resources Risk Register</li></ul>



## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF POPULATION HEALTH AND WELLBEING GOVERNANCE COMMITTEE 2021/22

#### 1. Purpose

- 1.1 In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### 2. Population Health and Wellbeing Governance Committee

##### 2.1 Purpose of Committee

The purpose of the Population Health and Wellbeing Governance Committee is to provide the NHS Board with the assurance that –

- There is a dedicated focus on public health across the whole system, working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

##### 2.2 Composition

During the financial year ended 31 March 2022 membership of Population Health and Wellbeing Governance Committee comprised:

Chairperson – Rev John Matthews OBE

##### Membership

Prof John Brown CBE

Prof Linda de Caestecker

Ms Anne Marie Monaghan

Mr Ian Ritchie

Cllr Mhairi Hunter

Cllr Iain Nicolson

Mr Francis Shennan

Ms Flavia Tudoreanu (Until Jan 22)

##### In Attendance

Ms Susan Manion - Associate Director of Delivery & Child Health Commissioner

Ms Fiona Moss - Head of Health Improvement and Inequality, Glasgow City HSCP

Mr Peter Seaman - Associate Director, Glasgow Centre for Population Health

Mr Nicholas Phin - Director, Public Health Science, Public Health Scotland

Ms Anna Baxendale - Head of Health Improvement, Public Health

Dr Emilia Crighton - Deputy Director of Public Health

Dr Alan McDevitt – GP

Dr Hester Ward - Consultant in Public Health, Public Health Scotland

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Dr Ben Hall - Public Health Registrar  
 Dr Michael McGrady - Consultant in Dental Public Health  
 Dr Jayshree Bagaria - Consultant in Public Health Medicine  
 Dr Lee Savarrio - Consultant Restorative Dentistry  
 Mr George Dodds - Public Health Scotland Chief Officer  
 Mr Bruce Whyte - Public Health Programme Manager  
 Ms Lorraine Fleming - Health Improvement Lead (Sexual Health)  
 Dr Katherine Timpson - Public Health Research Specialist  
 Dr Mairi Young - Public Health Research Specialist  
 Ms Anne Harkness - Director of Delivery & Resilience  
 Dr Beatrix von Wissman - Consultant in Public Health  
 Dr Catriona Milošević - Consultant in Public Health Medicine  
 Mr Ian Manson - Chief Executive, Clyde Gateway  
 Ms Louise Long - Chief Officer, Inverclyde HSCP  
 Mr Billy Garrett - Director of Sport & Events, Glasgow Life  
 Ms Lisa Buck - Programme Manager (Employment and Health)  
 Ms Elaine Vanhegan - Head of Board Administration  
 Ms Jane Grant - Chief Executive, NHS Greater Glasgow and Clyde  
 Prof John Brown CBE – Chairman, NHS Greater Glasgow and Clyde

### 2.3 Meetings

The Committee met on three occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 6 July 2021
- 13 October 2021
- 19 January 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Population Health and Wellbeing Governance Committee were quorate.

### 2.4 Business

The Committee considered both routine and specific work areas during the financial year 2021/2022. Areas considered included:

- COVID-19 Updates
- NHSGGC Flu Vaccination Programme
- COP26
- Screening Inequalities Plan
- Health in a Changing City: Glasgow 2021

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

### **3. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:-

#### **3.1 COVID-19 Updates**

The Public Health Committee received updates on the ongoing response to the COVID-19 pandemic, including reproduction rates (R rates), detailed data of the wave spikes, and the public health activities that were underway including significant work with Vaccinations, Care Homes and Test and Protect services. The Public Health Committee were assured by the information provided of the wide range of activities underway to respond to the ongoing challenges of the pandemic.

#### **3.2 NHSGGC Flu Vaccination Programme**

The Director of Delivery and Resilience, Ms Anne Harkness provided an update on the Flu Vaccination Programme noting immunisation was one of the most effective Public Health interventions. . The strategic objective was to offer all those eligible Flu vaccination by early December 2021 Ms Harkness reported there were complex challenges with the Flu campaign as the COVID-19 vaccination programme continued to be delivered and the programme included many more people who were not offered Flu vaccination in previous years: school children, adults over the age of 50 and teachers as an occupational group. Ms Harkness advised the campaign was extensive aiming to offer vaccination to around 500,000 people. The Population Health and Wellbeing Committee were content to note the update and were assured by the information provided.

#### **3.3 COP26**

Ms Anne Harkness, the Director of Delivery and Resilience advised of the planning for the impact of COP26 on NHS Greater Glasgow and Clyde. There was an internal planning group with sub groups that considered the challenges for staff and services including primary and community care. The Board was working with Public Health Scotland and Public Health England on test, trace and isolate and with Glasgow City Council on the wider impact on the City. A medical treatment centre would be open in the conference, staffed by doctors and advanced paramedics to deal with minor ailments and injuries on site and to direct people to access community pharmacy for any medications required. The Population Health and Wellbeing Committee were content to note the update and were assured by the information provided.

#### **3.4 Screening Inequalities Plan**

Dr Emilia Crighton, Deputy Director of Public Health reported on the activities undertaken for widening access and addressing inequalities in adult screening programmes for 2019-2021. The key NHSGGC activities and those of partners during 2020/21 who contributed towards screening inequalities were described. NHS Scotland national screening programmes were paused in March 2020 as a consequence of COVID-19. Dr Crighton described the impact of the COVID-19 pandemic on planned activities. The action plan would continue to be monitored and further work developed with partners to target patients and areas where uptake

was low. The Committee were assured by the information provided and of the ongoing plans to target low uptake.

### **3.5 Health in a Changing City: Glasgow 2021**

Mr Bruce Whyte, Public Health Programme Manager provided a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within Glasgow and in comparison with Scotland. Glasgow's population had grown substantially in the last 15 years but with the strongest population growth in the least deprived parts of the city. COVID-19 pandemic had an impact with the thousands of deaths and hospitalisations in Scotland and was likely to exacerbate existing health inequalities. As Glasgow emerge from the pandemic the impact of deaths due to inequality would quickly surpass those due to COVID-19. Research highlighted how Glasgow's population was changing and its worsening trends in life expectancy which was a key marker of societal health. The Committee were content to note the update and the urgency for the Public Health team to focus on community planning and with national groups to influence change with both Scottish Government and UK Government.

## **5. Conclusion**

### **STATEMENT OF ASSURANCE**

As Chair of the Population Health and Wellbeing Governance Committee during financial year 2021/2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective Population Health and Wellbeing Governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the Population Health and Wellbeing Governance Committee. 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.

**Mr John Matthews, OBE**

**Chairperson**

**On behalf of Population Health and Wellbeing Governance Committee**

## BOARD OFFICIAL

**APPENDIX 1****POPULATION HEALTH AND WELLBEING GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2021/22****PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>06/07/21</b>	<b>13/10/21</b>	<b>19/01/22</b>
Prof Linda de Caestecker	Director of Public Health	NHSGGC	P	P	P
Mr John Matthews OBE	Chair – Public Health Committee Non-Executive Board Member	NHSGGC	P	P	P
Ms Anne Marie Monaghan	Non-Executive Board Member	NHSGGC	AA	P	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P
Ms Flavia Tudoreanu	Non-Executive Board Member (until Jan 21)	NHSGGC	P	P	AA
Cllr Mhairi Hunter	Non-Executive Board Member	NHSGGC	P	P	P
Cllr Iain Nicolson	Non-Executive Board Member	NHSGGC	P	A	A
Mr Francis Shennan	Non-Executive Board Member	NHSGGC	P	P	P

## BOARD OFFICIAL

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>06/07/21</b>	<b>13/10/21</b>	<b>19/01/22</b>
Ms Jane Grant	Chief Executive	NHSGGC	P	P	P
Prof John Brown CBE	Chairman	NHSGGC	AA	P	P
Ms Elaine Vanhegan	Head of Board Administration	NHSGGC	P	-	-
Ms Susan Manion	Associate Director of Delivery & Child Health Commissioner	Glasgow City	P	P	P
Ms Fiona Moss	Head of Health Improvement and Inequality, Glasgow City HSCP	Glasgow City	P	P	P
Mr Peter Seaman	Associate Director, Glasgow Centre for Population Health	Glasgow City	P	P	P
Mr Nicholas Phin	Director, Public Health Science, Public Health Scotland	Public Health Scotland	P	AA	AA
Ms Anna Baxendale	Head of Health Improvement, Public Health	NHSGGC	P	AA	P
Dr Emilia Crighton	Deputy Director of Public Health	NHSGGC	-	P	P
Dr Alan McDevitt	GP	NHSGGC	AA	AA	P
Dr Hester Ward	Consultant in Public Health	Public Health Scotland	-	P	-
Ms Anne Harkness	Director of Delivery & Resilience	NHSGGC	-	P	-
Dr Beatrix von Wissman	Consultant in Public Health	NHSGGC	-	P	-

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	06/07/21	13/10/21	19/01/22
Dr Catriona Milošević	Consultant in Public Health Medicine	NHSGGC	P	-	-
Mr Ian Manson	Chief Executive, Clyde Gateway	Glasgow City	P	-	-
Ms Louise Long	Chief Officer, Inverclyde HSCP	Inverclyde HSCP	P	-	-
Dr Ben Hall	Public Health Registrar	NHSGGC	-	-	P
Dr Michael McGrady	Consultant in Dental Public Health	NHSGGC	-	-	P
Dr Jayshree Bagaria	Consultant in Public Health Medicine	NHSGGC	-	-	P
Dr Lee Savarrio	Consultant Restorative Dentistry	NHSGGC	-	-	P
Mr George Dodds	Public Health Scotland Chief Officer	Public Health Scotland	-	-	P
Mr Bruce Whyte	Public Health Programme Manager	Glasgow City	-	-	P
Dr Katherine Timpson	Public Health Research Specialist	Glasgow City	-	-	P
Dr Mairi Young	Public Health Research Specialist	Glasgow City	-	-	P
Mr Billy Garrett	Director of Sport & Events, Glasgow Life	Glasgow City	P	-	-
Ms Lisa Buck	Programme Manager (Employment and Health)	NHSGGC	P	-	-
Ms Lorraine Fleming	Health Improvement Lead (Sexual Health)	NHSGGC	-	-	P



BOARD OFFICIAL

**Key**

- P – Present
- A – Absent – no apologies received
- AA – Absent – apologies received
- Attendance not required

**APPENDIX 2****POPULATION HEALTH AND WELLBEING GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2021/22**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
9 <sup>th</sup> July 2021	<ul style="list-style-type: none"> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of Previous Meeting of 27<sup>th</sup> November 2020</li> <li>• Matters Arising: Rolling Action List</li> <li>• Local Child Poverty Action Plans               <ul style="list-style-type: none"> <li>- East Renfrewshire</li> <li>- Renfrewshire</li> </ul> </li> <li>• Community Wealth Building - Anchor Organisations</li> <li>• Future Priorities for the Public Health Committee</li> <li>• Public Health Committee Terms of Reference</li> <li>• Annual Cycle of Business</li> <li>• Closing Remarks and Key Messages to the Board</li> </ul>
13 <sup>th</sup> October 2021	<ul style="list-style-type: none"> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of Previous Meeting of 6<sup>th</sup> July 2021</li> <li>• Matters Arising: Rolling Action List</li> <li>• NHSGGC Flu Vaccination Programme</li> <li>• COVID-19 Update</li> <li>• COP26</li> <li>• Screening Inequalities Plan</li> <li>• Public Health Priorities</li> <li>• Local Child Poverty Action Reports (LCPAR) for Glasgow City and West Dunbartonshire</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Cycle of Business</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
19 <sup>th</sup> January 2022	<ul style="list-style-type: none"> <li>• Declarations(s) of Interest(s)</li> <li>• Minutes of Previous Meeting of 13<sup>th</sup> October 2021</li> <li>• Matters Arising: Rolling Action List</li> <li>• COVID-19 Update</li> <li>• Health in a Changing City: Glasgow 2021</li> <li>• Annual Report on Screening</li> <li>• Water Fluoridation</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>

**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF ACUTE SERVICES GOVERNANCE COMMITTEE  
2021/22****1. Introduction**

- 1.1 The year 2021/22 was like no other as a result of the unprecedented COVID-19 situation. This saw agreed interim Board arrangements put in place, meaning the usual Committee schedule was scaled back to reduced meetings, to cover critical and essential issues only.

**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 GOVERNANCE COMMITTEE****3.1 Purpose of Committee**

The purpose of the Acute Services Governance Committee is to provide the NHS Board with the assurance that -

- Performance management and improvement across all aspects of the Acute Service's consistent with Corporate Objectives, relevant Annual Operating Plan targets, locally-based targets and priorities;
- The efficiency, effectiveness and quality of services delivered to patients in acute care;
- Acute Services Financial Planning and Management;
- Whether current or developing Acute service proposals i.e. in respect of Moving Forward Together and other relevant strategies, are consistent with the continued provision of safe and effective acute care;
- Appropriate governance in respect of risks, as allocated to the ASC by the Audit Committee relating to aspects of Acute Services, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

**3.2 Composition**

During the financial year ended 31 March 2022 membership of Acute Services Governance Committee comprised:

## BOARD OFFICIAL

Chairperson – Mr Ian Ritchie  
Vice Chair – Mr Simon Carr

**MEMBERSHIP**

Cllr Jim Clocherty  
Ms Susan Brimelow OBE  
Ms Margaret Kerr  
Ms Paula Speirs  
Mrs Audrey Thompson  
Mrs Jane Grant  
Prof John Brown CBE  
Dr Jennifer Armstrong  
Dr Margaret McGuire  
Mr Mark White

**IN ATTENDANCE**

Mr Jonathan Best, Chief Operating Officer, Acute Division  
Ms Elaine Vanhegan, Head of Corporate Governance and Administration  
Mrs Anne MacPherson, Director of Human Resources & Organisational Development  
Mr Tom Steele, Director of Estates and Facilities  
Mr William Edwards, Director of eHealth  
Ms Sandra Bustillo, Director of Communications and Engagement  
Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access  
Ms Nareen Owens, Head of People and Change  
Dr Scott Davidson, Deputy Medical Director (Acute)  
Ms Lisa Duthie, Senior Audit Manager, Audit Scotland  
Ms Liz Maconachie, Senior Audit Manager, Audit Scotland  
Ms Susan McFadyen, General Manager  
Mrs Jennifer Haynes, Corporate Services Manager – Governance  
Mrs Louise Russell, Secretariat  
Mrs Amy White, Secretariat  
Ms Gillian Duncan, Secretariat  
Dr Paul Jenkins, Consultant Orthopaedic Surgeon  
Mr Wesley Stuart, Chief of Medicine – South Sector  
Prof Colin McKay, Chief of Medicine – North Sector  
Mrs Angela O'Neill, Deputy Director of Nursing, Acute  
Ms Fiona McEwan, Assistant Director of Finance – Financial Planning and Performance

**3.3 Meetings**

The Committee met on six occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 18 May 2021
- 20 July 2021
- 21 September 2021
- 16 November 2021
- 18 January 2022

- 21 March 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Acute Services Governance Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2021/22. Areas considered included:

- Acute COVID-19 Updates
- Acute Services Integrated Performance Reports
- Outpatient Redesign Virtual Patient Management – Presentation
- Financial Monitoring Reports
- Corporate Risk Register Extract
- Acute Strategic Management Group minutes
- Strategic Approach to Recovery of Elective Programme – Orthopaedics - Presentation
- Review of Terms of Reference
- Robotics – Presentation
- Unscheduled Care Patient Flows – Presentation
- Endoscopy – Presentation
- Financial Monitoring Report
- Acute Experience Report
- Schedule of Meetings 2022/23

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 Acute Services Integrated Performance**

During 2021/22, the Committee received Integrated Performance Reports to provide members with a balanced overview of performance against key metrics. The suite of measures reflect 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 information provided that work continued to improve performance in respect of the key areas.

### **4.2 Financial Monitoring**

During 2021/22, the Committee received Financial Monitoring Reports to update on the financial position, including the progress and position of the Financial

Improvement Programme (FIP). The Committee were assured by the information provided that significant work was underway to achieve financial balance.

#### **4.3 Corporate Risk Register**

During 2021/22, the Committee received an extract of the Corporate Risk Register that relates to risks that come under the remit of the Acute Services.

#### **4.4 Acute COVID-19 Updates**

During 2021/22, the Committee received Acute COVID-19 updates to inform members on the position in respect of the NHSGGC response to manage COVID-19 and provide assurance. Updates included information on the level of patient activity and staff testing. The Committee were assured of the activities underway to continue to respond to COVID-19.

#### **4.5 Review of Committee Terms of Reference**

During 2021/22, the Committee were asked 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. The Committee agreed to a change to section 3.3 of the Terms of Reference which was taken to the Board for final approval.

#### **4.6 Presentations**

During 2021/22, the Committee received the following presentations;

- Outpatient Redesign Virtual Patient Management
- Strategic Approach to Recovery of Elective Programme – Orthopaedics
- Robotics
- Unscheduled Care Patient Flows
- Endoscopy

### **5. Conclusion**

#### **STATEMENT OF ASSURANCE**

As Chair of the Acute Services Governance Committee during financial year 2021/22, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective Acute Services Governance arrangements were in place across NHS Greater Glasgow & Clyde during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many challenges due to COVID-19. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and NHS Greater Glasgow & Clyde for their excellent support of the Committee.

BOARD OFFICIAL

**Ian Ritchie**  
**Chairperson**  
**On behalf of ACUTE SERVICES GOVERNANCE COMMITTEE**



## BOARD OFFICIAL

## APPENDIX 1

## ACUTE SERVICES GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2021/22

PRESENT

NAME	POSITION	ORGANISATION	18.05.21	20.07.21	21.09.21	16.11.21	18.01.22	21.03.22
Mr I Ritchie (Chair)	Non Executive Member	NHSGGC	P	P	P	P	P	P
Mr S Carr (Vice Chair)	Non Executive Member	NHSGGC	P	P	P	P	AA	P
Prof J Brown CBE	NHSGGC Board Chair	NHSGGC	P	P	P	P	P	P
Dr J Armstrong	Medical Director	NHSGGC	-	-	-	-	P	-
Mrs J Grant	Chief Executive	NHSGGC	P	P	P	P	P	P
Mr M White	Director of Finance	NHSGGC	P	P	AA	P	P	AA
Dr M McGuire	Nurse Director	NHSGGC	P	P	P	P	AA	-
Ms S Brimelow OBE	Non Executive Member	NHSGGC	AA	P	AA	P	P	P
Cllr J Clocherty	Non Executive Member	NHSGGC	P	P	P	AA	P	P
Mrs M Kerr	Non Executive Member	NHSGGC	P	-	-	-	-	-
Ms P Speirs	Non Executive Member	NHSGGC	P	P	AA	P	-	-
Mrs A Thompson	Non Executive Member	NHSGGC	P	-	-	-	-	-

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	18.05.21	20.07.21	21.09.21	16.11.21	18.01.22	21.03.22
Dr Lesley Rousselet	Non Executive Member	NHSGGC	-	-	-	-	-	P
Dr Paul Ryan	Non Executive Member	NHSGGC	-	P	P	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	18.05.21	20.07.21	21.09.21	16.11.21	18.01.22	21.03.22
Mr J Best	Chief Operating Officer	NHSGGC	P	P	P	P	P	-
Ms E Vanhegan	Head of Board Admin and Corporate Governance	NHSGGC	P	A	A	A	A	P
Mrs A MacPherson	Director HR and OD	NHSGGC	AA	P	P	P	P	P
Mr T Steele	Director of Facilities	NHSGGC	AA	AA	A	A		A
Mr W Edwards	Director of eHealth	NHSGGC	P	AA	A	A	P	P
Ms S Bustillo	Director of Communications and Engagement	NHSGGC	P	P	P	P	P	P
Ms J Carrigan	Assistant Director of Finance Acute/Access	NHSGGC	P	P	P	P	P	P
Ms N Owens	Head of People and Change	NHSGGC	P	-	-	-	-	-
Dr S Davidson	Deputy Medical Director	NHSGGC	P	P	P	P	P	P

## BOARD OFFICIAL

Ms L Duthie	Senior Audit Manager	Audit Scotland	P	-	A	-	P	P
Ms L Maconachie	Senior Audit Manager	Audit Scotland	-	P	A	P	P	P
Ms S McFadyen	General Manager	NHSGGC	P	P	A	P		-
Mrs J Haynes	Corporate Services Manager – Governance	NHSGGC	-	P	P	P	P	-
Mrs L Russell	Secretariat Officer	NHSGGC	P	P	-	-	P	P
Mrs A White	Secretariat Officer	NHSGGC	P	-	-	-	-	-
Ms G Duncan	Secretariat Officer	NHSGGC	-	-	P	P	-	-
Dr P Jenkins	Consultant Orthopaedic Surgeon	NHSGGC	-	P	-	-	-	-
Mr W Stuart	Chief of Medicine – South Sector	NHSGGC	-	-	P	-	-	-
Prof C McKay	Chief of Medicine – North Sector	NHSGGC	-	-	-	P	-	-
Mrs A O'Neill	Deputy Director of Nursing, Acute	NHSGGC	-	-	-	P	P	P
Ms Fiona McEwan	Assistant Director of Finance – Planning and Performance	NHSGGC	-	-	-	P	-	-

BOARD OFFICIAL

**Key**

- P – Present
- A – Absent – no apologies received
- AA – Absent – apologies received
- Attendance not required

**APPENDIX 2**  
**ACUTE SERVICES GOVERNANCE COMMITTEE**  
**SCHEDULE OF BUSINESS CONSIDERED 2021/22**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
18 May 2021	<p><b>Minutes of Previous Meeting: 17<sup>th</sup> November 2020</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Outpatient Redesign Virtual Patient Management - Presentation</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Acute Strategic Management Group: Minute of Meeting held 24<sup>th</sup> September 2020</li> <li>• Acute Strategic Management Group: Minute of Meeting held 26<sup>th</sup> November 2020</li> <li>• Closing Remarks &amp; Key Messages for the Board</li> </ul>
20 <sup>th</sup> July 2021	<p><b>Minutes of Previous Meeting: 18<sup>th</sup> May 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Strategic Approach to Recovery of Elective Programme - Orthopaedics</li> <li>• Review of Terms of Reference</li> <li>• Corporate Risk Register</li> <li>• Annual Cycle of Business</li> </ul>
21 <sup>st</sup> September 2021	<p><b>Minutes of Previous Meeting: 20<sup>th</sup> July 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> </ul>

## BOARD OFFICIAL

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Robotics – Presentation</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul>
16 <sup>th</sup> November 2021	<p><b>Minutes of Previous Meeting: 21<sup>st</sup> September 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Unscheduled Care Patient Flow – Presentation</li> <li>• Endoscopy - Presentation</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul>
18 <sup>th</sup> January 2022	<p><b>Minutes of Previous Meeting: 16<sup>th</sup> November 2021</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul>
21 <sup>st</sup> March 2022	<p><b>Minutes of Previous Meeting: 18<sup>th</sup> January 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> </ul>

## BOARD OFFICIAL

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"><li>• Financial Monitoring Report</li><li>• Acute Patient Experience Report Q3</li><li>• Corporate Risk Register Extract</li></ul>



**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF AREA CLINICAL FORUM GOVERNANCE COMMITTEE 2021/22****1. Introduction**

- 1.1 The year 2021/22 was one of continued challenges in respect of the ongoing response to the COVID-19 pandemic. This saw the Board continually review the governance arrangements in place, however the Area Clinical Forum continued to meet as scheduled.

**2. Purpose**

- 2.1 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 Governance Committee 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 ensuring 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 by, through the Area Clinical Forum Chair, being fully engaged in NHS Board business.
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde;
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement;
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement;

## BOARD OFFICIAL

- 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 2021 membership of the Area Clinical Forum comprised:

#### Chairperson

Mrs Audrey Thompson (to 30 June 2021)

Dr Lesley Rousselet (from 1 July 2021)

#### Vice Chairperson

Dr Cerys MacGillivray (to 30 June 2021)

Ms Julie Thomson (from 1 July 2021)

### MEMBERSHIP

Dr Cerys MacGillivray	Chair of the Area Psychology Committee ( <i>to 30 June 2021</i> )
Dr Ruth Hamilton	Chair of the Area Allied Health Professionals and Healthcare Scientists
Dr Simon Kidd	Chair of the Area Dental Committee
Dr Anita Belbin	Vice Chair of the Area Dental Committee
Ms Julie Tomlinson	Chair of the Area Nursing and Midwifery Committee
Mr Iain Miller	Chair of the Area Pharmaceutical Committee
Dr Lesley Rousselet	Chair of the Area Optometric Committee
Dr Laura Sweeney	Vice Chair of the Area Optometric Committee
Dr Alastair Taylor	Chair of the Area Medical Committee
Dr Gayle Cooney	Vice Chair of the Area Psychology Committee ( <i>to May 2021</i> )
Ms Ashley Williamson	Vice Chair of the Area Pharmaceutical Committee
Dr Jane Burns	Chair of the Area Psychology Committee ( <i>from June 2021</i> )
Ms Lucy Gamble	Vice Chair of the Area Psychology Committee ( <i>from December 2021</i> )
Dr Moira Phillips	Vice Chair of the Area Psychology Committee ( <i>from June 2021 to November 2021</i> )
Dr Ron Alexander	Vice Chair of the Area Medical Committee
Ms Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention and Control ( <b><i>Co-opted in August 2019 for Infection Prevention and Control advice</i></b> )

**IN ATTENDANCE**

Ms Jane Grant	Chief Executive
Dr Jennifer Armstrong	Medical Director
Mr Jonathan Best	Chief Operating Officer
Dr Margaret McGuire	Nurse Director
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Fiona Smith	Director of Allied Health Professions
Prof Linda de Caestecker	Director of Public Health
Ms Anne Harkness	Director of
Ms Angela O'Neill	Deputy Nurse Director (Acute)
Ms Gail Caldwell	Director of Pharmacy and Prescribing
Ms Elaine Vanhegan	Director of Corporate Administration
Ms Fiona MacKay	Associate Director of Planning
Ms Geraldine Jordan	Director of Clinical and Care Governance
Mr Allen Stevenson	Interim Chief Officer, Inverclyde HSCP
Ms Jennifer Rodgers	Deputy Nurse Director – Corporate and Community
Dr Scott Davidson	Deputy Medical Director – Acute
Ms Donna Hunter	Chief Nurse/Head of Service – Public Protection
Ms Lorna Kelly	Director of Primary Care
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Dr Paul Ryan	Non-Executive Director of the Board
Ms Jennifer Haynes	Corporate Services Manager – Governance

**3.3 Meetings**

The Committee met on six occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 8 April 2021
- 10 June 2021
- 12 August 2021
- 27 October 2021
- 9 December 2021
- 10 February 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate.

**3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2021/2022. Areas considered included:

- QEUH/RHC Case Note Review and Oversight Board Reports Action Plan
- COVID-19 Vaccination Programme
- COVID-19 – NMAHP Guiding Principles

- Care Homes Update
- Remobilisation and Recovery Across NHSGGC
- Winter Planning and Unscheduled Care Update
- Public Protection Update
- Consent Policy
- ACF Member Priorities and Corporate Risk Register
- Primary Care Improvement Plans
- Culture and Collective Leadership Update
- Mental Health Remobilisation Update
- CAMHS 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 Primary Care Improvement Plans**

The Area Clinical Forum received a presentation by the Director of Primary Care, Ms Lorna Kelly, which described the transformational change programme for Primary Care, aimed to improve access, address inequalities and improve population health over a 10 year period.

The Area Clinical Forum noted that the programme was established in 2018 under the GMS contract, and although activities were well underway, the programme had been impacted by COVID-19 and remobilisation. The Forum noted that 500 staff had been recruited over all priority themes, and the childhood vaccination programme had been transferred. The programme was on track to meet March 2022 commitments, with some specific exceptions.

The Forum discussed a number of areas including the benefits brought about by the programme; the next steps and priorities including the delivery of workforce service model trajectories; musculoskeletal services; pharmacotherapy; cervical screening; adult mental health; and the role of the advanced nurse practitioners.

The Forum welcomed the presentation and were assured by the information provided.

### **4.2 Culture and Collective Leadership Update**

The Area Clinical Forum received a presentation by Mrs Anne MacPherson, Director of Human Resources and Organisational Development, which detailed the establishment of a Culture Framework for NHSGGC. The aim of the Framework was to ensure clear and consistent organisational messages to staff, and ensuring that all managers and clinical leads had effective leadership skills.

Mrs MacPherson detailed the priorities of the programme, and work underway in respect of Investors in People; Celebrating Success; and Civility Saves Lives work.

The Area Clinical Forum welcomed the work underway to develop the Culture Framework, to ensure management and leadership skills development, building trust and integrity throughout the organisation, supporting and listening to staff, employee engagement and experience through whistleblowing, iMatter, and Collaborative Conversations, and delivery of activities to support staff mental health and wellbeing.

#### **4.3 Remobilisation and Winter Planning**

The Area Clinical Forum received a presentation by Ms Fiona MacKay, Associate Director of Planning, which detailed planning activities underway in respect of Remobilisation and Winter Planning. This included prevention and vaccination, both of COVID-19 and seasonal flu; and the Test and Protect Programme.

Ms MacKay described a number of the challenges in relation to the high demand within primary care services; ongoing workforce capacity issues; urgent and unscheduled care demand; the requirement to maintain COVID-19 pathways; and ongoing support to Care Homes. She noted a number of activities underway to address the challenges including activities such as the adoption of the Redirection Policy, and the establishment of the Flow Navigation Hub.

The Area Clinical Forum welcomed the presentation and were assured by the information provided that a significant amount of work continued to address the likely challenges over the winter period.

### **5. Conclusion**

#### **STATEMENT OF ASSURANCE**

As current Chair of the Area Clinical Forum (since 1st July 2021), and having been a member of the Area Clinical Forum and in attendance during the period of April 2021 to March 2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the 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**

NHSGGC(M) 22/04  
 Minutes: 74 - 96

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
 NHS Greater Glasgow and Clyde Board  
 held on Tuesday 23 August 2022 at 9.30am  
 via Microsoft Teams**

### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Susan Brimelow OBE	Cllr Collette McDiarmid
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Cllr Kate Pragnell
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Mr Francis Shennan
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Ms Amina Khan	Prof Angela Wallace
Rev John Matthews OBE	

### IN ATTENDANCE

Ms Denise Brown		Interim Director of e-Health
Ms Sandra Bustillo		Director of Communications and Public Engagement
Dr Scott Davidson	..	Medical Director for Acute Services
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson		Director of Human Resources and Organisational Development
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	..	Corporate Services Manager - Compliance
Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Ms Julie Slavin		Attending for Ms Beth Culshaw
Prof Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration
Mr Arwel Williams		Director, South Sector, Acute Services



			<b>ACTION BY</b>
<b>74.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>Professor John Brown welcomed those present to the August 2022 meeting of NHS Greater Glasgow and Clyde Board. He introduced two newly appointed Board members; Councillor Katie Pragnell, stakeholder member nominated by East Renfrewshire Council, and Mr Colin Neil, recently appointed as Director of Finance.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers, therefore the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims; Better Health, Better Care, Better Value, Better Workplace.</p> <p>Apologies were intimated on behalf of Mr Simon Carr, Prof Iain McInnes, Ms Ketki Miles, and Ms Rona Sweeney.</p> <p><b>NOTED</b></p>		
<b>75.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed.</p> <p>Ms Anne-Marie Monaghan declared her involvement in the National Care Service consultation with the Scottish Association for Social Work and therefore had an interest agenda item 21.</p> <p><b>NOTED</b></p>		
<b>76.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		
	<p>The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 28 June 2022 [Paper NHSGGC(M) 22/02] and on the motion of Rev John Matthews, seconded by Mr</p>		



			<b>ACTION BY</b>
	<p>Ian Ritchie, the Board were content to accept the draft minute of the meeting as a complete and accurate - subject to the following amendments being made by the Secretariat prior to the minutes being signed by the Chair.</p> <p><u>Page 1, Present</u> Mr Ritchie noted his attendance at the meeting but had not been recorded.</p> <p><u>Page 1, In Attendance</u> Ms Elaine Vanhegan, Director of Corporate Governance and Administration, noted Mr Colin Neil was in attendance as an observer and not as a Board member at that time.</p> <p><u>Page 4, Item 48, Chair's Report</u> Cllr Collette McDiarmid made reference to the Scottish Government Minister for Culture, Europe and International Development and noted the Minister had been misnamed as Mr Ian Gray MSP and not Mr Neil Gray MSP.</p> <p><u>Page 16, Item 60a, Clinical and Care Governance Committee Update - Chair's Report of the Meeting held 07 June 2022</u> Ms Jacqueline Forbes noted an incorrect date in the minute in respect of the Thrombolysis service noting August 2020. It was confirmed by Dr Armstrong it should be August 2022.</p> <p><u>Page 21, Item 69, Annual Review of Governance</u> Cllr Martin McCluskey referenced the minute in respect of the interpretation of para 3.11 of the NHSGGC Code of Conduct for Board Members that referred to the 'collective responsibility' of Board Members considered under Item 69.</p> <p>Cllr McCluskey requested his objection be noted to the Boards consensus position that para 3.11 should remain, and he requested the minute be amended. Cllr Michelle McGinty and Cllr McDiarmid also wished their objections to be noted.</p> <p><b><u>APPROVED</u></b></p>		Secretariat
<b>77.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b><u>ROLLING ACTION LIST</u></b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 22/52] and were content to accept the recommendation that four actions were closed. In addition, the following matters were discussed.		

			<b>ACTION BY</b>
	<p>The issue of CAMHS Performance Reporting was raised with clarification sought on a previous Board action regarding clinical prioritisation with reference also made to [Paper No. 22/15, Item 09] the Board Performance Report.</p> <p>It was agreed that further detail on the management of the CAMHS waiting list would be included in the Board Performance Report. Mrs Grant confirmed clinicians did prioritise patients considered urgent, and then by date order, which was in line with the Patient Access Policy</p> <p>There were no other matters arising noted.</p> <p><b><u>APPROVED</u></b></p>		Mr Neil
<b>78.</b>	<b>CHAIR'S REPORT</b>		
	<p>Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in June 2022, including the Remuneration Committee, the Acute Services Committee, the Staff Governance Committee and the Finance, Planning &amp; Performance Committee.</p> <p>Prof Brown had met with the Standing Committee Chairs Network and had regular discussions with the Vice Chairs concerning the challenges facing NHSGGC.</p> <p>Prof Brown noted that he had met with the new Board Members individually, and as a group at the induction event held on 26 July 2022.</p> <p>Prof Brown advised that he and Mrs Grant had met with the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf, to discuss NHSGGC's response to system pressures. This was also a matter of focus at the August Board Chairs Group meeting, which also looked at how innovation and transformational change could contribute to the recovery and redesign of the NHS.</p> <p>Prof Brown highlighted that he hosted the official opening of the new Clydebank Health Centre, opened by Mr Yousaf. This project represents a significant investment in the area, at a cost of £21.7 million. Prof Brown confirmed that this Centre was the sixth new Health and Care Centre that the Scottish Government has funded in the past seven years, with the next centre scheduled to open in the east end of Glasgow as the North East Hub in Parkhead.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>79.</b>	<b>CHIEF EXECUTIVE'S UPDATE</b>		
	<p>Mrs Grant advised she had also attended a number of meetings as highlighted by the Chair. She noted that she also had a positive meeting with the Scottish Ambulance Service.</p> <p>Mrs Grant highlighted that discussions were ongoing with the Scottish Government, and colleagues at national level, on the elective care backlog, acknowledging the winter period ahead and unscheduled care pressures.</p> <p>Mrs Grant reported that the Cabinet Secretary extended his visit to Clydebank Health Centre to meet with Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, and Melanie McColgan, Director of the Acute Sector in Clyde, where he thanked the team for the ongoing hard work of colleagues within the area.</p> <p>Mrs Grant advised that both she and Dr Jennifer Armstrong had met with University of Glasgow colleagues to discuss Oncology services and how to address the pressures across Scotland.</p> <p>The Board were content to note the Chair's Report and the Chief Executive's Report.</p> <p><b><u>NOTED</u></b></p>		
<b>80.</b>	<b>PATIENT STORY</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described the focus of the 'What Matters to Me' work and featured recent work at Leverndale Hospital.</p> <p>Board members agreed that this was a powerful presentation underlining the importance of always listening to our patients.</p> <p>The Chair thanked all who participated in the video presentation, with special thanks to the patient who allowed their story to be shared.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>81.</b>	<b>COVID-19 UPDATE</b>		
	<p>The Board considered the paper 'COVID-19 Update' [Paper No. 22/53] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton reported the gradual decline in the number of cases within NHSGGC in recent weeks, although the figure remained significant.</p> <p>Dr Crighton assured members that the operational impact on Acute Services, and Care Homes, was being regularly monitored. She highlighted that the Strategic Executive Group continued to oversee activity with consideration continually given to ensuring adequate staffing was available. Dr Crighton acknowledged the importance of this oversight to counter sickness absences and the expected pressures from the winter period. This was being managed through ongoing recruitment, and encouraging eligible staff members to receive the flu vaccine.</p> <p>The Chair thanked Dr Crighton and the Public Health team for the ongoing good work in challenging circumstances.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		
<b>82.</b>	<b>POPULATION HEALTH AND WELLBEING COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF THE MEETING HELD ON 20 JULY 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 20 July 2022' [Paper No. 22/54].</p> <p>Rev Matthews, Committee Chair, raised the ongoing challenges of tackling the overall population health and wellbeing agenda, noting the number of agencies involved. He acknowledged that there was a need for collaborative leadership when considering the societal problems and the requirement for a renewed focus on preventative measures. The Committee Vice Chair, Mr Ian Ritchie also concurred with the position described.</p> <p>The Board Chair agreed that with the wide range of partners that have an interest in population health, the committee has to adopt a collaborative approach, acknowledging the limited impact on</p>		



			<b>ACTION BY</b>
	<p>improving population health and tackling inequalities that the NHS Board can make in isolation.</p> <p>Dr Crighton highlighted the continued collaborative work with all partners, such as Scottish Government Directorates, local authorities and national agencies to identify appropriate actions in health and social care, acknowledging the importance of other sectors including education.</p> <p>In response to a query regarding alcohol related deaths forming part of the Board's priorities, Dr Crighton confirmed support services extended across the communities to combat alcohol-related deaths. Discussions with the Licensing Board continued, statistics were continually monitored and it was noted that the link existed between the availability of alcohol and adverse population health.</p> <p>In response to a question regarding whether the current priorities were appropriate, it was noted that the Board continually looked at the priorities and regularly reassessed based on current challenges. Rev Matthews stated that the current set of priorities would also be considered at a Committee Development Session in September 2022, and an update would be provided in the report at the next Board meeting.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Dr Crighton
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 13 APRIL 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 13 April 2022' [PHWB(M)22/02] and were content to note this.</p> <p><b><u>NOTED</u></b></p>		
<b>83.</b>	<b>QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE</b>		
	<p>The Board considered the paper 'Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update' [Paper No. 22/55] presented by Mrs Jane Grant, Chief Executive. The paper provided the Board with an update on the activity which continues across all of the strands of work related to the QEUH/RHC.</p>		

			<b>ACTION BY</b>
	<p>Mrs Grant highlighted that, although Oral Hearings scheduled for the QEUH/RHC had been postponed by the Inquiry Chair, significant work continued to provide information to the Inquiry team and support our staff as witness statements continue to be given.</p> <p>Mrs Grant noted that a number of issues were being addressed in respect of rectification work on the site. She advised that effective project management and close working between our Estates and Facilities team and the South Sector team, was facilitating a coordinated approach to minimise disruption.</p> <p>In response to a question regarding the rectification work and capacity, Mrs Grant noted the key issue was to maximise bed usage and minimise the impact on the system. Prof Tom Steele, Director of Estates and Facilities, noted that work was ongoing in line with the needs of the service working with the clinical teams.</p> <p>In response to a question regarding the impact of rectification work in the Atrium, Prof Steele advised that he expected minimal impact when work started with much of it behind the scenes, and construction work would be more inconvenient than disruptive. Prof Steele reassured Members that his team would prioritise public and patient safety while work was ongoing.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		
<b>84.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'Performance Report' [Paper No. 22/56] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil indicated that Performance was summarised up to, and including, the first quarter of 2022-23, based on the measures contained in the Remobilisations Plan 4 (RMP4) approved by the Scottish Government, and the draft national targets contained within the RMP5. Measures had been subject to scrutiny through the Acute Services Committee, Finance, Planning and Performance Committee (FP&amp;P) and the Corporate Management Team.</p> <p>In response to a question regarding the 'Cancer 62 Day Trajectory' moving from amber to red, Mrs Grant noted it was a key priority to improve the cancer pathway, and patients were being tracked appropriately on the pathway. Mrs Grant confirmed</p>		Mr Edwards

			ACTION BY
	that an updated position would be reported at the next Acute Services Committee meeting in September 2022 then at the October Board meeting.		
	<p>In response to a question regarding the measurement of performance against Primary Care, the Chair stated that the Information Assurance Framework was being further developed, and would include a revised Performance Report at Board level. This would include the available information on Primary Care services. It was noted that issue of the availability of such data was also being considered at the Finance Planning and Performance Committee. Ms Christine Lavery, Chief Officer, Renfrewshire HSCP stated that a number of actions were underway to better understand the activity and challenges faced within Primary Care. The Director of Primary Care, when in post, would oversee developments, such as a NHSGGC Primary Care Strategy, currently at the preliminary stage, and would include public consultation, and the interface and oversight of Primary Care, Acute and Out of Hours services.</p> <p>In discussion it was agreed that the report, as it stood, focussed on Acute Care and the aggregation of Primary Care and Community services data, including Dentistry, within a revised Performance Report to the Board would be presented at the earliest opportunity.</p> <p>Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP, highlighted that Dentistry and Oral Health services were being scrutinised and reports submitted to HSCPs.</p> <p>In response to a question regarding A&amp;E performance and the role of the Scottish Ambulance Service, Mrs Grant assured the Board that there was significant work underway with the Ambulance Service to discuss patient pathways with waiting times being monitored on a proactive basis in real time.</p> <p>Dr Scott Davidson, Medical Director for Acute Services, provided assurance that collaborative and improvement work was ongoing across the healthcare system with Primary Care colleagues, NHS 24, SAS, and noted patients were admitted when deemed appropriate.</p> <p>Mr Arwel Williams, Director of the South Sector, provided assurance from an operational perspective, and confirmed the daily focus on the pathway of the patient journey through A&amp;E to discharge through the Flow Navigation Centre(s), and virtual support through NHS 24.</p>		Ms Lavery, Ms Sinclair



			ACTION BY
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>85.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		
	<p>The Board considered the paper 'Health Associated Infection Reporting Template' (HAIRT) [Paper No. 22/57] presented by Prof Angela Wallace, Nursing Director.</p> <p>Prof Wallace provided an update in the position in respect of Healthcare Associated targets including <i>Staphylococcus aureus</i> bacteraemias (SAB), <i>Clostridioides difficile</i> infections (CDI), <i>E.coli</i> bacteraemias (ECB), incidents and outbreaks and all other healthcare associated infections activities across NHSGGC. She drew attention to a link within the paper to the ARHAI Report where the GGC position could be seen against the national picture for January to March 2022. She also informed the group that the Scottish Government targets had been extended and should now be achieved by 2023,</p> <p>Prof Wallace also reported on NHSGGC's Infection Prevention and Control Quality Improvement Network (IPCQIN) which had been running during COVID-19 and supported everyday practice to reduce preventable infections associated with healthcare delivery.</p> <p>In terms of Infection Prevention and Control processes, Prof Wallace described that COVID-19 pressure continued to be significant, however, it was expected that the revised national guidance would be less restrictive and may allow for a change in care pathways whilst ensuring patient safety remained paramount.</p> <p>In response to a question regarding the increase of (<i>Staphylococcus aureus</i> bacteraemias (SAB) and <i>E. coli</i> bacteraemias (ECB), Prof Wallace noted there was no indication of any issues of concern and there had been the expectation that <i>E. coli</i> targets would change slightly across Scotland and that GGC were performing well in comparison to other areas across Scotland.</p> <p>In response to a question regarding the decision to exclude COVID-19 at Page 10 'Outbreaks/Incidents (HIIAT assessed as amber or red excluding COVID-19)', Prof Wallace noted that a summary COVID-19 activity was included in the report presented to the Clinical and Care Governance Committee</p>		Prof Wallace

			<b>ACTION BY</b>
	<p>(CCGC) and the Board Infection Control Committee. It was agreed by members that the inclusion of COVID-19 in the HAIRT report would be reviewed at the CCGC.</p> <p>The issue of urinary catheter infections was raised and whether monitoring was ongoing in hospital and at discharge. Prof Wallace highlighted that these devices were only used when clinically indicated and that there are care bundles in place to monitor care in relation to these. The data presented was in relation to blood stream infections and their potential source. This information is returned to clinical teams to inform actions to reduce this type of infection.</p> <p>Members commented that the IPCQIN newsletter was an excellent summary of activity and provided assurance and evidenced infection was being taken seriously within NHSGGC.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>86.</b>	<b>ACUTE SERVICES COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF THE MEETING HELD 19 JULY 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 19 July 2022' [Paper No. 22/58] presented by Mr Ian Ritchie.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 17 MAY 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 17 May 2022' [ASC(M)22-03] and were content to note minute.</p> <p><b><u>NOTED</u></b></p>		
<b>87.</b>	<b>AREA CLINICAL FORUM UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 11 AUGUST 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 11 August 2022' [Paper No. 22/59], presented by Dr Lesley Rousselet.</p>		

			<b>ACTION BY</b>
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 9 JUNE 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 9 June' [ACF(M) 22-03].</p> <p><u>Minute 30 'Public Protection'</u></p> <p>In response to a question regarding LearnPro and TURAS CPD modules for staff, Mrs Anne MacPherson, Director of Human Resources and Organisational Development, explained that the majority of CPD did not go through NHS Education for Scotland (NES), rather CPD was professionally led and links with professional groups were maintained with NHSGGC.</p> <p>Dr Rousselet highlighted that NES do make decisions on which training contributes to CPD and it varies between the professional groups. It was noted that Adult Support &amp; Protection was a statutory and mandatory training requirement, a Once for Scotland approach was desired and a working group with NES had been re-established to consider this nationally.</p> <p>The issue of the roll-out plan for staff Flu vaccination was raised and, Dr Crighton advised that the NHSGGC COVID and Flu Immunisation Programme was planned to start on 05 September 2022 and expected to end the beginning of December 2022. Dr Crighton highlighted that the cohort of eligibility was wider this year in consideration of winter pressures. Dr Crighton noted that the Public Health and Wellbeing Committee would scrutinise the data from the programme and information would be fed back through the Board in the coming months.</p> <p>The Board were content to note the Minute.</p> <p><b><u>NOTED</u></b></p>		
<b>88.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/60] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported an overspend of £48.4m, £39.3m unachieved savings, COVID-19 expenditure of £30.3m and £6.5m included ahead of budget. At Month 3, NHSGGC had delivered £7.8m efficiency savings on a recurring basis, and a further £13.2m of</p>		

			ACTION BY
	<p>recurring savings had been identified. Mr Neil relayed that work was underway to identify additional recurring savings to reach the overall target.</p> <p>Capital expenditure was reported as £6.5m, the investment profile £85.1m with most schemes fully allocated and the remaining £7.9m to be allocated progressing through the usual allocation process.</p> <p>The original 2022/23 Financial Plan had been approved April 2022 with a deficit of £172.7m. A review carried out had reduced the forecast deficit to £51.5m, including a further £30m of non-recurring opportunities</p> <p>The financial envelope for COVID-19 costs of £61.6m excluded Test and Protect. £47m of the COVID-19 costs were allotted to the IJBs. A potential overspend of £26m remained. The exit planning and a review of all costs continued.</p> <p>Mr Neil highlighted dialogue with the Scottish Government continued on the possibility of receiving funding to cover the £26m overspend related to COVID-19 costs. Monies held in IJB reserves would recover proportionate amounts, and work was ongoing to identify further opportunities to reduce the shortfall.</p> <p>Work continued on the Financial Improvement Programme, reasonable delivery of savings in the first quarter had been made and further opportunities were identified, however, it was acknowledged that more work was needed to mitigate the pressures.</p> <p>The Board were content to note the report.</p> <p><b>NOTED</b></p>		
<b>89.</b>	<b>FINANCIAL PLAN 2022/23 - 2024/25</b>		
	<p>The Board considered the paper 'Financial Plan 2022/23 - 2024/25' [Paper No. 22/61] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that at month 3, the Financial Plan submitted to the Scottish Government, forecast a £78.4m deficit on a £3.7bn budget base. The deficit forecast for 2023/24 was £113.9m and £89.9m for 2024/25 based on the assumption that recurring savings were achieved in the next two years. Mr Neil highlighted the key assumptions on which the plan was based such as pay</p>		



			<b>ACTION BY</b>
	<p>awards, exit planning for COVID expenditure, and Scottish Government energy uplifts.</p> <p>The Board considered how savings could be made at service level with, Mrs Grant highlighting the need to focus on the redesign of services, explore and maximise the digital arena, and review Moving Forward Together (MFT) work streams and resultant infrastructure requirements. In addition basic 'housekeeping' issues in terms of budgetary management were also being reinforced.</p> <p>In terms of the inflation forecast of 18% and the potential effects on financial planning and service delivery, Mrs Grant confirmed dialogue was ongoing with the Scottish Government to discuss resources and that various initiatives were also being progressed. Mr Neil met regularly with other Directors of Finance and assured members that this was being closely monitored and regular updates would be provided via the Finance Reports to the Board.</p> <p>It was agreed that a half-day development session for Board Members would be arranged to consider the redesign of service(s); innovative options of patient flow, the physical estate, hybrid working and overall strategy with regards to the expected savings.</p> <p>In response to a query regarding the risks associated with energy through national procurement, Mr Neil noted energy for 2022/23 had been based on projections which resulted in an increase of £15.8m. Advice from the Scottish Government, and the Corporate Finance Network (CFN), had been a 5% assumption until additional information was available.</p> <p>The Chair noted the plan was underpinned with a number of assumptions, and asked if there was a timescale for a review. Mr Neil confirmed an update on the 3-Year Finance Plan would be presented to the Board in February 2023. The Annual Cycle of Business will be updated accordingly.</p> <p>Both Mrs Grant and Mr Neil advised that the Board should not to underestimate the challenges ahead but a managed and constructive approach was being taken, with real commitment from the Executive team to close the financial gaps.</p> <p>The Board were content to approve the Financial Plan 2022/23 - 2024/25.</p> <p><b>APPROVED</b></p>		<p>Ms Vanhegan</p> <p>Secretariat/ Mr Neil</p>

			<b>ACTION BY</b>
<b>90.</b>	<b>CAPITAL PLAN 2022/23 - 2024/25</b>		
	<p>The Board considered the paper 'Capital Plan 2022/23 - 2024/25' [Paper No. 22/62] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil described the Capital Plan for the 3-year period 2022/23 – 2024/25 noting that it took account of all estimated capital resources available including the national formula allocation, additional specific project funding and planned asset disposals. Mr Neil advised that estimated capital resources available to the Board for the 3-year period were £85.1m, £84.1m and £43.6m respectively.</p> <p>Following allocation of capital resource to all known and agreed areas of expenditure, there remained an unallocated budget balance of £9.1m, £12.1m and £18.2m in the 3-year period. Mr Neil advised that amounts would be allocated throughout each year with the current focus on ensuring that the current financial year 2022/23 is fully allocated and utilised timeously.</p> <p>In response to a question regarding the effects of inflation on tenders for capital projects, Mr Neil confirmed that there had been no issue with tendering for work, but inflation had an impact on the resulting in difficulty within market conditions and the cost of supplies.</p> <p>The issue of the funding for rectification works at the QEUH/RHC was raised and Mr Neil confirmed this money was distributed via a separate work stream and did not form part of the core capital element.</p> <p>The Board were content to approve the Capital Plan 2022/23 - 2024/25.</p> <p><b><u>APPROVED</u></b></p>		
<b>91.</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 9 AUGUST 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 9 August 2022' [Paper No. 22/63].</p> <p>In response to a question regarding the Primary Care Improvement Plan (PCIP) and the impact on local ad hoc vaccinations, it was noted that a focus of the PCIP was on</p>		

			<b>ACTION BY</b>
	<p>maximising resources. Dr Crighton highlighted that the Vaccination Transformation Programme moves performing vaccinations away from GPs to allow them to prioritise other duties, however a more detailed update on the impact of local access to vaccination sites would be discussed at the October Population Health and Wellbeing Committee.</p> <p>In response to a question regarding the consultation process for the GP OOH model, it was noted that the process around the business contingency arrangements put in place in February 2020/21 has been held up by Health Improvement Scotland as best practice, particularly with regards to public engagement. The Chair also highlighted that the Board are subject to a national checklist which has to be completed before any business changes can be progressed. The Board were assured that appropriate measures had been taken prior to the GP OOH continuity model taking effect.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Dr Crighton
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 14 JUNE 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 14 June 2022' [FPPC(M)22/03] and were content to note the minute</p> <p><b><u>NOTED</u></b></p>		
<b>92.</b>	<b>WORKFORCE SUPPLY UPDATE</b>		
	<p>The Board considered the paper 'Workforce Supply Update' [Paper No. 22/64] presented by Mrs Anne MacPherson, Director of Human Resources and Organisational Development.</p> <p>Mrs MacPherson noted some of the challenges faced in all sectors for the past two years, and assured the Board that there has been a dedicated focus on staff wellbeing. Mrs MacPherson also highlighted that the HR team had processed 440,000 applications in 29 months indicating a high level of focus on recruitment.</p> <p>Mrs McPherson confirmed that 720 newly qualified nurses had been recruited along with 50 internationally trained nurses. She also noted that our Allied Health Professionals continue to work</p>		



			ACTION BY
	flexibly to support the system, deploying across clinical areas in a variety of roles.		
	<p>Mrs MacPherson reported that sickness absence had reduced, though there remained 379 absences linked to COVID-19. She reinforced that staff wellbeing remained a primary focus and that staff were being encouraged to use their annual leave during the summer months, alongside being signposted to wellbeing hubs and Occupational Health, if required.</p> <p>In response to a question regarding the decrease in Registered Nurses (RNs) since April 2022, Mrs MacPherson noted the allocation of vacant posts was being looked at and recruitment to such was continual. This was also balanced with staff retention schemes and the 'retire-return' programme, which targeted those aged 55+. Mrs MacPherson noted that 180 nurses had retired and returned on reduced hours.</p> <p>Mrs MacPherson noted work was being carried out to ensure staff were proactively supported to remain in the service and feedback was monitored through iMatters. There were also a series of initiatives linked to the Workforce Strategy, liaison with trade unions and partnership fora, and in a wider sense, looking at the culture of the organisation through Investors in People. She advised that a Workforce Strategy paper would be presented at a future Board meeting.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, noted work was ongoing to build on the successful annual programme of staff awards, at corporate and local level, rewarding success and achievement, and development of a 'success register' was in progress.</p> <p>Prof Wallace responded to the questions related to Item 3.4 'Wards with a Single Registered Nurse', and reassured members that there were evidence based tools and data available reviewing nurse staffing across NHS GGC, as well as robust systems in place to escalate and mitigate staffing issues, and provide appropriate support. Assurance was also given that the Acute Services Committee had recently scrutinised the monitoring and management of the frequency and location of occurrences. Professor Wallace also explained that she was presenting to the Board Clinical and Care Governance Committee demonstrating staffing levels and standards of care present during this time of unprecedented pressures.</p> <p>In response to a question regarding the support available to staff with Long-COVID, Mrs MacPherson highlighted that each staff</p>		Mrs MacPherson

			<b>ACTION BY</b>
	<p>member received a proper risk assessment when returning to work. Staff were supported through line managers and HR, providing links to Occupational Health, Occupational Therapy, Psychiatry, community Psychology, Counselling services, and programmes such as CBT and group exercise, dependent on individual needs.</p> <p>Detail on number of Long-COVID staff members was available and would be reviewed at the Staff Governance Committee.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mrs MacPherson
<b>93.</b>	<b>STAFF GOVERNANCE COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 2 AUGUST 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 2 August 2022' [Paper No. 22/65].</p> <p>The Internal Communications and Employee Engagement Strategy had been signed off by the Committee.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 24 MAY 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 24 May 2022' [SGC(M) 22-02] and were content to note this.</p> <p><b><u>NOTED</u></b></p>		
<b>94.</b>	<b>NATIONAL CARE SERVICE CONSULTATION</b>		
	<p>The Board considered the presentation 'National Care Service Consultation' by Ms Julie Murray, Lead for GGC Chief Officers/Chief Officer, East Renfrewshire HSCP.</p> <p>The Board considered it a very useful and informative presentation. It was however noted that not all the original feedback provided by the Board in November 2021 had been fully addressed in the Draft Bill. The key issues that required to be fed back were noted as focussing around capacity for change, cost, potential impact (reflecting on learning from the previous</p>		

			<b>ACTION BY</b>
	<p>integration of health and social care), governance and the requirement for clarity around the co-design process moving forward.</p> <p>The Board recognised the issues and concerns raised, and agreed that they would feedback individual concerns to Ms Vanhegan and that delegated authority be given to the Chief Executive to sign off the HSCS Committee consultation response on behalf of the Board, and circulate the response to Board members.</p> <p>The Board were content to note the presentation.</p> <p><b><u>NOTED</u></b></p>		Ms Vanhegan
<b>95.</b>	<b>REVIEW OF GOVERNANCE COMMITTEE AND INTEGRATION JOINT BOARD MEMBERSHIP</b>		
	<p>The Board considered the paper 'Review of Governance Committee and Integration Joint Board Membership' [Paper No. 22/66] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>The Chair noted changes were expected over the coming months as a result of tenures ending, however, Members would be updated accordingly.</p> <p>The Board were content to approve the Board Member Committee and the IJB Membership and changes intimated in the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>96.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday 25 October 2022 at 9.30 am via MS Teams		

NHSGGC(M) 22/05  
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## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
 NHS Greater Glasgow and Clyde Board  
 held on Tuesday 25 October 2022 at 9.30am  
 via Microsoft Teams**

### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Michelle McGinty
Ms Susan Brimelow OBE	Prof Iain McInnes
Cllr Jacqueline Cameron	Ms Ketki Miles
Mr Simon Carr	Mr Colin Neil
Mr Alan Cowan	Cllr Katie Pragnell
Dr Emilia Crighton	Mr Ian Ritchie
Cllr Chris Cunningham	Dr Lesley Rousselet
Ms Jacqueline Forbes	Dr Paul Ryan
Ms Dianne Foy	Mr Francis Shennan
Mr David Gould	Ms Caroline Sinclair
Mrs Jane Grant	Ms Rona Sweeney
Mrs Margaret Kerr	Mr Charles Vincent
Ms Amina Khan	Ms Michelle Wailes
Cllr Martin McCluskey	Prof Angela Wallace
Cllr Collette McDiarmid	

### IN ATTENDANCE

Ms Denise Brown		Interim Director of e-Health
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo		Director of Communications and Public Engagement
Dr Chris Deighan		Deputy Medical Director
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Mr William Edwards		Chief Operating Officer, Acute Services
Dr John Foster		Consultant Clinical Scientist
Mr Andrew Gibson		Chief Risk Officer
Ms Carol Harvey		Senior Business and Delivery Manager
Ms Geraldine Jordan		Director of Clinical and Care Governance
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Laura Moore		Attending for Ms Kate Rocks
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Nareen Owens		Attending for Ms Anne MacPherson



Mr Iain Paterson	..	Corporate Services Manager - Compliance
Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Prof Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration

			<b>ACTION BY</b>
<b>97.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>Professor John Brown welcomed those present to the October 2022 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers, therefore the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims; Better Health, Better Care, Better Value, Better Workplace, and a review of aspects of NHSGGC's approach to Corporate Governance including the Corporate Risk Register and Risk Appetite Statement.</p> <p>Apologies were intimated on behalf of Ms Ann Cameron-Burns, Ms Anne MacPherson, Rev John Matthews OBE, and Ms Anne-Marie Monaghan.</p> <p><b><u>NOTED</u></b></p>		
<b>98.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p>The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advised notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>99.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		
	<p>The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 23 August 2022 [Paper NHSGGC(M) 22/04] and on the motion of Cllr Martin McCluskey, seconded by Mr Ian Ritchie, the Board were content to accept the draft minute of the meeting as complete and accurate - subject to the following amendment being made by the Secretariat prior to the minutes being signed by the Chair.</p> <p><u>Page 1, Present</u> Amend Kate Pragnell to Katie Pragnell.</p> <p><b><u>APPROVED</u></b></p>		Secretariat
<b>100.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b><u>ROLLING ACTION LIST</u></b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 22/67] and were content to accept the recommendation that 12 actions were closed. In addition, the following matters were discussed.</p> <p>It was agreed wording on Item 77 - 'Further detail on CAMHS Waiting List to be included in the Board Performance Report.' would be amended to reflect use of the Prioritisation Policy.</p> <p>There were no other matters arising noted.</p> <p><b><u>APPROVED</u></b></p>		Secretariat/ Ms Vanhegan
<b>101.</b>	<b>CHAIR'S REPORT</b>		
	<p>Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in August 2022, including the Audit and Risk Committee, the Acute Services Committee, and the Finance, Planning and Performance Committee.</p> <p>Prof Brown had attended the September Board Seminar and met with the Standing Committee Chairs Network and had regular discussions with the Vice Chairs concerning the challenges faced by NHSGGC.</p> <p>He advised that he and Mrs Grant had also met with the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf, to</p>		

			<b>ACTION BY</b>
	<p>discuss NHSGGC's response to system pressures, including the challenges faced in delivering urgent care. This was also a matter of focus at the October Board Chairs Group meeting.</p> <p>Prof Brown attended the development session for the Board Chairs Group, when the group looked beyond current performance issues and considered the longer term challenges the NHS faces in redesigning and reforming the current system to capitalise on the research, development and innovation that is taking place in health and social care.</p> <p>Prof Brown also attended a meeting of the West of Scotland NHS Board Chairs to discuss the changes being delivered to improve services across the region.</p> <p>Prof Brown and Mrs Grant accompanied the Cabinet Secretary on a visit to the Major Trauma Unit at the QEUH campus, and met with the Leader and Deputy Leader of Glasgow City Council and discussed the challenges NHSGGC face to reduce delayed discharges.</p> <p>Prof Brown highlighted that he hosted a visit from the Hungarian Health Service to JB Russell House to discuss NHSGGC's approach to clinical governance in general and to COPD in particular. Prof Brown noted formal thanks to Dr Scott Davidson, Medical Director for Acute Services, and Dr Lindsey Donaldson, Director of Medical Education, for taking time out of their busy schedules to meet with the doctors and officials from Hungary. The Hungarians were accompanied by representatives of the World Health Organisation (WHO).</p> <p>Prof Brown advised that he had visited the CIRCLE Project based in Paisley, the new service with Renfrewshire Health and Social Care Partnership (HSCP) and was very impressed not only by the new facilities but by the joined up thinking behind the approach to supporting people in recovery from addiction that is being adopted by Renfrewshire HSCP.</p> <p>The new service has been developed to provide enhanced support to local people on a recovery journey from issues relating to both mental health as well as from drug or alcohol addiction. It is a first of its kind in Scotland to offer this range of support. Prof Brown recommended any members of the other IJBs who haven't already adopted this approach to refer to Ms Christine Lavery, Chief Officer, Renfrewshire HSCP, to arrange a visit.</p>		



			<b>ACTION BY</b>
	Prof Brown noted he had visited the Vaccination Centre at Easterhouse and was grateful to receive the Covid and Flu jabs, and stressed the importance of all those eligible to be vaccinated.  <b><u>NOTED</u></b>		
<b>102.</b>	<b>CHIEF EXECUTIVE'S UPDATE</b>		
	<p>Mrs Grant advised she had attended a number of routine Committees to focus on winter planning, delayed discharges, the financial situation and the internal investigation of the Public Inquiry, and the national Best Start meeting.</p> <p>She also attended the Unscheduled Care Collaborative Winter Learning Event that discussed the impacts on Primary Care and Acute services.</p> <p>Mrs Grant noted discussions with the Royal College of Physicians and Surgeons of Glasgow had provided a greater insight into the challenges faced in supporting international Medical Graduates.</p> <p>She also visited the Sandyford Clinic, the specialist Sexual Health Service, and was impressed with the person centred approach, and the dedication and enthusiasm of staff members.</p> <p>Mrs Grant met with the CEO of the Scottish Prison Service (SPS), the Local Authority and Glasgow City Council to discuss the Liliac Centre, the Women's Community Custody Unit. In response to the question regarding the location of the Liliac Centre, Mrs Grant confirmed the SPS had acquired a site in Maryhill, Glasgow and the Unit would be opening soon on a phased basis.</p> <p>In response to a query on how Board members, particularly new Board members, effectively engage with staff members, it was agreed that the Board Member Visits programme would be scheduled and shared with Board Members.</p> <p>The Board were content to note the Chair's Report and the Chief Executive's Report.</p> <p><b><u>NOTED</u></b></p>		Ms Bustillo
<b>103.</b>	<b>PATIENT STORY</b>		
	Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described part of the MacMillan funded physical activity project at the Beatson West of Scotland Cancer		

			<b>ACTION BY</b>
	Centre, the 'prehab approach', the focus on preparing patients for intensive cancer treatment.		
	The Chair thanked Ms Katie Booth, Physiotherapist, and the patient for sharing their journey and all who participated in the video presentation.		
	<b><u>NOTED</u></b>		
<b>104.</b>	<b>COVID-19 UPDATE</b>		
	The Board considered the paper 'COVID-19 Update' [Paper No. 22/68] presented by Dr Emilia Crighton, Interim Director of Public Health.		
	Dr Crighton reported that the operational impact on Acute services and Primary Care within NHSGCC remained relatively low, and the Winter Vaccination Programme continued on schedule.		
	Dr Crighton assured members the number of COVID-19 variants was being monitored regularly, and scenario planning was in place to manage the anticipated upsurge following the October school break, expected during winter months, and driven by the removal of societal controls such as a more relaxed approach to social and physical distancing.		
	In response to a query for further detail on respiratory diseases, Dr Crighton agreed to share the national report on winter respiratory diseases with Board Members.		Dr Crighton
	The Chair thanked Dr Crighton and the Public Health team for the ongoing good work in challenging circumstances.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>105.</b>	<b>VACCINATION PROGRAMME UPDATE</b>		
	The Board considered the paper 'Vaccination Programme Update' [Paper No. 22/69] presented by Dr Emilia Crighton, Interim Director of Public Health.		
	Dr Crighton reported a further 200 staff members had been trained to administer the vaccines.		

			<b>ACTION BY</b>
	<p>Dr Crighton noted good progress overall, with NHSGGC on track to have offered the majority of those eligible for the Winter vaccination by early December, and confirmed that according to existing models the Winter Vaccination Programme would be complete by the end of December, compliant with the national targets.</p> <p>Dr Crighton noted immunisation to the influenza infection had been a key focus as influenza was considered a serious threat over the coming Winter period.</p> <p>In response to a question on individuals who had not yet been vaccinated due to mis-scheduling of appointments and lengthy queues, Dr Crighton confirmed all eligible individuals had been contacted and received letters of appointment.</p> <p>A concern was raised regarding possible double bookings of appointments, Dr Crighton provided assurance that the online appointment facility, available from 01 November 2022, would not allow the 7-minute appointments to be double booked.</p> <p>The Chair thanked Dr Crighton and the Public Health team for their efforts, and was pleased to have assurance that the Winter programme was on target and the population would be vaccinated on time.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>106.</b>	<b>POPULATION HEALTH AND WELLBEING COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF THE MEETING HELD ON 12 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 12 October 2022' [Paper No. 22/70].</p> <p>Mr Ian Ritchie, Committee Vice Chair, noted key items of discussion; COVID-19 Update, NHSGGC Vaccination Programme, Local Child Poverty Plan and the Type 2 Diabetes Report.</p> <p>Mr Ritchie reported the Committee Seminar on Tuesday, 27 September 2022 had provided very useful information and greater context on the work that was being done by NHSGGC and external stakeholders.</p>		

			<b>ACTION BY</b>
	<p>Ms Forbes highlighted an amendment required on page 1, replacing the word 'kids' to kits' to 'The Committee were assured that if a new variant develops the LFT <i>kits</i> would detect it'.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		Secretariat
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 20 JULY 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 20 July 2022' [PHWB(M)22/03].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>107.</b>	<b>ANNUAL DELIVERY PLAN</b>		
	<p>The Board considered the paper 'Annual Delivery Plan' [Paper No. 22/71] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong confirmed the plan had been submitted to the Scottish Government in July 2022, and an updated draft with additional planned care information was submitted in August 2022.</p> <p>Since the plan was submitted there had been additional pathways made available through the Flow Navigation Centre such as improved respiratory pathways, and a comprehensive review and strengthening of the governance of unscheduled care.</p> <p>Extensive work and a review of COVID-19 costs had been carried out, resulting in a reduction from £78.4m to £51.5m.</p> <p>Scottish Government feedback had highlighted particular areas of good work described in the plan.</p> <p>Dr Armstrong noted the plan will be monitored, monthly, by the Strategic Executive Group, made up of senior managers and clinical staff, through a more detailed action tracker, and appropriate action taken if actions were not on track. Quarterly updates would be submitted to the Scottish Government.</p> <p>With regards to the gap between service demand, in both Acute areas and HSCPs, and the current staffing profile with Band 5 registered nurses at 87%, Ms Nareen Owens, Deputy HR Director, provided assurance that Band 5 registered nurses</p>		



			<b>ACTION BY</b>
	<p>recruited through the 'newly qualified nursing campaign would reduce the gap. Ms Owens confirmed 50 international recruits had been made and would reduce nursing and other medical gaps.</p> <p>Ms Owens noted a rapid recruitment approach was ongoing for the remaining Band 5s; attendance at local and national recruitment fairs, work with the Asylum Health Bridging Team and Home Office, with a cohort of 12 medical staff recruited.</p> <p>Ms Owens assured the Board that good relations with the NHS Scotland Academy brought sustainable delivery. Ms Owens noted work was ongoing to align the work and not compete for the clinical workstreams, for example a Service Level Agreement with the National Endoscopy Training Programme had been agreed.</p> <p>With regards to the 'Funding Requirements to Support Delivery of the ADP', Mr Neil, Director of Finance, noted additional funding required 2022-23 was associated with other elements of Planned Care, broadly related to elective capacity and diagnostic funding, and plans were in place to close the differential around funding received and funding required.</p> <p>In response to the question on why staff absence looked high in relation to COVID Inpatient numbers as at March 2022, Ms Owens confirmed the increase in staff absence was due to adherence to the national guidance to not record COVID absences, and noted there was no concern that there would be a spike in staff absence. Moving forward COVID-19 absences would be recorded via the normal sick leave process.</p> <p>A query was raised regarding the potential additional work for staff members supporting patients to manage the Self Directed Support process, if affected by delayed discharges. Ms Susanne Millar, Chief Officer, Glasgow City HSCP, advised that there was issues with care packages and carers; particularly the recruitment/availability of carers and noted the need for patients to continue to use the current processes/budgets.</p> <p>In response to the question that the majority of key risks related to COVID, Mr Neil advised COVID costs within HSCPs and the Board would be covered by the available resource, and any future spikes would be considered.</p> <p>Dr Armstrong noted that the Scottish Government had commissioned Healthcare Improvement Scotland (HIS) to lead a national review to understand any contributing factors to the national increase in neonatal mortality observed during 2021-22.</p>		

			<b>ACTION BY</b>
	The Board were content to approve the plan.		
	<b><u>APPROVED</u></b>		
<b>108.</b>	<b>WINTER PLAN 2022-23 UPDATE</b>		
	<p>The Board considered the presentation 'Winter Plan 2022-23 Update' presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong noted the Winter Self-Assessment Checklist had been received and would be completed and submitted to the Scottish Government by the required date of 7 November 2022.</p> <p>Dr Armstrong highlighted the key elements in the NHSGGC plan; Prevention, Communication, Unscheduled Care - maximising the use of Consultant Connect through links with the Scottish Ambulance Service (SAS), Primary Care - agreement in advance if surge in COVID or Flu, Community Services - 600,000 people used community pharmacy services/40,000 per month, Acute, Workforce and Mental Health.</p> <p>Mr Ritchie agreed a lot of work had been done and queried if there was sufficient capacity at the Flow Navigation Centre (FNC) and the other pathways. Mr Edwards, Chief Operating Officer, Acute Services, noted the proof of concept delivering clinical support through NHS24, FNC and the SAS.</p> <p>Dr Armstrong noted great efforts were being made to free up beds, and considered the Vaccination Programme could, in part, alleviate the significant challenges faced.</p> <p>Dr Armstrong highlighted the ongoing work to admit long waiting patients, and much would be dependent on what happens over the winter period; the cost of living impact on mental health services, staff absences and industrial action. Dr Armstrong stated NHSGGC received £2.2m to cover Winter costs.</p> <p>Dr Armstrong noted unless there was staff capacity, it was not possible to open new wards. The 'Gold Command' that brings robust oversight with senior leaders in Social and Health Care has increased its weekly meetings.</p> <p>In response to the question on expected industrial action, Mrs Grant confirmed business continuity plans were in place and work was ongoing with colleagues and trade unions, at national and local level, to avoid industrial actions.</p>		

			ACTION BY
	<p>Concerns were raised regarding the cost of living crisis and the impact to hospital discharges due to patients returning to cold homes, as well as the lack of care and support at home. Dr Armstrong responded that work was ongoing on how to rapidly access services but agreed discharging patients was more difficult. Ms Lavery noted a lot of work activity was ongoing at all HSCPs on how to get people home safely and Care At Home staff had been asked to be extra vigilant and to raise any concerns to alleviate repercussions.</p> <p>Mrs Grant noted there were a large number of patients waiting for places in care homes, care at home services, assessments to be carried out and issues with power of attorney, but work was ongoing with partnerships to tackle the significant challenges.</p> <p>Ms Sinclair, Chief Officer, East Dunbartonshire HSCP, noted the legal aspects of a patient's care was a key issue, a time consuming and lengthy process, and all out with NHSGGC control.</p> <p>In response to a query regarding discharges, Mr Edwards responded that the increasing capacity had been very challenging, currently 99% occupancy at the Queen Elizabeth University Hospital. Mitigating actions included maximising the use of the Community Falls Pathway and the non-conveyance of the ambulance service. Mrs Grant added weekend discharges were an issue but work was being done to address this.</p> <p>Dr Armstrong noted two models, funded by HSCPs, enhanced in 2021 with Winter Plan monies; interim beds within care homes and intermediate care beds, with a focus on rehabilitation, with 30% of the 75 beds/patients returning home. Mrs Grant noted each partnership faced different challenges and availability. In response to the question on how best to divert people to local pharmacy. Dr Armstrong noted that where NHSGGC hold a contract with Pharmacy, we were able to stipulate what services were required. GPs hold a list of all pharmacies, and it was confirmed 48,000 patients per month visit pharmacies. Dr Armstrong noted the good work of the community pharmacy, and advised the pharmacy will refer any concerns on patient(s) to the GP. NHS 24 and the Flow Navigation Centre also refer patients to pharmacy.</p> <p>At the suggestion of Mr Cowan, the Winter Pressure slides to be added to Admin Control.</p> <p>The Board were content to note the update.</p>		Secretariat



			ACTION BY
	<b>NOTED</b>		
<b>109.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'Performance Report' [Paper No. 22/72] presented by Mr Colin Neil, Director of Finance. Mr Neil reported eight of the 20 measures were rated green, two as amber, five as red and the remaining five measures with no target as grey.</p> <p>Mr Neil highlighted steady progress was being made with the outpatient planned care targets, there were no new outpatients waiting more than two years for a new outpatient appointment, meeting the August 2022 target.</p> <p>Further progress was being made to reduce the number of Treatment Time Guarantee patients waiting less than two years, delivering against the agreed revised trajectory.</p> <p>The number of GP Out of Hours shifts that remained open exceeded the 90% target.</p> <p>The number of CAMHS patients seen was below target, although there had been further improvement on the previous month's position, and in terms of trajectory would be progressing to green.</p> <p>With regards to NHSGGC's performance on cancer services achieving below national targets, Mr Edwards noted £2.2m had been assigned to undertake breach analysis and to support pathways, and increased capacity was being created, where possible.</p> <p>It was agreed that a progress forecast of cancer waiting times would be included in the December Performance Report.</p> <p>In response to a request for assurance on the progress on CAMHS, Ms Sinclair noted progress against target with a further 83% of people waiting less than 18 weeks. Ms Sinclair added assessment for ADHD and other associated conditions, was more complex but work was underway to develop a new neurodevelopmental pathway with an additional eight clinical leads recruited. In the interim, until the appointments have been received, group work and online support was being offered to patients and families. Mrs Grant noted substantial investment had been made by the Scottish Government.</p>		Mr Edwards

			<b>ACTION BY</b>
	<p>Mr Edwards noted great efforts were being made to maximise capacity, and reported the reduction in the number of patients on the Waiting List, 1899 outstanding end September, 1655 at 24 October, and operating capacity was 85% pre-pandemic, currently 87%.</p> <p>With regards to the increase of referrals. Mr Edwards confirmed that all pathways were continually reviewed, and direct GP scanning was in place to support pathways, and had a positive impact on patient waiting times.</p> <p>In response to the question on the range of performance at the Accident and Emergency (A&amp;E) departments across NHSGGC, Mr Edwards noted varying performances occurred at the different A&amp;E departments due to the differing challenges presented. Mr Edwards confirmed performance in each of the sites was continually monitored.</p> <p>The Board were content to note the report.</p> <p><b>NOTED</b></p>		
<b>110.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		
	<p>The Board considered the paper 'Health Associated Infection Report' [Paper No. 22/73] presented by Prof Angela Wallace, Nursing Director.</p> <p>Prof Wallace noted the unannounced visit from Healthcare Improvement Scotland who attended Inverclyde Royal Hospital on Monday, 24 October 2022. The report from the unannounced HIS inspection of QEUH in June 2022 was expected imminently.</p> <p>With regards to the possible changes to the national template of the HAIRT report, the Chair confirmed NHSGGC Board would receive a comprehensive report.</p> <p>In response to the question on the increase on E. coli and the use of catheters, Prof Wallace assured decisions made on the use of catheters were made by medical, nursing and clinical staff with due consideration for the patient's dignity and respect.</p> <p>For assurance purposes, the use of catheters will be included within the Clinical and Care Governance Quality Indicator review.</p> <p>The Board were content to note the report.</p>		Prof Wallace

			<b>ACTION BY</b>
	<b><u>NOTED</u></b>		
<b>111.</b>	<b>CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2021-22</b>		
	<p>The Board considered the paper 'Clinical and Care Governance Annual Report' [Paper No. 22/74] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance.</p> <p>Ms Jordan reported the NHSGGC Duty of Candour Policy and the Consent Policy had been reviewed and approved, October 2021.</p> <p>With regards to whether all incidents where Duty of Candour applied would be a Significant Adverse Event, Ms Jordan noted the use of screening tools were used to support Duty of Candour decisions in line with NHSGGC policy and legislation, and families of the patients would be involved.</p> <p>Ms Owens noted that NHSGGC had been commended for the Mental Health Wellbeing Action Plan and Peer Support programmes by the Scottish Government. Prof Wallace provided assurance that there was continual monitoring for any system failures, and great efforts were being made into finding system solutions before it becomes a staff problem as it wasn't always a staff issue.</p> <p>Items to be updated on the Clinical and Care Governance Annual Report 2021-22, page 4, to align with the NHSGGC Board Purpose Statement.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		Ms Jordan
<b>112.</b>	<b>ACUTE SERVICES COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF THE MEETING HELD 20 SEPTEMBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 20 September 2022' [Paper No. 22/75] presented by Mr Ian Ritchie.</p> <p>Mr Ritchie, Committee Chair, highlighted Delayed Discharges continued to be a problem, the successful roll out of the GP direct to CT scan pilot in Glasgow City and the North East region and</p>		

			<b>ACTION BY</b>
	noted that implementation of the final phase had been accelerated.		
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 19 July 2022</b>		
	The Board considered the paper 'Approved Minute of the Meeting held 19 July 2022' [ASC(M)22-03] and were content to note minute.		
	The Board were content to note the minute.		
	<b><u>NOTED</u></b>		
<b>113.</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 06 SEPTEMBER 2022</b>		
	The Board considered the paper 'Chair's Report of the meeting held 06 September 2022' [Paper No. 22/76], presented by Dr Paul Ryan.		
	Dr Ryan, Committee Chair, reported the Committee reduced the Infection Prevention and Control risk score from 20 to 10 and the risk would continue to be monitored and reviewed via the Board Infection Control Committee.		
	In response to the question on whether there was any improvement on the movement of nursing staff from Inverclyde Royal Hospital to the Royal Alexandra Hospital, Prof Wallace responded that the situation was stabilising.		
	Prof Wallace noted that the 700+ registered nurses were systematically tracked and monitored, and noted there was a need to move staff to manage and maximise on the staff resource across the whole system.		
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 07 JUNE 2022</b>		



			<b>ACTION BY</b>
	<p>The Board considered the paper 'Approved Minute of the Meeting held 07 June 2022' [C&amp;CG(M)22/02].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>114.</b>	<b>AREA CLINICAL FORUM UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 13 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 13 October 2022' [Paper No. 22/77], presented by Dr Lesley Rousselet.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 11 AUGUST 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 11 August 2022' [ACF(M) 22-04].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>115.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/78] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported, as at 31 August 2022, an overspend of £43.98m; unachieved savings of £42.63m, pay and non-pay £1.35m, acute £2.57m offset by an underspend in corporate costs of £1.22m.</p> <p>Through the Financial Improvement Programme, £9.79m had been delivered on a recurring basis and £16.34m achieved in total on review of Month 5. Ideas were currently being explored to bring the full year effect of savings to £23.8m.</p> <p>Reporting on the Capital position, Mr Neil noted £12m spend, 12.1% of the annual plan of £99.5m. There had been a</p>		

			<b>ACTION BY</b>
	<p>significant amount of capital investment with £5.7m available to be allocated and spent by the end of the financial year.</p> <p>Mr Neil noted a revised deficit of £78.4m that included £26m of COVID-19 costs. Following a Scottish Government Quarter 1 review, the forecast in Month 5 had reduced the £26m gap to £7.9m, and a review of all other expenditure resulted in a revised deficit of £59.4m.</p> <p>Mr Neil reported progress since August 2022.</p> <p>In response to the impact of pay uplifts, Mr Neil confirmed that following discussions with the Scottish Government, it was expected that any pay award would be fully funded.</p> <p>Mr Cowan noted challenges faced by IJBs to cover COVID-19 costs. Mr Neil assured there was sufficient funds to cover COVID-19 expenditure for 2022-23 across IJBs, HSCPs, Acute services, Primary and Community Care.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>117.</b>	<b>PATIENT PRIVATE FUNDS</b>		
	<p>The Board considered the paper 'Patient Private Funds' [Paper No. 22/79] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted significant delay for the Annual Accounts 2020-21 due to resource issues with the previous auditors. Mr Neil confirmed the external audit contract had been retendered and confirmed the appointment of BDO. Reporting of 2021-22 accounts were expected March 2023, and a revised timeline for 2022-23 accounts set.</p> <p>Mr Neil requested the Board authorise the Chief Executive Officer and the Director of Finance to sign the abstract of receipts and payments, and authorise the Director of Finance to sign the letter of representation.</p> <p>The Board were content to approve the accounts.</p> <p><b><u>APPROVED</u></b></p>		
<b>118.</b>	<b>AUDIT AND RISK COMMITTEE</b>		

			<b>ACTION BY</b>
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 13 SEPTEMBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 13 September 2022' [Paper No. 22/80], presented by Ms Michelle Wailes.</p> <p>Ms Wailes, Committee Chair, highlighted the review of the Freedom of Information Policy had been deferred, and there were no overdue actions from Internal Audit reports.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 21 JUNE 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 21 June 2022' [ARC (M)22/03].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>119.</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 11 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 11 October 2022' [Paper No. 22/81], presented by Ms Margaret Kerr.</p> <p>Ms Kerr, Committee Chair, noted discussion focussed on the Annual Delivery Plan, the Winter Plan Update, and rectification work at QEUH Atrium Wall Lining Replacement.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 09 AUGUST 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 09 August 2022' [FPPC(M)22/04].</p> <p>The Board were content to note the minute.</p>		



			<b>ACTION BY</b>
	<b><u>NOTED</u></b>		
<b>120.</b>	<b>INTERNAL COMMUNICATION AND ENGAGEMENT STRATEGY</b>		
	<p>The Board considered the paper 'Internal Communication and Engagement Strategy' [Paper No. 22/82] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement.</p> <p>Ms Bustillo highlighted that the strategy builds on the existing approaches for employee communications and staff engagement including the Area Partnership Forum, Investors in People and iMatter. It also included the Workforce Equality Group and the three employee forums – the disability staff forum, the BME staff forum and the LGBT+ staff forum.</p> <p>A baseline audit of the current approaches was undertaken and the findings were used to identify priorities for the next three years. There had also been significant engagement with a wide range of stakeholders.</p> <p>Ms Bustillo highlighted the key proposed priorities for the next three years as:</p> <ul style="list-style-type: none"> <li>• Implementation of Outlook 365 as a replacement for Staffnet</li> <li>• Revamp of Team Brief and reinvigoration of Core brief</li> <li>• Senior manager visibility through written, video and face to face approaches</li> <li>• Collaborative conversations</li> <li>• Empower staff to speak up and share concerns. Our Speak UP campaign has launched and we already are seeing staff engage positively</li> <li>• Promote the culture of the organisation</li> <li>• Senior manager events</li> </ul> <p>The Board were content to approve both the Strategy and the Action Plan subject to the above amendments.</p> <p><b><u>APPROVED</u></b></p>		
<b>121.</b>	<b>CORPORATE RISK REGISTER</b>		
	<p>The Board considered the paper 'Corporate Risk Register' [Paper No. 22/83] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted the areas in red aligned to conversations at Committee and with the Corporate Management Team, and</p>		

			<b>ACTION BY</b>
	<p>confirmed the need to progress through the target score, mitigate and reduce scores.</p> <p>Mr Neil confirmed Corporate Objectives might not be represented in this document but this will be reviewed and scrutinised by the relevant committees.</p> <p>Board Members noted concern regarding Staff Training and Development, Residual Risk Score of 20, and queried mitigating actions to meet the Target Risk Score of 9. Mr Neil confirmed the current score would be reviewed with due consultation with the respective groups such as Human Resources and Organisational Development.</p> <p>In response to the question regarding how best to see the trends of the scoring, Mr Neil noted the tool would be developed, and a phased approach moving forward.</p> <p>The Chair thanked the team for their work.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr Neil
<b>122.</b>	<b>RISK APPETITE STATMENT</b>		
	<p>The Board considered the paper 'Risk Appetite Statement' [Paper No. 22/84] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted a simple approach would be taken with appetite and tolerance, and further development would take a phased approach.</p> <p>With regards to the legal position of the document, Mr Neil confirmed the need to operate in a defined framework, with rigour and responsibility around openness.</p> <p>Appendix A to be circulated to Board Members for their feedback.</p> <p>The Board were content to approve the update subject to review of Appendix A.</p> <p><b><u>APPROVED</u></b></p>		Mr Neil
<b>123.</b>	<b>INFORMATION ASSURANCE FRAMEWORK</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Information Assurance Framework' [Paper No. 22/85] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted the work required on page 4, paragraph 2.2 was underway and a system would be in place before the financial year end. An update would be presented at the Board meeting December 2022.</p> <p>As noted in paragraph 3.2, Ms Vanhegan will ensure all information is presented in its relevant forms with a continued focus on active governance and the triangulation of data and management information.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>124.</b>	<b>WHISTLEBLOWING ANNUAL REPORT</b>		
	<p>The Board considered the paper 'Whistleblowing Annual Report' [Paper No. 22/86] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted a positive report and referred to Ms Donald.</p> <p>Ms Donald, Corporate Services Manager - Governance/Board Secretary, noted the National Whistleblowing Standards were well embedded within NHSGGC.</p> <p>Mr Vincent endorsed the report as a gold standard particularly in terms of transparency, and considered the Board can be assured.</p> <p>In response to a question on sharing the learning from the report, Ms Vanhegan confirmed the report would be published on the NHSGGC website and Ms Bustillo noted her trust in the communication process that the learning would be shared.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		
<b>125.</b>	<b>ANNUAL CYCLE OF BUSINESS</b>		
	<p>The Board considered the paper 'Annual Cycle of Business' [Paper No. 22/87] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p>		

			<b>ACTION BY</b>
	<p>The Board were content to approve the update.</p> <p><b><u>APPROVED</u></b></p>		
<b>126.</b>	<b>BOARD CALENDAR OF MEETINGS 2023-24</b>		
	<p>The Board considered the paper 'Board Calendar of Meetings 2023-24' [Paper No. 22/88] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted the Integration Joint Board dates require to be confirmed.</p> <p>The Board were content to approve the update.</p> <p><b><u>APPROVED</u></b></p>		
<b>127.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday, 20 December 2022 at 9.30 am via MS Teams		

NHSGGC (M) 22/06  
Minutes: 128 - 149

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 20 December 2022 at 9.30am  
via Microsoft Teams**

### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Susan Brimelow OBE	Cllr Collette McDiarmid
Ms Ann Cameron-Burns	Cllr Michelle McGinty
Mr Simon Carr	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Mr Francis Shennan
Mrs Jane Grant	Ms Rona Sweeney
Mrs Margaret Kerr	Mr Charles Vincent
Ms Amina Khan	Ms Michelle Wailes
Mrs Anne MacPherson	Prof Angela Wallace
Rev John Matthews OBE	

### IN ATTENDANCE

Ms Denise Brown		Interim Director of e-Health
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Sandra Devine		Director of Infection, Prevention and Control
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Mr William Edwards		Chief Operating Officer, Acute Services
Mr Andrew Gibson		Chief Risk Officer
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP

			ACTION BY
128.	WELCOME AND APOLOGIES		



			ACTION BY
	<p>Professor John Brown welcomed those present to the December 2022 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers. Therefore, the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims; Better Health, Better Care, Better Value, Better Workplace, and a review of aspects of NHSGGC's approach to Corporate Governance including the Risk Management Strategy and the Assurance Information Framework.</p> <p>The Chair noted the extended length of the meeting in response to concerns that previous meetings had overrun. The longer meeting will provide the opportunity to have more comfort breaks, and continue with Chair's policy of not restricting the number of questions on any item, ensuring that every Board Member has the opportunity to contribute fully to the meeting.</p> <p>The Chair suggested that the Executives assume that the Board Members have read the papers, and presentations should be concise and only key issues highlighted.</p> <p>Apologies were intimated on behalf of Cllr Jacqueline Cameron, Prof Iain McInnes and Cllr Katie Pragnell.</p> <p><b><u>NOTED</u></b></p>		
<b>129.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p>The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advise</p>		

			<b>ACTION BY</b>
	notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.		
	<b><u>NOTED</u></b>		
<b>130.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		
	The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 20 December 2022 [Paper NHSGGC (M) 22/05] and on the motion of Mr Ian Ritchie, seconded by Rev John Matthews, the Board were content to accept the draft minute of the meeting as complete and accurate - subject to the following amendments being made by Ms Sandra Bustillo, Director of Communications and Public Engagement, prior to minutes being signed by the Chair.		
	<u>Internal Communication and Engagement Strategy</u>		
	<ul style="list-style-type: none"> <li>• Amendment to narrative to raise the profile of the role of partnerships with regards to staff communication</li> <li>• Amend page 8 to incorporate strategic objectives</li> </ul>		Ms Bustillo
	<b><u>APPROVED</u></b>		Ms Bustillo
<b>131.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>ROLLING ACTION LIST</b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 22/89] and were content to accept the recommendation that 12 actions were closed.		
	There were no other matters arising noted.		
	<b><u>APPROVED</u></b>		
<b>132.</b>	<b>CHAIR'S REPORT</b>		
	Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in October 2022, including regular discussions with the Scottish Government and the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf MSP. Prof Brown also met with the NHS Board Chairs Group to discuss the challenges currently being faced across health and social care.		



			<b>ACTION BY</b>
	<p>Prof Brown highlighted that he had chaired a meeting of the Glasgow Health Sciences Partnership Oversight Board which considered the progress being made with research, development and innovation across NHSGGC and the West of Scotland. Prof Brown commended the efforts of Dr Jennifer Armstrong, Medical Director and Dr Julie Brittenden, Director of Research and Innovation, on the continued work with research and clinical trials.</p> <p>As the NHS Scotland Global Citizenship Advisory Board Chair, Prof Brown was invited to present the 2022 Global Citizenship Award at the annual Scottish Health Awards.</p> <p>Prof Brown noted that he had met with Ernst &amp; Young, the newly appointed external auditors, and advised that he and Ms Michelle Wailes, Chair of the Audit and Risk Committee would meet with the external audit team on a regular basis.</p> <p>Prof Brown also advised that he had met with the Scottish Government Public Appointments Team to discuss the replacement of two Board Members approaching the end of their term with NHSGGC Board in 2023, and advised that the appointments would be advertised January 2023 and interviews would be held March 2023. Prof Brown noted that the recruitment panel were looking for individuals with clinical experience at a senior level.</p> <p><b><u>NOTED</u></b></p>		
<b>133.</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
	<p>Mrs Jane Grant confirmed that she had also attended the meeting of the Glasgow Health Sciences Partnership Oversight Board, and the Annual Apprenticeships event, and found both appointments to be uplifting.</p> <p>Mrs Grant advised that she had attended a number of routine Committee meetings to focus on winter contingency plans.</p> <p>Mrs Grant had also met with the Cabinet Secretary to discuss the ongoing challenges with delayed discharges, and had a separate meeting with the Mental Welfare Commission for Scotland to consider the review of the Adults with Incapacity (AWI) legislation.</p> <p>With regards to the Public Inquiry, Mrs Grant had met with the Executive Oversight Group and separately with the legal team and confirmed progress was being made.</p>		

			ACTION BY
	<p>Accompanied by Dr Jennifer Armstrong and Ms Susanne Millar, Chief Officer, Glasgow City HSCP, Mrs Grant met with the University of Glasgow to discuss how both organisations might work collaboratively to support the health and welfare of students.</p> <p>Together with Mrs Anne MacPherson, Director of Human Resources and Organisational Development, Mrs Grant attended meetings on the national pay negotiations.</p> <p>Mrs Grant noted her meeting with the new Chief Executive of East Dunbartonshire Council and commented that she looked forward to a positive working relationship.</p> <p>Mrs Grant advised that she had chaired the Regional Cancer Advisory Board and Workforce Group, and had chaired a national Best Start learning event which had reported positively on the work underway across the country to deliver the national Maternity and Neonatal Strategy.</p> <p>Mrs Grant highlighted the publication of a report by Healthcare Improvement Scotland (HIS) on the Queen Elizabeth University Hospital (QEUI). The report noted good infection prevention and control leadership within the hospital campus, with senior managers and leaders demonstrating good knowledge of their roles and responsibilities.</p> <p>Mrs Grant reported that the General Medical Council had written to advise that the Board had satisfactorily resolved concerns in connection with the junior doctor rota at Inverclyde Royal Hospital and enhanced monitoring had been removed.</p> <p>The Board were content to note the Chair's Report and the Chief Executive's Report.</p> <p><b>NOTED</b></p>		
<b>134.</b>	<b>PATIENT STORY</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the Family Nurse Partnership's work with young mothers, and the celebrations of the partnership's 10-year anniversary.</p> <p>The Chair thanked Ms Ellie Shields, Family Nurse, and the service users for sharing their journey and all who participated in the video presentation.</p>		

			<b>ACTION BY</b>
	<b>NOTED</b>		
<b>135.</b>	<b>WINTER UPDATE</b>		
	<p>The Board considered the paper 'Winter Update' [Paper No. 22/90] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong highlighted that daily reviews were being carried out to balance the needs of planned care and unscheduled care for patients and noted the significant challenges. Mr William Edwards, Chief Operating Officer, Acute Services, advised that winter capacity was being reviewed regularly but delayed discharges were posing a greater challenge.</p> <p>Dr Emilia Crighton, Interim Director of Public Health, advised the Winter Vaccination Programme had been completed and Drop In Clinics to vaccinate individuals without appointment remained open across the NHSGGC area.</p> <p>In response to the question on how many of the hospital admissions were due to COVID-19, it was agreed that Mr Edwards would provide further detail on the patients identified as COVID-19 symptomatic and circulate to Board Members.</p> <p>Mr Edwards noted the additional challenges posed with Norovirus and Influenza with regards to patient placement across NHSGGC sites, and added that there were difficulties balancing urgent cancer procedures, elective surgery and the increasing demand. Mr Edwards assured members that there was a phased plan in place to open up additional capacity at a number of sites from 4 January 2023.</p> <p>In response to the question on the low uptake of the COVID-19 Booster and the Flu Vaccine among health and social care staff, Dr Crighton advised that these figures could be higher as staff members living out with the NHSGGC area had not been included. Dr Crighton added that the importance to be vaccinated was being reinforced to all staff members on a regular basis.</p> <p>In response to the question on the correlation between staff who had been vaccinated and staff absence rates, Mrs MacPherson advised that there had been no established link identified and noted 377 staff absences with COVID-19 had been reported. Mrs MacPherson noted research had been carried out to find out why staff members were not being vaccinated and findings noted, predominantly, that it was through personal choice.</p>		Mr Edwards



			<b>ACTION BY</b>
	<p>Mrs MacPherson added that the Flu Peer Immunisation programme had worked well previously but NHSGGC was unable to restart the programme due to COVID-19, and advised that staff Champions had remained in place and continued to encourage staff members to be vaccinated.</p> <p>In response to the comment on the increased number of young children being admitted with Flu, Ms Christine Lavery, Chief Officer, Renfrewshire HSCP, offered assurance that Flu vaccinations for children aged from 6 months to children aged up to two years old was 55%, 60% for primary school children and 47% for secondary school children.</p> <p>In response to the question on immunity waning within the communities, and how to prevent the spread, Dr Crighton advised communications continued in all NHSGGC settings to reinforce the message that individuals to refrain from attending hospital settings if symptomatic and to remind all persons of the hand hygiene protocol. Dr Crighton will liaise with Ms Bustillo, Director of Communications and Public Engagement to consider a public messaging campaign to reinforce the message of the preventable spread of Flu and COVID-19.</p> <p>In response to the question on how to mitigate the impact of dis-information of the Flu vaccine, Ms Bustillo noted disruption had been caused due to COVID-19 and advised that she will consider how best to address the issue and provide an update at the next Board meeting.</p> <p>In response to the query on the meeting with the Chief Executives of Care Homes on 14 December 2022, Ms Millar reported that two key issues had been discussed, admissions to care homes and the complexity of cases. Ms Millar added that the executives had shown a real willingness to engage, recognised that delayed discharges for hospitals was a shared issue and that there was a need to balance the risk across the whole system. A further meeting was scheduled January 2023.</p> <p>In response to the question on the Scottish Government's key priority, 'to support unpaid carers and recognise their value', Ms Millar referred to the Glasgow City HSCP Carer Strategy 2022-25 and noted a copy of the strategy would be circulated to Board Members.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		<p>Dr Crighton/ Ms Bustillo</p> <p>Ms Bustillo</p> <p>Secretariat</p>

			<b>ACTION BY</b>
<b>136.</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of the Meeting held on 15 November 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 15 November 2022' [Paper No. 22/91] presented by Dr Paul Ryan, Vice Chair of the Committee.</p> <p>Dr Ryan highlighted the Planned Care Update and noted the Committee were assured by the presentation, and also noted the valuable information received from the A&amp;E Attendance research study.</p> <p>In response to the question on the performance associated with cancer noted in the Planned Care Update, Mr Edwards advised that Cancer Performance Groups were in place and were focussed on Planned Care targets, and added that updates would be provided through the relevant committees.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approve Minute of the Meeting held on 20 September 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 20 September 2022' [ASC(M)22-04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>137.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'Performance Report' [Paper No. 22/92] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil referred to a query on the expected update on the aggregation of Primary Care and community services data and noted that Primary Care information was being provided as part of the NHSGGC Board Performance Report.</p> <p>It was agreed that the aforementioned action would remain open until data was available.</p> <p>Ms Denise Brown, Director of e-Health, advised of NHSGGC's participation in a national pilot to test how best to collect and</p>		<p>Ms Lavery/ Ms Sinclair/ Mr Neil/ Secretariat</p>

			ACTION BY
	<p>extract data from GP systems was underway. A collaborative approach with the Scottish Government, NHS Scotland and National Services Scotland.</p> <p>Mrs Grant advised that this work had to be nationally driven to be able to make sensible comparisons.</p> <p>Ms Lavery assured members that there was oversight of the 234 GP Practices, across Greater Glasgow and Clyde such as local governance with HSCP Clinical Directors working closely with GPs, and Chief Officers receiving updates on the Primary Care Improvement Plan (PCIP) from each of the six HSCP partnerships.</p> <p>Dr Armstrong noted additional oversight in terms of professional regulation, annual appraisals, quality clusters, and with Dr Kerri Neylon, NHSGGC Deputy Medical Director for Primary Care who linked with directors, GPs and dentists.</p> <p>It was agreed that the PCIP update would be shared at the Finance, Planning and Performance Committee and Board meetings February 2023.</p> <p>Turning to the Performance Report, Mr Neil noted steady progress in relation to the new outpatient Planned Care targets and TTG patients, and positive progress with CAMHS being above the 80% trajectory. Performance of psychological therapies had increased to 83.3% against 90% trajectory just short of the national position of 80.7%.</p> <p>Mr Neil noted the key challenges with Cancer 62-day Waiting Times and Unscheduled Care and confirmed regular scrutiny by the Acute Services Committee. Mr Neil advised Delayed Discharges were being discussed at the Finance, Planning and Performance Committee.</p> <p>Mr Edwards noted that access to cancer services within 31 days was positioned at 93.4% below the target of 95%, and access within 62 days was 74.7% but below the national average. Mr Edwards confirmed an action plan would be presented to the Acute Services Committee.</p> <p>Mr Edwards reported the number of new outpatients waiting more than 78 weeks had reduced to 857 and outpatient activity had exceeded planning assumptions. The TTG target of 1,650 had been achieved with no patients waiting for more than a two-year period.</p>		Dr Neylon



			<b>ACTION BY</b>
	<p>Ms Millar noted the reduction in Delayed Discharges from 302 to 247 within the six HSCPs, and significant improvements with 389 Child Mental Health Services (CAMHS) patients/91% being seen within an 18-week period. Ms Millar added that 606 patients had accessed psychological therapies as at November 2022, just below target, largely due to effective scrutiny and good governance.</p> <p>In response to the query on CAMHS, Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP, will provide further detail on the timeframes on access to services to the Finance, Planning and Performance Committee and Board meetings February 2023.</p> <p>In response to the question on whether more investment being made available and/or equipment purchased would alleviate the ongoing challenges, Mrs Grant noted great efforts were being made to maximise the use of all resources but the key issues were the level of backlog and the availability of trained staff, particularly with regards to Endoscopy. Mr Edwards added that capacity had been maximised, including additional modular buildings placed across NHSGGC sites to augment the Endoscopy service.</p> <p>Dr Crichton highlighted some of the proactive measures in place, such as screening programmes to identify early detection of cancer, the clinical prioritisation programme, and the effective tracking of the varying stage(s) of cancers.</p> <p>Dr Armstrong assured members that all issues with regards to cancer services were regularly monitored and scrutinised by the Cancer Performance Groups, the Acute Services Committee and the Clinical and Care Governance Committee.</p> <p>In response to the question on measuring the performance of the A&amp;E waiting times, Mr Edwards noted the 4-hour waiting time was a national target, benchmarked across NHS Scotland and data was presented in accordance with Scottish Government guidance. Mr Edwards assured members that the waiting times were monitored and scrutinised.</p> <p>In response to the question if the triage system was operated across all NHSGGC A&amp;E departments, Mr Edwards confirmed consistency across Greater Glasgow and Clyde and advised that patients were referred to the relevant NHS Pathways such as the Minor Injuries Units (MIU). Mr Edwards noted regular monitoring of each of the services and staff realigned as appropriate.</p>		Ms Sinclair



			<b>ACTION BY</b>
	<p>In response to the question on realistic medicine and elective treatments, Dr Armstrong advised details on patient decisions and the impact to services were not recorded. Dr Armstrong noted that lead clinicians do meet with the Chief Medical Officer on a regular basis, and an update on the Scottish Government's plans for longer term evaluation of realistic medicine will be provided at the next Board meeting.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		Dr Armstrong
<b>138.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 22/93] presented by Ms Sandra Devine, Director of Infection Prevention and Control.</p> <p>Ms Devine reported positive outcomes on Scottish Government performance targets.</p> <p>Ms Devine referred to the report received from the Healthcare Environment Inspectorate on the unannounced inspection to QEUH in June 2022, and noted a positive report; nine areas of good practice, two recommendations and four requirements. The full report would be presented to the Clinical and Care Governance Committee.</p> <p>Ms Devine noted the report on the unannounced inspection to Inverclyde Royal Hospital in October 2022 would be published 23 January 2023.</p> <p>In response to the question on SAB, CDI and ECB case numbers, Prof Wallace advised there had been sustained improvement, and noted that the annual report would be discussed with the Clinical and Care Governance Committee. An update on timescales, for Board review, to be shared at the next meeting.</p> <p>In response to the question on the downward trend on Hand Hygiene Monitoring Compliance noted within the report, Ms Bustillo advised that the Hand Hygiene Coordinator remained in place to monitor, audit, promote and educate staff members across the clinical areas. Ms Bustillo assured members that the hand hygiene message was being promoted daily across NHS GGC and added that discussions on how to continue to get the message across were ongoing with the Clinical Quality Improvement Network.</p>		Prof Wallace

			<b>ACTION BY</b>
	The Board were assured by the report. <b><u>ASSURED</u></b>		
<b>139.</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 06 December 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 06 December 2022' [Paper No. 22/93], presented by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan highlighted the paper on the Hospital Standardised Mortality Rate and noted the update on the improvement work in the Clyde Sector.</p> <p>Dr Ryan advised on the restart of the Maternity and Neonatal Care in Scotland Programme.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 06 September 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 06 September 2022' [C&amp;CG(M)22/03].</p> <p>In response to the query on single Registered Nurse (RN) wards being a 'never event', Prof Wallace noted that there was continued focus to ensure wards were staffed by more than one RN through recruitment and retention of staff, and advised that bank staff were being used in the interim.</p> <p>Mrs MacPherson added that regular updates were presented to the Acute Services Committee outlining all initiatives in place; retire and return campaign, recruitment of international nurses, extending healthcare support roles and additional porters and domestics.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>140.</b>	<b>AREA CLINICAL FORUM</b>		

			<b>ACTION BY</b>
<b>a)</b>	<b>Chair's Report of the Meeting held on 08 December 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 08 December 2022' [Paper No. 22/95], presented by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet noted reporting of the pressures on the system and the challenges faced by General Practitioners, and confirmed the forum was reassured that efforts were being made to find solutions.</p> <p>Dr Rousselet highlighted the concerns with de-registration of patients from dental practices and noted the forum was assured that NHS GGC were well represented at the Advisory Committee looking to find new ways of delivering and supporting practitioners.</p> <p>Dr Rousselet noted that members had concerns with regards to training places for healthcare scientists but following dialogue with Mrs Grant and Prof Wallace the forum had been reassured.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 13 October 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 13 October 2022' [ACF(M) 22-05].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>141.</b>	<b>DIGITAL STRATEGY</b>		
	<p>The Board considered the paper 'Digital Strategy' [Paper No. 22/96] presented by Ms Denise Brown, Director of eHealth.</p> <p>Ms Brown reported the strategy had been set to enable accessibility and engagement with staff members, the general public and partners. The strategy was aligned to corporate objectives and operational priorities, and built on lessons learned through the pandemic, and noted strategic themes and priority programmes.</p>		

			<b>ACTION BY</b>
	<p>Ms Brown highlighted the strength of the strategy was due to the engagement, dialogue and input from staff members, the public and partners, and feedback from the CMT, Audit and Risk Committee and the Finance, Planning and Performance Committee.</p> <p>Ms Brown noted the enablement of the Moving Forward Together change programme through digital transformation such as online appointment booking, virtual appointments and assessment, staff induction and training, and a more integrated digital experience for patients to access online services. Ms Brown noted that there had been due consideration for those without digital access.</p> <p>Ms Brown advised that programmes within the delivery plan would be used to measure the digital adoption of services. The EQIA would ensure due compliance of each of the programmes.</p> <p>Following discussions on the noted evaluation within the Digital Strategy, it was agreed that the benefits realisation section would be revised to reflect measurements of success.</p> <p>A review of the strategy to be scheduled within the NHSGGC Board ACOB.</p> <p>The Chair commented that a high standard had been set by the Digital Strategy, to be matched by other NHSGGC strategies.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>		Ms Brown Secretariat
<b>142.</b>	<b>AUDIT AND RISK COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 13 December 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 13 December 2022' [Paper No. 22/96], presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes highlighted approval of the Fraud Policy, endorsement for approval of the Corporate Risk Register (CRR), Risk Management Strategy and Risk Register Policy.</p> <p>Ms Wailes noted the meeting held with the new external auditors, Ernst &amp; Young, and advised work on the Annual Audit Plan was underway.</p>		



			<b>ACTION BY</b>
	<p>Ms Wailes noted that two new risks had been added to the CRR, in particular the risk that reflected the potential impact of industrial action on service delivery and patients.</p> <p>With regards to impending industrial action, Mrs MacPherson advised that a subsequent offer had been made by the Scottish Government, and as a consequence the trade unions Unite and UNISON had paused planned actions, the offer had been rejected by GMB and the response from the RCM was imminent.</p> <p>Mrs MacPherson added that work was ongoing with associated partners and stakeholders to mitigate the impact of industrial actions happening across Scotland such as rail, postal and ambulance strikes.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 13 September 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 13 September 2022' [ARC (M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>143.</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 06 December 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held on 06 December 2022' [Paper No. 22/98], presented by Mrs Margaret Kerr, Chair of the Committee.</p> <p>Mrs Kerr highlighted the Committee had been looking at the strategies in place across the Board such as the Digital Strategy and the West Dunbartonshire Integration Joint Board (IJB) Strategic Plan.</p> <p>Mrs Kerr noted that as part of the review of NHSGGC's Performance Report, the Committee had discussed, at length, the complexities around the issue of Delayed Discharges.</p>		

			ACTION BY
	<p>In response to the question on the GP Out Of Hours costed proposal expected at the Finance, Planning and Performance Committee meeting October 2022, Mrs Kerr advised that the fully costed plan was not complete as a response was required from HIS. Ms Bustillo added that a detailed report had been submitted to HIS and a final response was expected February 2023.</p> <p>Ms Kerr confirmed that a GP Out Of Hours Update had been presented at the December meeting, and a fuller report was planned for 2023.</p> <p>In response to the question on the reversal of funding from the PCIP, as lead Chief Officer for Primary Care, Ms Laverty responded that each of the six IJBs were in dialogue with the Scottish Government on the PCIP/Financial plan. Ms Laverty added that Ms Ann Forsyth, Head of Primary Care Support, had an overview of discussions.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 11 October 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 11 October 2022' [FPFC(M)22/05].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>144.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/99] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported a reduced deficit of £40.26m at Month 7 from £40.8m at Month 6. Unachieved savings of £34.97m noted, and £5.3m of an overspend for pay and non-pay and £6.2m for Acute services offset by the Corporate underspend of £0.9m. Mr Neil advised £42.4m of expenditure on remobilisation and delivery of services due to COVID-19 had been covered in full, and the overall position included £44.85m of non-recurring relief.</p> <p>Mr Neil stated the importance of the alignment of the Sustainability and Value Programme (SVP) and NHSGGC's Financial Improvement Programme, and noted the need for an</p>		



			ACTION BY
	<p>overarching approach to manage the level of financial challenge in subsequent years.</p> <p>The overall savings' challenge for the Board in 2022-23 was £174.5m, with £53.79m allocated to the Directorates and Sectors, leaving the balance of £120.7m.</p> <p>On a current year basis, through the SVP, £31.57m had been achieved by the Directorates and Sectors, an increase of £5.52m from Month 6, and a further £80.38m through non-recurring relief and other corporate measures.</p> <p>On a full year recurring basis, £16.66m had been achieved at Month 7 against the £53.79m target.</p> <p>Mr Neil noted the forecast by the end of the financial year at £30.29m, an improvement of £6m on the previous month, and factored in all known projects and associated risks.</p> <p>Capital expenditure of £24.2m had been incurred at 31 October 2022 with a balance of £74.3 to be incurred by 31 March 2023.</p> <p>At Month 7, 55% of the total capital allocation had firm orders or incurred spend. A balance of £5.8m was available to be allocated, and consideration was being given to the priority lists of medical equipment and Estates and Facilities.</p> <p>The forecast deficit had reduced from £78.4m to £30.9m at Month 7, a reduction of £47.5m of which £22.9m associated with COVID-19 costs and £24.6m betterment in the forecast core position.</p> <p>The COVID-19 funding gap was now £3.1m and the forensic review continued, with a view to reducing the costs.</p> <p>Mr Neil commented that the Board could be encouraged by the incremental progress but to maintain caution until the balance of the end of year budget.</p> <p>In response to the question on capital expenditure, Mr Neil noted that a slightly better position was due, largely, to the circa 66% of the total balance having committed orders in place that would process through to receipt and payment. Mr Neil added that items such as medical equipment were able to be processed quicker than those associated with capital build and the physical build environment.</p>		

			<b>ACTION BY</b>
	<p>In response to the question on the impact of the 5.9% uplift, Mr Neil referred to the budget announcement from the Scottish Government, dated 15 December 2022, and noted the uplift in place had been split into two parts; incorporated baseline uplift for 2023-24 and current funding for pay award to baseline. Mr Neil confirmed dialogue continued with the Scottish Government on calculating pay awards for 2022-23 and added that additional funding with regards to the related minimum wage settlement would go through the IJBs.</p> <p>The letter received from the Scottish Government with regards to the percentage uplift to be shared with Board Members.</p> <p>Members agreed that Mr Neil would decide the ‘finance position’ topic of a future Board Seminar, date to be agreed with Ms Elaine Vanhegan, Director of Corporate Governance and Administration.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		<p>Mr Neil</p> <p>Mr Neil/ Ms Vanhegan</p>
<b>145.</b>	<b>STAFF GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair’s Report of Meeting held on 22 November 2022</b>		
	<p>The Board considered the paper ‘Chair’s Report of the meeting held on 22 November 2022’ [Paper No. 22/100], presented by Ms Ketki Miles, Co-Chair of the Committee.</p> <p>Ms Miles advised the Committee had been assured by the appropriate level of information provided on the additional risk of Industrial Action noted within the CRR.</p> <p>The Committee had approved the Annual Return 2021-22.</p> <p>The Committee were assured by the Acute Services presentation and the update on General Medical Council Enhanced Monitoring.</p> <p>Ms Miles noted members found the visit to Greenock Health and Care Centre and the Central Decontamination Unit in Cowllairs to be a rewarding experience for all involved.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		

			<b>ACTION BY</b>
<b>b)</b>	<b>Approved Minute of the Meeting held on 02 August 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 02 August 2022' [SGC(M)22/03].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>146.</b>	<b>RISK MANAGEMENT STRATEGY</b>		
	<p>The Board considered the paper 'Risk Management Strategy' [Paper No. 22/101] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that the strategy formed one element of an Integrated Risk Management Framework which also included the Board Risk Appetite Statement and an updated Risk Register Policy and Guidance for Managers.</p> <p>Mr Neil noted that the strategy documents had been reviewed by the Risk Management Steering Group, CMT and the Audit and Risk Committee, and had been updated to reflect best practice.</p> <p>In response to the question on the definition of a risk, Mr Gibson clarified that a risk is an uncertain future event that may have an impact on our ability to deliver our objectives, whereas an issue is a problem that has already occurred or is occurring.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>		
<b>147.</b>	<b>ASSURANCE INFORMATION FRAMEWORK</b>		
	<p>The Board considered the paper 'Assurance Information Framework' [Paper No. 22/102] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted the Assurance Information Framework was an integral part of the Board's Integrated Governance System and its further development was included in the current NHSGGC Active Governance Programme.</p> <p>Mr Neil advised that the work to develop the assurance information required at Standing Committee level had produced a</p>		

			<b>ACTION BY</b>
	<p>solid foundation for the approach to improving Board level assurance.</p> <p>Further work had been completed to align assurance information to the four Corporate Aims. The focus was now on developing the key performance indicators at Board level and aligning them with the relevant corporate objectives.</p> <p>It was proposed that a small group be convened to review the information currently available to Board and determine the key performance indicators at Board level for 2023/24. This work would include the triangulation of the assurance information already considered by the Standing Committees.</p> <p>The Chair noted Mr Alan Cowan and Cllr Martin McCluskey would be joining the group, and the first meeting to be scheduled February 2023, reporting to the NHSGGC Board from April 2023.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		Secretariat
<b>148.</b>	<b>BOARD MEMBER VISITS</b>		
	<p>The Board considered the paper 'Boardroom Member Visits' [Paper No. 22/103].</p> <p>The Chair noted a Programme of assurance visits to operational areas had now been finalised for the remainder of the financial year 2022-23, and Board Members would be contacted accordingly.</p> <p>The Chair added that the QEUH assurance visit by the Acute Services Committee would have to be rescheduled as members were not able to attend.</p> <p>The Chair advised work was ongoing to schedule the informal visits undertaken by the Chair and the Vice Chairs. The Chair noted that these visits were in addition to the assurance visits and provided the opportunity to meet and personally thank staff members for the hard work and commitment that they show to the NHS. The programme will be shared with Board members in due course.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		<p>Ms Bustillo</p> <p>Ms Bustillo</p>

			<b>ACTION BY</b>
<b>149.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday, 28 February 2022 at 9.30 am via MS Teams		

DRAFT



NHSGGC (M) 23/01  
 Minutes: 01-21

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday 28 February 2023 at 9.30am via Microsoft Teams

#### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Collette McDiarmid
Ms Ann Cameron-Burns	Cllr Michelle McGinty
Mr Alan Cowan	Ms Ketki Miles
Dr Emilia Crighton	Ms Anne-Marie Monaghan
Cllr Chris Cunningham	Mr Colin Neil
Ms Jacqueline Forbes	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Ms Amina Khan	Ms Rona Sweeney
Mrs Anne MacPherson	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Martin McCluskey	Prof Angela Wallace

#### IN ATTENDANCE

Ms Denise Brown		Interim Director of e-Health
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Sandra Devine		Director of Infection, Prevention and Control
Mr John Donnelly		Programme Director – Major Projects
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Mr William Edwards		Chief Operating Officer, Acute Services
Mr Andrew Gibson		Chief Risk Officer
Mr Billy Hunter		Deputy Director of Estates and Facilities
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Ann Traquair Smith		Director of Diagnostics

			ACTION BY
01.	WELCOME AND APOLOGIES		



			<b>ACTION BY</b>
	<p>Professor John Brown welcomed those present to the February 2023 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers. Therefore, the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims; Better Health, Better Care, Better Value, Better Workplace, and a review of aspects of NHSGGC's approach to Corporate Governance including the Risk Management Strategy and the Assurance Information Framework.</p> <p>The Chair suggested that the Executives assume that the Board Members have read the papers, and presentations should be concise and only key issues highlighted.</p> <p>Apologies were intimated on behalf of Ms Susan Brimelow OBE, Ms Margaret Kerr and Mr Alan Cowan.</p> <p><b><u>NOTED</u></b></p>		
<b>02.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p>The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advise notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.</p> <p><b><u>NOTED</u></b></p>		
<b>03.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		

			<b>ACTION BY</b>
	The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 20 December 2022 [Paper NHSGGC (M) 22/06] and on the motion of Mr Ian Ritchie, seconded by Rev John Matthews, the Board were content to accept the draft minute of the meeting as complete and accurate.		
	<b><u>APPROVED</u></b>		
<b>04.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>ROLLING ACTION LIST</b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 23/01].		
	<u>Minute No 137 – NHSGGC Performance Report</u> Dr Armstrong explained Health Boards across Scotland were in the process of completing various actions that would subsequently be submitted to the Realistic Medicine Policy Unit (via the CLO) for evaluation. Dr Armstrong assured Members that NHSGGC team were planning an evaluation of the BRAN questionnaire sent to all patients attending OP appointments looking at the benefits, risks, alternatives and doing nothing (BRAN) and its usefulness to patients. Realistic Medicine was considered at a number of board committees for review.  The Board were content to accept the recommendation that 14 actions were closed.  There were no other matters arising noted.		
	<b><u>APPROVED</u></b>		
<b>05.</b>	<b>CHAIR'S REPORT</b>		
	Professor Brown advised the Board that he had attended and contributed to a wide range of meetings since the Board met in December, noting a focus on visiting staff across the sites to offer gratitude for their ongoing dedication to patient centred care during a particularly challenging winter.  Prof Brown had also attended meetings with the Cabinet Secretary to discuss the Board's response to system pressures, including the challenges faced in delivering urgent care. The February Board Chairs Group also focused on the approach being adopted to planning service delivery over the next three years, including the challenges around workforce and financial sustainability.		

			<b>ACTION BY</b>
	<p>Following the update at the December Board Meeting, Prof Brown confirmed that applications for the two Board Member positions had now closed and interviews would be held week commencing 6<sup>th</sup> March 2023.</p> <p>As lead for corporate governance in NHS Scotland, Prof Brown had delivered presentations on the second edition of the Blueprint for Good Governance to NHS Highland, NHS Orkney and NHS Forth Valley, with further presentations booked across the Spring.</p> <p>Prof Brown advised the Board that he had been asked by the Board of NHS Forth Valley to conduct an external review of their governance arrangements. Susan Walsh, who co-authored the original Blueprint, is assisting with the review which is expected to conclude in the summer.</p> <p>It was noted that Prof Brown chaired the February meeting of the NHS Scotland Global Citizenship Advisory Board and was pleased to note that the programme continues to expand and an update would be discussed at a future Board Seminar.</p> <p>Both Prof Brown and Mrs Grant met with Professor Sir Anton Muscatelli and Professor Iain McInnes of the University of Glasgow to discuss the progress being made by the Glasgow Health Sciences Partnership, including precision medicine, clinical trials, and research into population health.</p> <p>Prof Brown was also pleased to meet with Professor Chik Collins, the recently appointed Director for the Glasgow Centre for Population Health.</p> <p>The Board were advised of both Prof Brown and the Vice Chairs visits across various sites, noting the hard work and dedication of our colleagues to ensuring high quality patient care despite the challenges faced by the services.</p> <p><b><u>NOTED</u></b></p>		
<b>06.</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
	<p>Mrs Grant acknowledged the winter pressures and the challenges faced by the Board, highlighting that significant work was underway with regards to emergency and elective workload. Mrs Grant highlighted the importance of balancing action plans with supporting staff and the financial position. Mrs Grant continues to meet regularly with the Scottish Government regarding system</p>		

			<b>ACTION BY</b>
	<p>pressures, as well as meeting with the Golden Jubilee National Hospital and the Scottish Ambulance Service.</p> <p>As part of the ongoing work to support our staff both Mrs Grant and Dr Armstrong visited the Emergency Departments across NHSGGC to speak to staff about the challenges they have been facing. Mrs Grant was impressed and grateful to our colleagues for their ongoing dedication to delivering high quality patient centred care, despite the ongoing challenges across the system.</p> <p>As Lead Chief Executive for the West Region, Mrs Grant was on the interview panel to recruit the next West of Scotland Planning Director and Mr Neil Ferguson was successfully appointed. Mr Ferguson takes up his post on 1<sup>st</sup> March 2023.</p> <p>Mrs Grant had also attended the National Pay Negotiations to reach an agreement for the 2023/24 pay deal.</p> <p>In February 2023 NHSGGC was visited by French colleagues as part of their Development Programme within their Local Authorities. Mrs Grant advised this was a pleasant and positive meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>07.</b>	<b>PATIENT STORY</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the actions of Best Start and how our Maternity Services were working towards these recommendations.</p> <p>The Chair thanked all who participated in the video presentation.</p> <p><b><u>NOTED</u></b></p>		
<b>08.</b>	<b>COVID-19 UPDATE</b>		
	<p>The Board considered the paper 'Covid-19 Update' [Paper No. 23/02] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton highlighted that there had been an increase in Covid-19 prevalence with 1 in 45 affected. Mr Edwards advised that the number of Covid positive inpatients had risen to 189 which causes challenges across the system with regards to ward closures.</p>		



			<b>ACTION BY</b>
	<p>The planning for the Spring Booster Vaccination campaign was underway, with the Joint Committee on Vaccination and Immunisation (JCVI) advising a smaller cohort of eligibility; noting those over 75 and those with compromised immunity systems would receive an invite for a vaccine. The roll-out was due to begin in Care Homes from 27<sup>th</sup> March 2023.</p> <p>In response to a question regarding staff uptake of the vaccine and whether this was as a result of availability, Dr Crighton advised that her team work with colleagues to make appointments as accessible as possible, including being present across hospital sites. It was noted that younger people are less likely to engage due to the perception of risk. Ms Bustillo highlighted that the Comms team utilise different social media channels to reach different audiences, including Instagram and TikTok.</p> <p><b><u>NOTED</u></b></p>		
<b>09.</b>	<b>POPULATION HEALTH AND WELLBEING COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 18 January 2023</b>		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 18 January 2023' [Paper No. 23/03] presented by Mr John Matthews, Chair of the Committee.</p> <p>In response to a query regarding the prevalence of Flu and Strep A in the community, the Board were assured that numbers had reduced and were within the normal limits for this time of year.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approve Minute of the Meeting held on 12 October 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 12 October 2022' [PHWB(M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>10.</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 17 January 2023</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Chair's Report of meeting held on 17 January 2023' [Paper No. 23/04] presented by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie reflected on the winter pressures and the pressure staff were under to achieve performance targets. Mr Ritchie was keen to demonstrate that the ASC was always cognisant of staff efforts to ensure a high quality patient service, despite the challenges faced.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 15 November 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 15 November 2022' [ASC(M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>11.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23.05] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted that there had been a number of performance targets that had been exceeded, including CAMHS, GP Out of Hours and the Outpatient position. It was, however, acknowledged that there were significant challenges across the Emergency Department 4 hour wait target, as well as the Cancer 62 Day target.</p> <p>The Board noted that delayed discharges remained a challenge across the system, which was impacting on patient flow. Mr Edwards advised that occupancy across the sites remained above 90% which was challenging for flow. Mrs Grant reflected that the main focus in reducing delayed discharges was to ensure that patients were moved to the correct place for their ongoing care. A number of actions were underway to mitigate the delays, including predicting discharge times and utilising the Discharge Lounge. The Board discussed the impact of funding for social care on delayed discharges. Mrs Grant highlighted that there are a lot of differing factors across the HSCPs, and the Chief Officers</p>		



			<b>ACTION BY</b>
	<p>continue to work hard with their teams to maximise flow across the system.</p> <p>In response to a query regarding the use of 13ZA, Ms Millar highlighted that this was legislative and linked to Adults with Incapacity (AWI). Ms Millar noted that this was a complex area due to the fluctuating nature of capacity.</p> <p>With regards to the Cancer 62 Day challenges, Mr Edwards assured the Board that a detailed action plan was in place and there had been a deep dive into cancer by the Acute Services Committee and the need to create additional capacity across the diagnostic pathways. Mr Edwards also highlighted that as the Board were focusing on patients who had been waiting the longest, the trajectory of performance improvement may not be immediately noticeable. It was agreed that future Performance Reports would include the number of patients, to help Members with context of the position.</p> <p>In response to a query regarding communication with patients on the waiting list, Ms Bustillo advised that a letter is sent to every patient outlining where they are on the waiting list and an anticipated date to be seen. During the pandemic, a national leaflet was also created and distributed to every household highlighting the impact on healthcare.</p> <p>The Board discussed the GP Out of Hours (OOH) position, with Ms Lavery highlighting that there are between 3-4 thousand consultations per week. Ms Lavery explained that the OOH service had evolved since the pandemic, and now runs a 'telephone first' appointment system. Ms Lavery was pleased to note that the service was stable, with 16 Salaried GPs being recruited.</p> <p>With regards to CAMHS, Ms Millar assured Board Members that the service was evaluated on a regular basis to ensure that the quality remained of a high standard. Mrs Grant also noted that there were ongoing discussions with the Scottish Government with regards to Mental Health Services. It was agreed that further information on the CAMHS improvement would be brought to a further Board Meeting.</p> <p><b><u>NOTED</u></b></p>		<p>William Edwards/ Colin Neil</p> <p>Ms Millar</p>
<b>12.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/06], presented by Professor Angela Wallace, Director of Nursing.</p> <p>Prof Wallace acknowledged the winter pressures and highlighted that staff across the sites continued to respond well to infection prevention. The Board noted that additional beds were opened to support additional capacity and Prof Wallace reassured Members that staff remain inspection ready, and continue to support each other to ensure patient safety and care remained of a high quality.</p> <p>In response to a query regarding the recent inspection at Inverclyde Royal Hospital and staff working under pressure, Prof Wallace assured the Board that the report had 10 areas of good practice and the team continue to monitor the progress of the actions closely.</p> <p>There was a question regarding the increase of e-coli across November and December, which Prof Wallace highlighted was seasonal variance and the numbers have returned to normal.</p> <p>The Chair also highlighted the importance of the Board's Standing Committees for ongoing scrutiny, noting that the Clinical and Care Governance Committee received the HAIRT report as standard and scrutinised the data in advance of the Board Meeting.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
<b>13.</b>	<b>AREA CLINICAL FORUM</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 09 February 2023</b>		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 09 February 2023' [Paper 23/07], presented by Dr Lesley Rousselet, the Chair of the Committee.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 08 December 2022</b>		
	<p>The Board considered the paper 'Approved minute of the meeting held 08 December 2022' [ACF(M)22/06], presented by Dr Lesley Rousselet, Chair of the Committee.</p>		

			<b>ACTION BY</b>
	The Board were assured by the minute.		
	<b><u>NOTED</u></b>		
<b>14.</b>	<b>FINANCE PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 07 February 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 07 February 2023' [Paper No. 23/09] presented by Mr John Mathews, Vice Chair of the Committee.</p> <p>In response to a query regarding the GP OOH and HIS, it was noted that there were ongoing discussions with Healthcare Improvement Scotland (HIS) who would be considering the NHSGGC position in terms of service change and would provide feedback thereafter.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 06 December 2022</b>		
	<p>The Board considered the paper 'Approved minute of the meeting held on 06 December 2022' [FPPC(M)22/06], presented by Mr John Mathews, Vice Chair of the Committee.</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>15.</b>	<b>FINANCE REPORT</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/09], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported a year to date deficit of £34m of which there were £25m unachieved savings and a pay/non-pay overspend of £9m. Mr Neil confirmed the Partnerships were noted as breaking even.</p> <p>Mr Neil highlighted that £50m of Covid-19 funding had been incorporated into the funding and that this had been confirmed as being in place to cover all associated costs. The overall position included £64m non-recurring, which had been put against the savings profile.</p>		

			<b>ACTION BY</b>
	<p>The Sustainability and Value Programme had achieved £38.9m as at month 9, an improvement of £14m from month 8.</p> <p>Capital expenditure was noted as £40m at month 9, which was 41% of the plan. A balance of £58m was to be incurred by 31<sup>st</sup> March 2023, with services reviewing orders in place to ensure movement. Mr Neil assured the Board that at month 9, 81% of the total allocation had orders in place.</p> <p>Mr Neil highlighted the revised forecast of £78.4m had decreased to £15.6m. There had been additional funding from the Scottish Government for New Medicines, of which NHSGGC was expected to receive £11m of the £50m national funding, as well as CNORIS.</p> <p>In response to a query regarding the impact of the central budget, Mr Neil highlighted that there was still a recurring deficit which would be carried forward and form part of the review within the three year finance plan cycle.</p> <p>With regards to property costs within the budget, it was noted that there were ongoing valuations and the Finance Report would be updated to reflect decisions made.</p> <p>In response to a question regarding IJB reserves and Covid-19 funding, Mr Neil confirmed that the funding was retained against the core element and the national costs would be covered.</p> <p><b><u>NOTED</u></b></p>		
<b>16.</b>	<b>RADIONUCLIDE OBC</b>		
	<p>The Board considered the paper 'Radionuclide OBC' [Paper No. 23/10] presented by Mr Billy Hunter, Deputy Director of Estates and Facilities.</p> <p>Mr Hunter highlighted that the OBC was a national priority for capital investment and assured Members that the case had been scrutinised via the appropriate governance groups.</p> <p>It was noted that £20.9m incorporated the inclusion of compliance of design with regards to the most recent construction guidelines, and there was ongoing communication with the Scottish Government regarding the scheme. Mr Hunter assured the Board that Scottish Government funding was available.</p>		



			<b>ACTION BY</b>
	<p>In response to a query regarding the risk associated with failure of the current facility, Mr Hunter advised that there were mitigating factors in place to reduce failure, and resilience continued to be maintained with the facility remaining a high profile amongst key stakeholders. The ongoing risk was also regularly scrutinised at the relevant Steering Groups and the CMT.</p> <p>The Board were content to approve the OBC.</p> <p><b><u>APPROVED</u></b></p>		
<b>17.</b>	<b>STAFF GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 21 February 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 21 February 2023' [Paper No. 22/11], presented by Ms Ann Cameron-Burns, Co-Chair of the Committee.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 22 November 2022</b>		
	<p>The Board considered the paper 'Approved minute of meeting held on 22 November 2022' [SGC(M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>18.</b>	<b>PHARMACY PRACTICES COMMITTEE</b>		
<b>a)</b>	<b>Note of Decisions from meeting held on 30 November 2022</b>		
	<p>The Board considered the paper 'Note of Decisions from meeting held on 30 November 2022' [Paper No. 23/12] and were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>19.</b>	<b>ACTIVE GOVERNANCE PROGRAMME</b>		
	<p>The Board considered the paper 'Active Governance Programme' [Paper No. 23/13] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p>		

			<b>ACTION BY</b>
	<p><u>Assurance Information Framework Short Life Working Group (SLWG)</u></p> <p>Ms Vanhegan updated the Board with regards to the Assurance Information Framework SLWG who had an opportunity to reflect on the guidance available and consider how to best to deliver corporate objectives. Ms Vanhegan highlighted the importance of ensuring alignment to the KPIs, Scheme of Delegation and corporate objectives, while sufficient assurance was being provided through the relevant Standing Committees. It was recognised that this was a complex area, however, the SLWG were taking a positive and robust approach. Work remained underway, but an update would be brought to the April Board Meeting.</p> <p><u>Induction</u></p> <p>Ms Vanhegan highlighted that with two new Board Members being recruited it was an opportune time to revisit the Induction work that had been undertaken by Mr Alan Cowan and Ms Amina Khan. She explained that Ms Kim Donald was supporting this work and seeking feedback from Board Members regarding self-directed learning and access to databases.</p> <p><u>RCPE Fellowship</u></p> <p>Ms Vanhegan advised that the RCPE Governance Fellowship had come to an end, and had completed a number of governance projects. The recommendations from the projects were being reviewed by the CMT and 'lessons learned' would be brought back to a future Board Meeting.</p> <p><u>Annual Cycle of Business</u></p> <p>Ms Vanhegan reflected that the ACOB was a dynamic document and would be shared at every Board Meeting for review and approval.</p> <p>The Chair highlighted that the next step would be for the Board to undergo a self-assessment. A pilot self-assessment was underway in NHS Highland and the rest of Scotland would be using the same tool, when available.</p> <p>The Board were content to approve.</p> <p><b><u>APPROVED</u></b></p>		<p>Elaine Vanhegan</p> <p>Elaine Vanhegan</p>
<b>20.</b>	<b>CLOSING REMARKS</b>		



			<b>ACTION BY</b>
	<p>The Chair highlighted that this was the last Board Meeting for Ms Susan Brimelow and Ms Amina Khan.</p> <p>The Chair reflected on Ms Brimelow's contribution as Chair for Clinical and Care Governance, highlighting the challenges faced through the escalation of the Board as well as the pandemic and Ms Brimelow's unwavering support in guiding the committee through this challenge.</p> <p>The Chair also highlighted Amina's contribution to the Staff Governance Committee, as well as her dedication to the role as Board Equality and Diversity Champion; recognising her input into the BAME network.</p> <p>The Chair extended his gratitude on behalf of the Board to both Ms Brimelow and Ms Khan for their ongoing dedication to their role, particularly in light of the challenges faced by the Board in recent years.</p>		
<b>21.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday, 25 April 2023 at 9.30 am via MS Teams		

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday 25 April 2023 at 9.30am via Microsoft Teams

#### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Mehvish Ashraf	Cllr Collette McDiarmid
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Simon Carr	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Cllr Katie Pragnell
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Paul Ryan
Ms Dianne Foy	Mr Francis Shennan
Mr David Gould	Ms Rona Sweeney
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Rev John Matthews OBE	Professor Angela Wallace

#### IN ATTENDANCE

Professor Julie Brittenden	Director of Research and Innovation (Item 14)
Ms Denise Brown	Interim Director of e-Health
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Scott Davidson	Deputy Medical Director - Acute Services
Ms Gillian Duncan	Corporate Executive Business Manager
Mr William Edwards	Chief Officer, Acute Services
Mr Andrew Gibson	Chief Risk Officer (Item 21)
Mr Graham Haddock	Observing
Ms Alison Hardie	Secretariat Manager (Minute)
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Mr Neil McSeveny	Senior Media Relations Officer
Ms Rebecca Metcalfe	(Observing)
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	Corporate Services Manager - Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP

Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance

			ACTION BY
<b>22.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>Professor John Brown welcomed those present to the April 2023 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers. Therefore, the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims; Better Health, Better Care, Better Value, Better Workplace, and a review of the Research and Innovation Annual Report.</p> <p>Prof Brown noted that as part of the oversight of the end-to-end healthcare system, update reports on the work of the Integration Joint Boards would be received.</p> <p>The Chair suggested that the Executives assume that the Board Members have read the papers, and presentations should be concise and only key issues highlighted.</p> <p>Apologies were intimated on behalf of Professor Iain McInnes and Dr Lesley Rousselet.</p> <p><b>NOTED</b></p>		
<b>23.</b>	<b>DECLARATIONS OF INTEREST</b>		
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.		

			<b>ACTION BY</b>
	The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advise notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.		
	<b><u>NOTED</u></b>		
<b>24.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		
	The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 28 February 2023 [Paper NHSGGC (M) 23/01] and on the motion of Rev John Matthews, seconded by Mr Ian Ritchie, the Board were content to accept the draft minute of the meeting as complete and accurate subject to the following amendments:		
	<u>Minute No 137 - NHSGGC Performance Report</u>		
	Dr Armstrong advised that the various actions being completed by the Health Boards across Scotland would be submitted directly to the Realistic Medicine Policy Unit for evaluation and not via the Central Legal Office. The Minute to be edited accordingly.		
	<u>Present at the meeting on 28 February 2023</u>		
	<ul style="list-style-type: none"> <li>• Ms Mehvish Ashraf, Cllr Jacqueline Cameron, Mr Simon Carr, and Cllr Katie Pragnell to be added as present at the meeting</li> <li>• Ms Elaine Vanhegan to be noted as in attendance</li> <li>• Mr Alan Cowan to be deleted as present at the meeting</li> </ul>		
	<b><u>APPROVED</u></b>		
<b>25.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>ROLLING ACTION LIST</b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 23/14].		
	The Board were content to accept the recommendation that four actions were closed.		
	There were no other matters arising noted.		
	<b><u>APPROVED</u></b>		



			<b>ACTION BY</b>
<b>26.</b>	<b>CHAIR'S REPORT</b>		
	<p>Professor Brown advised the Board that he had attended and contributed to a wide range of governance meetings since the February Board Meeting. These included the Acute Services Committee, the Population Health and Wellbeing Committee, the Finance Planning and Performance Committee and the Remuneration Committee.</p> <p>Prof Brown had also met with the IJB Leads Network and had regular conversations with the Vice Chairs with regards to the challenges faced by NHSGGC. Prof Brown also led the March Board Seminar where the NHS Scotland Blueprint for Good Governance (2<sup>nd</sup> edition) was discussed.</p> <p>Both Prof Brown and Mrs Grant attended two meetings with Mr Michael Mathieson MSP, the new Cabinet Secretary for NHS Recovery, Health and Social Care.</p> <p>Prof Brown attended the Board Chairs Group meeting where discussions focussed primarily on how NHS Boards were responding to the challenges currently faced by the NHS.</p> <p>Prof Brown hosted a visit by Mr Humza Yousaf, the new First Minister, to the Gorbals Health and Social Care Centre. The discussion focussed on what more could be done to improve the delivery of health and social care.</p> <p>Prof Brown advised that he had completed the recruitment process for two new Board Members, and was pleased to note that Mr Graham Haddock OBE will join May 2023. Mr Haddock will fill the vacancy created by Ms Susan Brimelow's departure. Prof Brown also noted that, in anticipation of Mr Simon Carr's departure in September 2023, Dr Rebecca Metcalfe will join the Board later this year.</p> <p>Prof Brown highlighted the announcement of their appointment and noted that both Mr Haddock and Dr Metcalfe were experienced and highly regarded clinicians. Prof Brown confirmed that the number of clinicians on the Board will sit at eight, and noted his confidence that the clinical resource will help to deliver good clinical governance at Board level moving forward.</p> <p>Prof Brown noted that he had been spending more time on the external governance review of NHS Forth Valley and expected that the work would continue until June 2023.</p> <p><b>NOTED</b></p>		

			<b>ACTION BY</b>
<b>27.</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
	<p>Mrs Grant advised that she continued to participate in routine meetings covering a wide range of issues with the Scottish Ambulance Service, the Sustainability and Value Board, the Best Start national group and attended governance Committees as noted by the Chair.</p> <p>Mrs Grant met with Chief Officers and Chief Finance Officers from the HSCPs and noted that these meetings would continue throughout the year.</p> <p>Mrs Grant attended a meeting with the National Innovation Design Authority to find out more about innovation across the NHS.</p> <p>Together with Mrs Anne MacPherson, Director of Human Resources and Organisational Development, Mrs Grant attended the National Strategic Portfolio Board to discuss the Digital Agenda.</p> <p>Mrs Grant noted her external visits to Clydebank Health and Care Centre, the Gorbals Health and Care Centre, the Renal Transplant Unit at Queen Elizabeth University Hospital (QEUP) and the Mental Health Assessment Unit at Leverndale Hospital with Ms Susanne Millar, Chief Officer, Glasgow City HSCP and commended the excellent team and patient centred approach.</p> <p>Mrs Grant also advised the Board of meetings with Mr John Burns, Chief Operating Officer, NHS Scotland, the Scottish Parliament's Health &amp; Sport Committee, and noted a successful day with the CMT focussing on the Moving Forward Together programme.</p> <p>The Chair thanked Mrs Grant for her continued dedication and commitment to her role as the Board's Chief Executive.</p> <p><b>NOTED</b></p>		
<b>28.</b>	<b>PATIENT STORY</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described Mr Andy Ward's journey following a stroke.</p>		



			<b>ACTION BY</b>
	The Chair thanked all who participated in the video presentation and noted this account was a great example of both patient centred care and how NHSGGC was embracing technology.		
	<b><u>NOTED</u></b>		
<b>29.</b>	<b>POPULATION HEALTH AND WELLBEING COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 18 April 2023</b>		
	The Board considered the paper 'Chair's Report of the Meeting held 18 April 2023' [Paper No. 23/15] presented by Rev John Matthews, Chair of the Committee.		
	The Board were assured by the report.		
	<b><u>ASSURED</u></b>		
<b>b)</b>	<b>Approve Minute of the Meeting held on 18 January 2023</b>		
	The Board considered the paper 'Approved Minute of the Meeting held 18 January 2023' [PHWB(M)23/01].		
	The Board were assured by the minute.		
	<b><u>ASSURED</u></b>		
<b>30.</b>	<b>COVID-19 Update</b>		
	The Board considered the paper 'COVID-19 Update' [Paper No. 23/16] presented by Dr Emilia Crighton, Interim Director of Public Health.		
	Dr Crighton highlighted the Office for National Statistics (ONS) Coronavirus (COVID-19) Infection Survey, noting the prevalence of COVID in the community. Dr Crighton advised that the survey had now been discontinued and as a result recent estimates of community prevalence were not available, but noted that inpatient data would be available from hospital admissions.		
	Dr Crighton confirmed that the Spring Booster campaign was ongoing.		
	In response to the question to incorporate the COVID-19 updates within NHSGGC's standard reports, as opposed to submitting a		

			<b>ACTION BY</b>
	<p>separate report, Mrs Grant suggested that this would be kept under review.</p> <p>In response to the question on the slow uptake levels of staff immunisation, Dr Crighton advised that vaccinations were readily available in the Vaccination Clinics and work was ongoing with the Area Partnership Forum.</p> <p>The Board noted the update.</p> <p><b>NOTED</b></p>		
<b>31.</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 21 March 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 21 March 2023' [Paper No. 23/17] presented by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie highlighted the good outcome from the Inverclyde Royal Hospital unannounced Healthcare Improvement Scotland (HIS) Inspection.</p> <p>Mr Ritchie referred to the A&amp;E Attendance Research and noted the interesting results, to date, from the evaluation of the Emergency Department usage in NHSGGC. Prof Brown commented that the Cabinet Secretary had noted interest in this piece of work as NHSGGC tried to understand and manage demand. Mr Ritchie confirmed that follow up from the A&amp;E Attendance survey would be presented to the NHSGGC Board, when available.</p> <p>In response to the question on NHS24 directing patients to the most appropriate services and awareness of the level of waiting times, Prof Brown advised that research on this matter was being considered to determine the root cause of why people turn up at A&amp;E as opposed to Minor Injuries Units, and how best to target resources. Mr William Edwards, Chief Officer, Acute Services, added that re-directing and signposting patients was being monitored across all sites in an effort to maximise opportunities, and regular dialogue with NHS24 and other services was ongoing.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		

			ACTION BY
<b>b)</b>	<b>Approved minute of meeting held on 17 January 2023</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 17 January 2023' [ASC(M)23/01].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>32.</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 07 March 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 07 March 2023' [Paper No. 23/18] presented by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan highlighted the management of significant adverse events, learning from Patient Experience, and recognised the impressive work noted within the Care Home Annual Report 2022-23.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 06 December 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 06 December 2022' [CCGC(M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>34.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/19] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted performance in relation to the number of CAMHS patients seen &lt;18 weeks of referral was 85.3% which continued to exceed the planned position for the sixth consecutive month. Access to Psychological Therapies, 86.1%, remained within the projected position above 85% but below the national target of 90%, and GP Out of Hours shifts that remained open</p>		

			ACTION BY
	<p>continued to exceed the 90% target. A considerable improvement in the Cancer 31 day waiting times performance, 94.9%, was noted.</p> <p>In response to the question on the expected timeline to reach the local 62 day target, Mr Edwards advised planned actions were in place to increase capacity and resources, and cited a sufficient number of colonoscopies were being carried out to screen for colorectal cancer, scopes capacity had increased to 600 per month and the bowel screening programme had increased its capacity to 4,200 per month.</p> <p>Mrs Grant noted the need to consider all targets, and advised that cancer pathways were very complex and multi-faceted such as capacity within theatre and outpatient departments, and noted that it was important not to underestimate the additional challenge caused by the increase in referrals to the Urology Service. Mrs Grant assured members that the 62 day target was a priority.</p> <p>In response to the question if the revised pension arrangements were being communicated to GPs and if these had any impact on the number of GPs taking additional GP Out Of Hours (OOH) shifts, members were advised that information on pension changes from 01 April 2023 were being communicated in Core Brief, on the Scottish Public Pension Agency (SPPA) website, through Medical Directors in the Management Steering Group, and it was noted that a recent survey carried out reported that the issue was not just about pay but hours of work.</p> <p>Mrs Anne MacPherson, Director of Human Resources and Organisational Development, noted that there had been no significant change in the uptake of GP OOH shifts to date. Mrs MacPherson added that regular communications were ongoing with Ms Christine Lavery, the Lead in Primary Care for GP OOH but there had been no suggestion that the revised pension arrangements would make a difference, and noted that the main issue being cited was the pressure of managing the In Hours at GP Practices.</p> <p>It was agreed that an update on Primary Care would be discussed at the Finance Planning and Performance Meeting scheduled for 13 June 2023 and a subsequent paper would be brought to a future Board Meeting.</p> <p>With regards to the scope targets, Mr Edwards assured members that the mobile Endoscopy Units continued to operate at full capacity that included weekends, and noted the need to insource</p>		Ms Lavery



			<b>ACTION BY</b>
	and advised that work was ongoing to encourage colleagues to sign up.		
	<p>In response to the question if the target of 90% to access Cancer Services was set at an acceptable level, and how this target translated to the clinical outputs of patients, Dr Armstrong advised that clinicians perform triage on each patient and then refer to the appropriate service. Dr Armstrong assured members that all variables were being looked at and clinical outcomes were being monitored continually by type and case.</p> <p>Dr Emilia Crighton, Director of Public Health, added that work was ongoing with Glasgow University research colleagues to look at the different cancers, the stages of cancers and to develop the science around these.</p> <p>It was discussed whether there was a significant relationship between the number of individuals attending A&amp;E and the reducing number of new outpatients waiting for a new outpatient appointment. Mr Edwards assured the Committee that weekly meetings were being held to monitor and measure unscheduled care and occupancy rates, and discuss how to reduce the length of stay, time of day discharge and redirection as appropriate. He noted that COVID numbers and bed closures in the wards in the last six months proved the greatest challenge.</p> <p>Dr Davidson assured members that internal targets were monitored on a regular basis, and added that the pathway using the Continuous Flow Model was moving people out of the A&amp;E department, increased performance and early discharge supported by the Home for Lunch campaign and other initiatives.</p> <p>In response to the question on when the number of delayed discharges, particularly in mental health, would likely reduce, Prof Angela Wallace, Director of Nursing, assured members that actions were in place to deal with the challenges and mental health discharges were looked at singly and collectively.</p> <p>Ms Christine Lavery, Chief Officer, Renfrewshire HSCP, noted that mental health delayed discharges were very complex and generally relied on independent providers to meet the needs of residential care. Ms Lavery assured members that great efforts were being made to meet the needs of the individual such as sourcing accommodation close to the person's home to retain links to their home town and making visiting easier for the family. She added that resources and intelligence were being shared between the six HSCPs.</p>		

			<b>ACTION BY</b>
	<p>Ms Julie Murray, Chief Officer, East Renfrewshire HSCP, referred to the Coming Home Implementation Report and noted the new approach was providing a slight improvement in general delays although individuals with learning disabilities, whilst small numbers, were experiencing lengthy delays. She added that although less patients were being admitted the cases were more complex.</p> <p>The Chair noted a discussion with Professor Jason Leitch, National Clinical Director of the Scottish Government (SG), on the findings from research that had shown that as a result of COVID and lockdown, the NHS system was having to cope with an increase in elderly people who had become more frail and required longer lengths of stay in hospital, and there was a need for increased support for patients whose mental health had been affected.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>35.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/20], presented by Professor Angela Wallace, Director of Nursing.</p> <p>Prof Wallace highlighted the positive report received from Healthcare Improvement Scotland's unannounced inspection to Gartnavel Royal Hospital on 18 January 2023 on Infection Prevention and Control, and noted the reduction in the E. coli performance against the target.</p> <p>In response to the question on why 96% compliance with hand hygiene in the hospital setting, Prof Wallace advised that rigorous observational testing was in place, spot checks and unannounced inspections, and additional training was being carried out to support compliance and reinforce hand hygiene.</p> <p>With regards to the increased ECB rates, 53 in January and 62 in February 2023, above the aim of 38 or less per month, Prof Wallace advised that the incidence of ECB was increasing across the UK. Prof Wallace explained that the focus on the avoidable ECBs continued across NHSGGC in particular to reduce urinary catheter infections.</p>		



			<b>ACTION BY</b>
	The Board were assured by the report.		
	<b><u>ASSURED</u></b>		
<b>36.</b>	<b>RESEARCH AND INNOVATION ANNUAL REPORT</b>		
	<p>The Board considered the paper 'Research and Innovation Annual Report' [Paper No. 23/21] presented by Prof Julie Brittenden, Research and Innovation Director.</p> <p>Prof Brittenden advised on the outstanding research and innovation infrastructure and expertise noted within the presentation.</p> <p>Prof Brittenden referred to the West of Scotland Innovation Hub, noting the 42 projects in collaboration with industry and academia, and the external funding secured.</p> <p>Prof Brittenden referred to the post pandemic research recovery and NHSGGC's Non-COVID and COVID recruitment of 400 plus studies, and noted the reduction in commercial activity. She advised that the number of patients with cancer entering clinical trials in Greater Glasgow and Clyde (GGC) had increased in 2022 with ~50% of trial activity at the early CTIMP phase. Dr Jennifer Armstrong, Medical Director added that the use of artificial intelligence was showing how e-Health can transform the health service.</p> <p>Prof Brittenden noted NHSGGC was the leading centre in Scotland administering licensed CAR-T cell products.</p> <p>Prof Brittenden advised on the current and future benefits of iCAIRD Chest XR Triage in acute settings, emergency medicine, and noted NHSGGC as the 2022 recipient of Holyrood's Connect Data Driven Innovation Award.</p> <p>Prof Brittenden referred to the greater potential for research and innovation integration, such as the project in prostate cancer being led by Dr Gareth Bryson.</p> <p>She noted some of the benefits of the Remote Asynchronous Clinical Video Service such as saving patient travel time, reducing children's absence from school.</p> <p>The Chair commended the time and energy invested in the studies and the 7,500 patients participating in the Scottish Trials. He noted the use of artificial intelligence in terms of triage, to reduce waiting times and improve patient care. He noted the</p>		

			<b>ACTION BY</b>
	<p>work on global citizenship with the mOm Essential Incubator deployed outside the UK.</p> <p>In response to the question on potential overlap with work being carried out at the Golden Jubilee National Hospital (GJNH), Ms Murray advised that NHSGGC work in close collaboration with the GJNH. Ms Denise Brown, Interim Director of eHealth, added that a national approach was being taken to avoid the risk of duplication and overlap.</p> <p>Dr Armstrong noted that findings, expected imminently, would show that artificial intelligence brings multiple teams together and allows for better management of patients. She noted that NHSGGC had the capability and technological infrastructure in place, and consultations with the wider group of clinicians were ongoing to discuss timeframes of adoption.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>37.</b>	<b>FINANCE PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 18 April 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 18 April 2023' [Paper No. 23/22] presented by Ms Margaret Kerr, Chair of the Committee.</p> <p>In response to the request for an update on the advice awaited from Health Improvement Scotland (HIS) on consultation around the future of the GP OOH service. Ms Bustillo, Director of Communications and Public Engagement, responded that work had been ongoing since June 2022, HIS continued to engage with the SG, and the outcome of deliberations and agreement on a way forward awaited. Board Members agreed that Ms Bustillo would return to HIS to note concern of the length of time being taken to conclude matters.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		Ms Bustillo

			<b>ACTION BY</b>
<b>b)</b>	<b>Approved minute of meeting held on 07 February 2023</b>		
	<p>The Board considered the paper 'Approved minute of meeting held on 07 February 2023' [FPPC(M)23/01], presented by Ms Margaret Kerr, Chair of the Committee.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>38.</b>	<b>AUDIT AND RISK COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of meeting held on 14 March 2023</b>		
	<p>The Board considered the paper 'Chair's Report of meeting held on 14 March 2023' [Paper No. 23/23] presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes highlighted the continued progress on the Internal Audit Plan and confirmed it was on track for the current financial year, and noted the progress of the new External Auditors on the annual review of the accounts.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved minute of meeting held on 13 December 2022</b>		
	<p>The Board considered the paper 'Approved minute of meeting held on 13 December 2022' [ARC(M)22/05], presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>39.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/24], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil summarised a deficit position of £10.37m that included the overachievement of savings of £0.42m, pay and non-pay overspend of £10.79m, with an Acute overspend of £11.22m offset by underspends in Corporate of £0.43m, and the total</p>		

			<b>ACTION BY</b>
	<p>expenditure on remobilisation and delivery of services due to COVID of £57.88m.</p> <p>Mr Neil reported on the full year effect on the Sustainability and Value Programme of £52.94m, formally achieved and processed within the financial ledger at Month 11, an improvement of £2.29m from Month 10. He advised that the Board had surpassed the stated target of £50m in recurring savings, and forecasted the year end delivery at £53.96m with a stretch target of £54.8m. If achieved, this would result in a carry forward deficit position of circa £119.7m.</p> <p>Mr Neil advised on the Capital position of £59.5m, 62% of the annual plan of £95.5m. He advised that greater rigour had been exercised and had resulted in firm orders in place or incurred spend for 94% of the total capital allocation.</p> <p>Mr Neil advised that the forecast deficit in the Finance Plan had been reduced by £78.4m, and noted the significant amount of work carried out on COVID exit planning, the core deficit and elements of expenditure. It was expected that the forecast position would breakeven at year end.</p> <p>In response to the question on how the additional costs in terms of pay and non-pay in Acute services can be managed, Mr Neil noted significant pressure on medical pay and agency spend but assured the Committee that these costs were areas of focus. Mr Edwards added that rotas were being looked at across the Acute division, caps were in place for junior doctors and nursing was being monitored with regards to the available budgeted hours.</p> <p>The Chair commended the achievement of the HSCPs to reach a balanced position and the organisation's efforts to reduce the structural deficit.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>40.</b>	<b>NHSGGC FINANCE PLAN 2023-24 - REVENUE</b>		
	<p>The Board considered the paper 'NHSGGC Finance Plan 2023-24 - Revenue' [Paper No. 23/25], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the Finance Plan - Revenue had been considered by the Corporate Management Team (CMT),</p>		



			<b>ACTION BY</b>
	<p>approved by the Finance Planning and Performance Committee and the SG, and no changes had been requested.</p> <p>Mr Neil noted the recurring deficit as at August 2022 of £174.5m and recorded recurrent savings brought forward of £119.7m, a reduction due to the mitigating actions throughout the year.</p> <p>With regards to the deficit of £71.1m for 2023-24, Mr Neil advised on some of the cost drivers noted within the plan. Largely, the Acute Prescribing growth, inflation on Legal/Contractual obligations, inflation on amounts payable to other NHS Boards, local authorities and voluntary organisations related to SLAs, Energy and Investments. Mr Neil stated that the deficit would not be achievable in one financial year and an incremental approach was required.</p> <p>Mr Neil noted the assumptions on the baseline uplift of 2% for core and advised that this had been fully funded for 2022-23, and that the 2% uplift had been assumed for 2023-24 and 2024-25.</p> <p>Mr Neil that advised that the adult vaccination programme forecast at circa £5m had not been reflected in the plan as work was ongoing to mitigate costs and discussions with the SG continued.</p> <p>Referring to the underlying pressure with the 204 Additional Beds plus 75 at the weekend and evenings, Mr Neil noted that the overspend had not been reflected in the plan but would be brought back into line in due course.</p> <p>Mr Neil assumed that the IJBs would breakeven in 2023-24 although elements would be reliant on using reserves. He added that all IJBs had approved and plan.</p> <p>The Board were assured by the report.</p> <p><b><u>APPROVED</u></b></p>		
<b>41.</b>	<b>NHSGGC FINANCE PLAN 2023-24 - CAPITAL</b>		
	<p>The Board considered the paper 'NHSGGC Finance Plan 2023-24 - Capital' [Paper No. 23/26], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported the plan included the three year period from 2023-24, 2024-25 and 2025-26 and noted that the estimated capital resources available for the three year period were £105.9m, £64.1m and £64.4m respectively.</p>		

			<b>ACTION BY</b>
	<p>Mr Neil noted the National Formula allocation of £39.3m received for 2022-23 and referred to the additional projects funded in principle or funding has been secured from SGHSCD. He advised that funding had been allotted to the North East Glasgow Health and Care Centre. He referred to the National Infrastructure Board Equipment and noted the nil allocation and suggested that this demonstrated the challenge of the capital position.</p> <p>With regards to the Institute of Neurological Sciences Project Team, Mr Neil noted due progress and an Outline Business Case had been requested, and the relocation of the Radionuclide Dispensary had progressed to a Full Business Case.</p> <p>Mr Neil referred to the Capital Receipts and the levels expected of property disposals. He noted that any unallocated balances would be subject to the usual governance and prioritisation and matters would be discussed further at a meeting scheduled early May 2023.</p> <p>The Board were assured by the report.</p> <p><b>APPROVED</b></p>		
<b>42.</b>	<b>UPDATE ON THE WORKFORCE STRATEGY</b>		
	<p>The Board considered the paper 'Update on the Workforce Strategy' [Paper No. 23/27], presented by Mrs Anne MacPherson, Director of HR and Organisational Development.</p> <p>Mrs MacPherson confirmed the four pillars of the Workforce Strategy; Health and Wellbeing, Learning, Leaders, Recruitment and Retention.</p> <p>Mrs MacPherson reported that the primary focus was Health and Wellbeing within NHSGGC and noted the launch of the Peer Support Framework during Mental Health Awareness Week in May 2022. She advised that the framework was being delivered through three levels to demonstrate the responsibility and accountability of each employee. Work was ongoing with the eHealth team to digitalise the framework and make it more accessible to frontline staff.</p> <p>A review of staff facilities was underway in NHSGGC's large Acute sites and a number of funding applications to the Endowment Fund Management Committee had been made including to extend the on-site Rest and Recuperation hubs.</p>		



			ACTION BY
	<p>Mrs MacPherson informed the Board that additional feedback had been received from Collaborative Conversations and iMatter, and Active Staff programmes were in place.</p> <p>Mrs MacPherson noted that commentary from staff was being received via the Speak Up Campaign and the Whistleblowing Champion. She noted that Civility Saves Lives continued to be embedded across NHS GGC.</p> <p>Mrs MacPherson highlighted the launch of NHS GGC's Careers website February 2023. She advised that the Equality Action Plan 2022-24 was being updated the Leadership Programme for BME staff was at the final stage of review.</p> <p>On matters of Recruitment and Retention, Mrs MacPherson advised that turnover was starting to stabilise, and noted the yield across NHS GGC from the international campaigns, Reservists events and the Refugee programme.</p> <p>With regards to the pay settlement of Junior Doctors, Mrs MacPherson confirmed that the SG had started pay negotiations on 20 April 2023 and the ballot to decide on strike action would close 05 May 2023. The earliest strike action would likely take place end of May/beginning of June 2023. Mrs MacPherson advised discussions were ongoing with British Medical Association colleagues, and confirmed that contingency plans were being worked on and would be implemented, if and when required.</p> <p>In response to the question on the delayed launch of the mobile Rest and Recuperation hubs, Mrs MacPherson noted that the mobile unit was being repaired and the bus was expected to be launched in May 2023 across all community areas and areas out with the main sites.</p> <p>In response to the question on the Apprenticeship opportunities and the Graduate programme 'Healthcare Support Worker Pre-Employment Training Programme', Mrs MacPherson noted that she will return to the Board with information on the Apprenticeship opportunities available including any Graduate apprenticeships.</p> <p>Mrs MacPherson advised that each individual enrolled with the Apprenticeships programme would be monitored to determine the impact of the programme and the individual's career pathway, funded by the SG. She added that funding applications to NHS GGC and the SG were being submitted to fund a second cohort of apprentices.</p>		Mrs MacPherson

			<b>ACTION BY</b>
	The Board approved the contract renewal.		
	<b><u>APPROVED</u></b>		
<b>43.</b>	<b>CORPORATE RISK REGISTER</b>		
	<p>The Board considered the paper 'Corporate Risk Register' [Paper No. 26/28], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that each risk was aligned to a standing committee and the register was subject to regular review and scrutiny at the relevant committees, considered by CMT and risk owners on a monthly basis and updated accordingly.</p> <p>Mr Neil reported movement in a number of risks, namely the score had been increased on the Impact of Delayed Discharges in NHSGGC System Flow and the scores had decreased in Financial Sustainability - Revenue, In Patient/Day Case Treatment Time Guarantee - Scheduled Care Waiting Time Targets and Outpatients - Scheduled Care Waiting Time Targets based on the planned targets and a reduction in succession planning.</p> <p>Mr Neil noted that the risks had been aligned to corporate objectives following discussions at both local and corporate level.</p> <p>Mr Neil assured members that the system was functioning effectively and linked to the performance system.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>44.</b>	<b>IJB BOARD REPORTS</b>		
	<p>The Board considered the papers 'IJB Board Reports' [Paper No. 23/29] presented by Chairs of the IJB Boards.</p> <p><b>East Dunbartonshire</b></p> <p>Ms Forbes reported on the full reinstatement of the local delivery of the Sandyford Sexual Health Service and the opening of the new state of the art facility at the Allander Leisure Centre based in Bearsden/Milngavie, an exceptional service for those living in the area. She referred to the annual staff awards ceremony on 02 March 2023 and noted that she was very impressed by the quality of recommendations received.</p>		

			<b>ACTION BY</b>
	<p>Ms Forbes noted issues delivering services similar to those experienced by the other IJBs.</p> <p><b>West Dunbartonshire</b></p> <p>Ms Sweeney noted the West Dunbartonshire Strategic Plan 2023-26 'Improving Lives Together'.</p> <p>The Chair queried if the West Dunbartonshire IJB, shouldn't be referred to as the Integration Joint Board, rather than the Health and Social Care Partnership (HSCP) Board and remarked that perhaps the mis-naming of the Board was a historical situation. The Chief Executive referred to the work being undertaken by Ms Beth Culshaw, Chief Officer, HSCP West Dunbartonshire, to align each of the Integration Schemes. Ms Culshaw agreed that a final draft would be submitted at the next NHSGGC Board meeting, 31 October 2023, for sign off. This would include the West Dunbartonshire Integration Scheme using the same naming convention as the other IJBs.</p> <p><b>Glasgow City</b></p> <p>Mr Carr advised that due to the scale of the financial challenge, circa £40m, half of which came out of reserves, the decision was taken not to present Glasgow City Strategic Plan to the NHSGGC Board in January 2023.</p> <p>Mr Carr referred to IJB Funding Allocations and Budgets for 2023-24 and the noted action that the Chair and Vice Chair would write to Scottish Ministers and the City Treasurer of Glasgow City Council with regards to the funding settlement.</p> <p>Mr Shennan queried the position of NHS-appointed IJB Members to lobby for IJBs. The Chair of NHSGGC suggested that was through the Health and Social Care Scotland network, and confirmed that the new Cabinet Secretary for NHS Recovery, Health and Social Care, Mr Michael Mathieson MSP, would be meeting with the IJB Chairs and Vice Chairs on 17 May 2023.</p> <p><b>Inverclyde</b></p> <p>Mr Cowan reported on Inverclyde's situation in relation to compliance with the requirements of Equalities and Human Rights Commission (EHRC). Findings from the online review noted that although the required work had been carried out it had not been dated. Mr Cowan advised that an action plan for 2024 onwards had been put in place to avert a further compliance breach.</p>		Ms Culshaw

			<b>ACTION BY</b>
	<p><b>East Renfrewshire</b></p> <p>Ms Monaghan referred to the Supporting People Framework and assured members of the detailed approach applied to each of the strategic areas with a focus on social care, individuals with the greatest need, and the impact on health.</p> <p>Ms Monaghan noted that delayed discharges were a priority, and a standing item within the regular reporting structure.</p> <p><b>Renfrewshire</b></p> <p>Rev Matthews referred to the 2023-24 Delegated Health and Social Care Budget and advised that this would be discussed at the Development Session scheduled Wednesday, 26 April 2023.</p> <p>The Board were assured by the reports.</p> <p><b><u>ASSURED</u></b></p>		
<b>45.</b>	<b>PHARMACY PRACTICE COMMITTEE</b>		
<b>a)</b>	<b>Note of Decisions from meeting held on 18 January 2023</b>		
	<p>The Board considered the paper 'Note of Decisions from meeting held on 18 January 2023' [Paper No. 23/30] and noted the minute.</p> <p>Ms Margaret Kerr, Chair of the Committee, noted the purpose of the Committee was to take decisions at hearings based on detailed regulations. Rev Matthews added that the statutory committee decided on whether practices can be opened in particular areas across Greater Glasgow and Clyde.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>46.</b>	<b>ACTIVE GOVERNANCE UPDATE</b>		
	<p>The Board considered the paper 'Active Governance Update' [Paper No. 23/31] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan advised that the new Non Executive Board Member, Mr Graham Haddock, would join the Acute Services Committee, the Population Health and Wellbeing Committee and</p>		



			<b>ACTION BY</b>
	<p>Glasgow City IJB, replacing Ms Mehvish Ashraf on the IJB. The second new Non Executive Board Member, Dr Rebecca Metcalfe's responsibilities would be reviewed in advance of her taking up her appointment as a NHSGGC Board Member</p> <p>The Chair referred to details included in the paper concerning the Glasgow City IJB Chair, and requested an amendment to note Mr Simon Carr was appointed Chair in February 2022, taking over from Mr Chris Cunningham. The Chair advised that a proposal to appoint a new Chair following Mr Carr's departure in September 2023 would be submitted to Glasgow City Council for agreement and an update provided at the next meeting.</p> <p>The Board were assured by the paper.</p> <p><b><u>ASSURED</u></b></p>		Ms Vanhegan
<b>47.</b>	<b>ANNUAL CYCLE OF BUSINESS 2023-24</b>		
	<p>The Board considered the paper 'Annual Cycle of Business 2023-24' [Paper No. 23/32] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>In response to the question if annual approval of the Risk Appetite Statement was required, Ms Vanhegan to confirm.</p> <p>The Chair suggested that as a minimum requirement, the statement should be presented for approval at October Board meetings, but be subject to review should exceptional circumstances suggest a need to alter the Board's risk appetite.</p> <p>The Board approved the paper.</p> <p><b><u>APPROVED</u></b></p>		Ms Vanhegan
<b>48.</b>	<b>DATE OF NEXT MEETING</b>		
	<p>The next meeting would be held on Tuesday, 27 June 2023 at 10am at JB Russell House and via MS Teams</p>		

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday 27 June 2023 at 10.00 am via Microsoft Teams

#### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Michelle McGinty
Ms Mehvish Ashraf	Professor Iain McInnes
Cllr Jacqueline Cameron	Ms Ketki Miles
Ms Ann Cameron-Burns	Mr Colin Neil
Dr Emilia Crighton	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Mr Graham Haddock OBE	Ms Rona Sweeney
Ms Margaret Kerr	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Martin McCluskey	Professor Angela Wallace
Cllr Collette McDiarmid	

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo	Director of Communications and Public Engagement
Mr Andrew Clark	Senior Communications Officer
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Ms Gillian Duncan	Corporate Executive Business Manager (Minute)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance



			<b>ACTION BY</b>
<b>49.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Professor John Brown, welcomed those present to the June 2023 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe the online meeting protocol - microphones should remain on mute until invited to speak, the virtual hands up function should be used when wishing to contribute and members should refrain from using the chat function.</p> <p>The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers. He reminded members of the public that the virtual hands up function should not be used and they should remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims – Better Health, Better Care, Better Value and Better Workplace. The Chair advised that the Board meeting would be followed by a meeting of the Audit and Risk Committee as part of the work to finalise the annual accounts.</p> <p>The Chair suggested that those presenting should assume that Board Members have read the papers, and presentations should be concise with only key issues highlighted.</p> <p>Apologies on behalf of members were recorded on behalf of Mr Simon Carr, Mr Alan Cowan, Councillor Chris Cunningham, Mr David Gould, Ms Anne Marie Monaghan and Councillor Katie Pragnell.</p> <p>Apologies on behalf of the Executive Team were noted on behalf of Ms Susanne Millar and Professor Tom Steele.</p> <p><b><u>NOTED</u></b></p>		
<b>50.</b>	<b>Declarations of Interest</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p>The Chair reminded Board Members of the requirement to keep their details updated on the Register of Interests and that they</p>		

			<b>ACTION BY</b>
	should notify any changes to Ms Kim Donald, Board Secretary, and the Chair by email.		
	<b><u>NOTED</u></b>		
<b>51.</b>	<b>Minute of Previous Meeting</b>		
	The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 25 April 2023 [Paper NHSGGC (M) 23/02] and on the motion of Rev John Matthews, seconded by Dr Paul Ryan, the Board were content to accept the minute of the meeting as a complete and accurate record.		
	<b><u>APPROVED</u></b>		
<b>52.</b>	<b>Matters Arising</b>		
<b>a)</b>	<b>Rolling Action List</b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 23/33].		
	The Board were content to accept the recommendation that 7 items were closed and noted that there was one item that was ongoing to the August Board meeting.		
	There were no other matters arising noted and the Board were content to approve the Rolling Action List.		
	<b><u>APPROVED</u></b>		
<b>53.</b>	<b>Chair's Report</b>		
	The Chair advised the Board that he had attended and contributed to a wide range of governance meetings since the previous Board Meeting. These included the Acute Services Committee (ASC), the Clinical and Care Governance Committee (CCCG), the Finance Planning and Performance Committee (FPPC) and the Audit and Risk Committee (ARC).		
	Along with the Chief Executive, the Chair had attended two meetings with Mr Michael Matheson MSP, the new Cabinet Secretary for NHS Recovery, Health and Social Care. These meetings had focused on current service delivery and NHSGGC's response to the challenges around urgent care and planned care.		

			<b>ACTION BY</b>
	<p>The Chair had also attended two meetings of the Board Chairs Group. Following those meetings the Board Chairs had met with the Cabinet Secretary and those meetings had also focused primarily on how NHS Boards are progressing with recovery following the COVID-19 pandemic.</p> <p>The Chair had discussions with the two Vice Chairs about the challenges facing NHSGGC. The Vice Chairs had also been out and about meeting people, including visits to the Intensive Care Units at Glasgow Royal Infirmary (GRI) and Inverclyde Royal Hospital (IRH). ASC members had also visited the Royal Alexandra Hospital (RAH).</p> <p>The Chair had hosted a visit by the Cabinet Secretary to the site of the new North East Hub. He had also hosted a visit to the Royal Hospital for Children (RHC) by Ms Siobhan Brown, the Minister for Victims and Community Safety, where the impact of the Navigators initiative was discussed.</p> <p>The Chair had met with Mr John-Paul Marks, the Permanent Secretary to the Scottish Government, when Mr Marks visited the Queen Elizabeth University Hospital (QEUH) and RHC with Ms Caroline Lamb, the Director General for Health and Social Care, to review progress with the remediation work in the atrium and meet staff in both hospitals. Mr Marks and Ms Lamb also met with the Chief Executive and members of the Executive Leadership Team to review NHSGGC's overall performance.</p> <p>The Chair reported that he had chaired the recruitment panel for the Director of Digital Services and, on behalf of the NHS Board, he formally congratulated Ms Denise Brown on her appointment.</p> <p>Accompanied by Professor Iain McInnes at a ceremony at GRI, the Chair also had the privilege of awarding the St Mungo's medal for research to Mr Richard Lowrie, Lead Pharmacist Research and Development Homeless Health (PHOENIx) Team, and his team for their research into support for people who experience homeless. This was only one of a number of research projects that would ultimately lead to innovative new ways of delivering healthcare to a wide range of people with an equally wide range of needs and health conditions.</p> <p>The Chair also joined Ms Julie Murray, Chief Officer, East Renfrewshire HSCP and NHSGGC executive lead for the armed forces, at an event at Erskine Hospital to consider how the health and wellbeing of veterans could be improved through better collaborative working with all the organisations involved in this important work. The event was a success and the Chair</p>		

			ACTION BY
	<p>commended Ms Murray and her team for taking this important initiative forward.</p> <p>The Chair also hosted the opening ceremony for the new garden at the QEUH. Accompanied by Ms Michelle Wailes, the Board's Environment and Sustainability Champion, they had the opportunity to meet the team behind this initiative and the new mural that greets visitors to the campus.</p> <p>The Chair had also continued his work with colleagues on supporting Global Citizenship within NHS Scotland and had chaired two meetings of the Advisory Board in the last couple of months.</p> <p>The Chair advised that his work on improving corporate governance was continuing and he had delivered presentations to colleagues across Scotland on the refreshed edition of the Blueprint for Good Governance in NHS Scotland. He had also spent more time on the external governance review of NHS Forth Valley and expected that work to continue until at least the end of July.</p> <p>The Chair had also attended the NHSGGC Celebrating Staff Event on 4 May 2023 and was hugely impressed by everyone he had met and their contribution to delivering high quality health and social care. The Chair said that NHSGGC was fortunate to have such a committed and professional workforce and wanted to put on record the Board's appreciation of every member of staff.</p> <p>Finally, the Chair offered his congratulations to people who had recently been honoured as part of the King's first Birthday Honours. Professor Tom Evans, Consultant Microbiologist and Professor of Microbiology at the University of Glasgow, had been awarded a CBE for services to healthcare during COVID-19; Ms Donna Bell, Director of Social Care and National Care in the Scottish Government, had been awarded an OBE; and, local MSP Jackie Baillie had received a damehood for the contribution she continued to make to political and public life.</p> <p>The Chair handed over to the Chief Executive for her update following which he would invite any questions or comments from Board Members.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>54.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Grant advised that she continued to participate in routine meetings covering a wide range of issues including the Sustainability and Value Board, the Best Start national group and she had also attended the Board's governance Committees as noted by the Chair.</p> <p>Mrs Grant said that this had been a very busy period during which there had been a significant focus on finalising the draft Annual Delivery Plan for submission to the Scottish Government as well as winter planning and recovery to improve planned care and cancer performance before the winter period. There had also been a number of meetings to ensure preparedness for the proposed industrial action by Junior Doctors.</p> <p>Mrs Grant advised that there had been a presentation on Moving Forward Together: Building Future Health and Care Services at a Directors' workshop and the recent Board Seminar. This had been presented at the annual NHS Scotland event on 19 June 2023 and there had also been a presentation from NHSGGC on Using an Evidence-based Approach to Improving Unscheduled Care. Both of these presentations had been very well received and Mrs Grant commended all those involved.</p> <p>Mrs Grant, together with the Chief Executive of Glasgow City Council and the Chief Officer of Glasgow City HSCP, had also met with the Cabinet Secretary to discuss delayed discharges. The Permanent Secretary to the Scottish Government, Mr John-Paul Marks, had also met with the Executive Team to discuss recovery and Mrs Grant reported that this had been a positive meeting with good feedback.</p> <p>The Board Chief Executives Group had also met twice and the items discussed included pay negotiations and short and medium term priorities.</p> <p>The Scottish Hospitals Inquiry hearings had been taking place over the last few weeks and considerable work had been undertaken to support staff giving evidence with the closing statements to be submitted to the Inquiry by the middle of August.</p> <p>Mrs Grant had attended a Scottish Public Services Ombudsman (SPSO) workshop in early June about supporting vulnerable people. This had been an interesting event with some good learning.</p>		

			<b>ACTION BY</b>
	<p>Mrs Grant had opened NHSGGC's first Workforce Equality, Diversity and Inclusion Conference on 20 June 2023 which had been well received and she commended Mrs MacPherson and the Equalities Team for the high degree of enthusiasm generated by the event.</p> <p>Mrs Grant also offered her congratulation to Ms Denise Brown on her recent appointment as Director of Digital Services.</p> <p>Finally, Mrs Grant had also attended the Celebrating Success event and she commended the outstanding staff from across the organisation.</p> <p>In response to a query about the potential Junior Doctors Industrial Action, Mrs Anne MacPherson, Director of Human Resources and Organisation Development, provided assurance that, although there were ongoing negotiations at a national level in the hopes of averting the possible strike action, there was significant work underway to ensure NHSGGC was as prepared as possible, including the stepping up of Gold Command which was currently meeting weekly and would increase as required.</p> <p>The Chair thanked Mrs Grant for her continued dedication and commitment to her role as the Board's Chief Executive.</p> <p><b><u>NOTED</u></b></p>		
<b>55.</b>	<b>Patient Story</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the work of Compassionate Inverclyde, an award winning and inspirational social movement which was helping to tackle loneliness, social isolation, death and bereavement across Inverclyde highlighting.</p> <p>The Chair thanked all who participated in the video presentation. In response to a query about rolling this out across the Board area, Professor Wallace said the team were looking at best practice and what aspects could be rolled out across the different areas. The Chair encouraged Board Members who were also IJB Members to have this conversation within their own HSCP.</p> <p><b><u>NOTED</u></b></p>		



			<b>ACTION BY</b>
<b>56.</b>	<b>Public Health Screening Programme Annual Report 2021-22</b>		
	<p>The Board considered the paper Public Health Screening Programme Annual Report [Paper no 23/34] presented for awareness by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton reported that 2020/21 had been a challenging year for screening as a number of programmes had been paused during the COVID-19 pandemic, however, she had been encouraged that there had still been good uptake reported. Dr Crighton said that staff had been actively engaging with people during COVID-19 recovery and work on engaging people with learning disabilities and mental health diagnosis had shown some success. She said that with the changing population of NHSGGC, ensuring that people from all backgrounds participated in screening was a key priority.</p> <p>In response to a query about priority actions for specific groups, Dr Crighton advised that there was a specific part of the strategy looking Board-wide at the physical needs of people with enduring mental health issues and there were programmes that engaged in areas where people had been residents in mental health care for a long time. She said that they were also working with the Communications Team to understand the barriers to screening for people from an ethnic minority background. There was ongoing work specific to each programme which included engaging and delivering the message in a way that was relevant to specific sectors of the population.</p> <p>There was a question about Abdominal Aortic Aneurysm (AAA) screening and Dr Crighton confirmed that this was much more likely to affect men and data had shown that screening would not need to be expanded to women. She also said that cardiovascular prevention measures over the last 20 years had reduced the number of AAA cases.</p> <p>In response to a query about the decline in the uptake of cervical screening over the last six years, Dr Crighton provided assurance that every eligible person received invitations to attend as well as reminder prompts. She said that the programme statistics were monitored regularly and they were working with the Communications Team on how best to encourage people to take up this invite.</p> <p>Dr Crighton was asked about the annual health check for people with Learning Disabilities and what impact that would have on</p>		

			<b>ACTION BY</b>
	<p>screening. Ms Julie Murray, Chief Officer of East Renfrewshire HSCP and lead for learning disabilities, advised that the first national implementation board would be taking place later today and it was expected that one of the benefits would be to encourage screening. It was agreed that the Population Health and Wellbeing Committee should receive a report on this initiative once it had been fully established and continue to have oversight on how this was progressing. It was also agreed that Dr Crighton would include this as a separate section in the next annual report.</p> <p>In response to a query about differences in visual defects in primary 7 children between the most and least deprived areas, Dr Crighton explained that the vision tests were carried out when the child was wearing spectacles and more children from deprived areas had not had their visual deficiencies corrected by the provision of spectacles.</p> <p>With regards to the difference in uptake rates between population groups, Dr Crighton said part of the next stage of the inequalities work would be looking at comparators between the different parts of the screening programme.</p> <p>Professor Brown thanked Dr Crighton for the update and the Board were content to note the report.</p> <p><b>NOTED</b></p>		<p>Dr Crighton/ Ms Murray</p> <p>Dr Crighton</p>
<b>57.</b>	<b>Acute Services Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 13 June 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 13 June 2023' [Paper No. 23/41] presented for assurance by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie said that the Committee had reviewed the performance of acute services across the Board recognising the challenges associated with this complex system. The Committee had also received a detailed presentation on the continuous flow model (GlasFLOW) which was being adopted and received a presentation about the alternatives to attending the Emergency Department, including a presentation about the success being achieved by Flow Navigation and Outpatient Parenteral Antibiotic Therapy (OPAT). The Committee recognised that there remained challenges around delayed discharges which had subsequently been discussed at FPPC where assurance was given about the significant amount of work ongoing.</p>		

			<b>ACTION BY</b>
	The Board content to note the report.		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>Approved Minute of Meeting held on 18 April 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 18 April 2023' [ASC(M)23/02] presented for assurance.</p> <p>In response to a query about the action plan from the unannounced Healthcare Improvement Scotland (HIS) inspection at Inverclyde Royal Hospital, Professor Wallace reported that positive progress had been made with delivering the action plan. Professor Wallace provided assurance that the CCGC had oversight of the HIS action plan.</p> <p>In regards to the recommendations about the fabric of the building, Mr William Edwards, Chief Operating Officer, Acute Services, advised that there was a core infrastructure list where areas requiring attention were prioritised for each site with a clear plan outlining what stage initiatives were at. Mrs Grant said that the FPPC received high level reports on backlog maintenance and it was agreed to add an action to the FPPC to ensure that regular update on this were recorded on the Annual Cycle of Business.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		Secretariat
<b>58.</b>	<b>IJB Board Reports</b>		
	<p>The Board considered the paper 'IJB Board Reports' [Paper No. 23/36] presented for assurance by the Non Executive Board Member IJB Leads.</p> <ul style="list-style-type: none"> <li>- <b>Glasgow City IJB</b> The Board were assured by the report from the Glasgow City IJB meeting that had taken place on 10 May 2023. There were no questions or comments on the report from members.</li> <li>- <b>West Dunbartonshire</b> The Board were assured by the report from the West Dunbartonshire IJB meeting that had taken place on 16 May 2023. There were no questions or comments on the report from members.</li> </ul>		

			<b>ACTION BY</b>
	The Board were content to note the reports. <b><u>NOTED</u></b>		
<b>59.</b>	<b>Clinical and Care Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 20 June 2023</b>		
	The Board considered the paper 'Chair's Report of Meeting held on 20 June 2023' [Paper No. 23/37] presented for assurance by Dr Paul Ryan, Chair of the Committee.  Dr Ryan reported that the Committee had received an update on the Best Start programme which was looking at the redesign of maternity and neonatal care. The Committee had also received a detailed report from the new Chief Nurse in Public Protection.  The Board were content to note the report. <b><u>NOTED</u></b>		
<b>b)</b>	<b>Approved Minute of Meeting held on 7 March 2023</b>		
	The Board considered the paper 'Approved Minute of Meeting held on 7 March 2023' [CCGC(M)23/01] presented for assurance.  The Board were content to note the minute. <b><u>NOTED</u></b>		
<b>60.</b>	<b>Area Clinical Forum</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 8 June 2023</b>		
	The Board considered the paper 'Chair's Report of Meeting held on 8 June 2023' [Paper No. 23/38] presented for assurance by Dr Lesley Rousselet, Chair of the Committee.  The Board were content to note the report. <b><u>NOTED</u></b>		
<b>b)</b>	<b>Approved Minute of Meeting held on 9 February 2023</b>		
	The Board considered the paper 'Approved Minute of Meeting held on 9 February 2023' [ACF(M)23/01] presented for assurance.		

			<b>ACTION BY</b>
	The Board were content to note the minute.		
	<b><u>NOTED</u></b>		
<b>61.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/39] presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the position at April 2023 had been positive. The cancer 62 day waiting time target had seen a further incremental improvement to 66% although he acknowledged this remained challenging. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks was within the planned position for the reporting period. Overall performance in mental health delayed discharges remained challenging but the number of delays had reduced in the period.</p> <p>Mr Neil provided an overview of the key areas that needed improvement. Access to psychological therapies was marginally below target and the number of CAMHS patients seen within 18 weeks of referral was below the planned position for April 2023 at 81.3%, however, the number of long waiting CAMHS patients had continued to reduce. Cancer 31 day performance had been at 92.1% which was down slightly on the previously reported position. Mr Neil acknowledged that A&amp;E performance remained challenging and had been just under 70% in April. The overall number of acute delayed discharges also remained challenging.</p> <p>In response to a query about the impact of performance on winter planning, the Chair said that there had been a range of different initiatives developed over the last few months and the impact of these should be seen before the winter period. Dr Armstrong added that winter planning had commenced earlier this year with whole system and sector based workshops having already taken place and the winter plan scheduled to be finalised in July.</p> <p>Assurance was also provided that quality continued to be reviewed as well as the pace of service delivery. Dr Armstrong said that the quality of care patients received was monitored and this was reported through the Board governance groups. She said there was also significant innovation happening to improve care at the same time as building additional capacity. Professor Wallace agreed that patient experience was vitally important and this would further showcased as part of refreshing the Quality Strategy.</p>		

			<b>ACTION BY</b>
	<p>The Chair thanked Mr Neil for the update noting that work continued to improve the presentation of the report.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>62.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/40], presented for assurance by Professor Angela Wallace, Director of Nursing.</p> <p>Professor Wallace reported that performance against the three Annual Operational Standards remained within the control limits. The year-end position was that the Staphylococcus Aureus Bacteraemia (SAB) and Clostridioides Difficile Infections (CDI) targets had remained within expected limits and were close to meeting the 10% reduction target. The E.coli Bacteraemia (ECB) rates remained within normal control limits and it was noted that the reduction target would remain at 25% following a Scottish Government review. Professor Wallace said that overall NHSGGC was performing well, with a further improvement in SABs and E.coli.</p> <p>Professor Wallace reported that during March and April 2023 there had been considerable activity around COVID-19 and Flu and the system had responded well. She reported that there had been an unannounced safe care Healthcare Environment Inspectorate (HEI) visit to Gartnavel General Hospital from 23-24 May 2023 and the final detail was awaited, though noted that the initial feedback had been positive.</p> <p>In response to a query about hand hygiene performance, Professor Wallace provided assurance that dedicated Hand Hygiene Coordinators and other colleagues were focusing on ensuring staff took all opportunities for handwashing and that this was properly recorded.</p> <p>With regards to the SSI surveillance and why this was not carried out for all surgical specialties, Professor Wallace said that this had been paused nationally, however, NHSGGC had made the decision to continue this within a limited number of procedures.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		



			<b>ACTION BY</b>
<b>63.</b>	<b>Finance Planning and Performance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 13 June 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 18 April 2023' [Paper No. 23/41] presented for assurance by Ms Margaret Kerr, Chair of the Committee.</p> <p>Ms Kerr said that the Committee had discussed a number of key areas including social listening and the HIS major change threshold. Ms Kerr said that the report highlighted that the Committee worked agilely to address key emerging matters on a timely basis while ensuring its core business was discussed.</p> <p>In response to a query about social listening, the Chair said that this issue had been discussed at the Board Seminar on 30 May 2023 and in more detail at the FPPC on 20 June 2023. He said that it was important to note that this matter had not been taken lightly. Mrs Grant added that an error had been made on this occasion and apologies had been issued both privately and publicly with steps been taken to ensure this did not happen again.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 18 April 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 18 April 2023 2023' [FPPC(M)23/02] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>64.</b>	<b>Audit and Risk Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 20 June 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 20 June 2023' [Paper No. 23/42] presented for assurance by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes reported that the Committee had met twice in June with both meetings focused on annual accounts - the first meeting</p>		

			<b>ACTION BY</b>
	<p>on the governance of the annual accounts and the second meeting to review the annual accounts. Ms Wailes advised that work was ongoing between the finance team and the external auditors with a further meeting taking place later today to finalise the annual accounts.</p> <p>The Chair said that there had been significant work undertaken to resolve this in time for the 30 June 2023 deadline and extended his thanks to everyone involved.</p> <p>The Board were content to note the report</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meetings held on 14 March 2023 and 6 June 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meetings held on 14 March 2023 and 6 June 2023 [ARC(M)23/01 and ARC(M) 23/02] presented for assurance.</p> <p>The Board were content to note the minutes.</p> <p><b><u>NOTED</u></b></p>		
<b>65.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/43], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil presented the month 12 position, subject to year-end audit. He said the Board had recorded a surplus of £0.56m. He said that the Acute Directorate was overspent by £13.58m which was offset by an underspend in the Corporate Directorates of £13.37m and an underspend in partnerships of £0.76m. He reported that all COVID-19 expenditure had been covered in full.</p> <p>In terms of the Sustainability and Value Programme, Mr Neil said that the financial plan in place for 2022/23 had set a recurring savings target of £50m and the Board had exceeded this meeting £54.8m which had slightly reduced the carry forward deficit position. Mr Neil also reported that the capital resource limit had been met and achieved in year.</p> <p>In closing, Mr Neil said that there had been a strong and incremental progress against the challenges noted when the revised plan had been discussed by the Board in August 2022 which had enabled the Board to reach this position. However, Mr</p>		

			<b>ACTION BY</b>
	<p>Neil cautioned that there was a significant challenge facing the Board in 2023/24 with a deficit position of £71.1m as set out in the financial plan approved by the Board in April 2023.</p> <p>The Chair thanked Mr Neil for presenting the complex financial framework.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>66.</b>	<b>Staff Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 23 May 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 23 May 2023' [Paper No. 23/44] presented for assurance by Ms Ketki Miles, Co-Chair of the Committee.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 21 February 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 21 February 2023' [SGC(M)23/01] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>67.</b>	<b>Pharmacy Practice Committee - Decisions</b>		
	<p>The Board considered the paper 'Pharmacy Practice Committee - Decisions' [Paper No. 23/45] presented for assurance by Mr Charles Vincent, Chair of the Committee.</p> <p>The Board was made aware that there had been change of ownership of a number of Lloyds pharmacies across NHSGGC. Dr Armstrong added that the national prison contract had also now been moved to another provider. Dr Armstrong provided assurance that the Director of Pharmacy, Ms Gail Caldwell, and her team were working with the new owners to ensure continuity of pharmaceutical services during the transition and the provision</p>		

			<b>ACTION BY</b>
	of community pharmacy services continues to meet the needs of the local population.		
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>68.</b>	<b>Annual Review of Governance – Operating Requirements</b>		
	<p>The Board considered the paper ‘Annual Review of Governance – Operating Requirements’ [Paper No. 23/46] presented for approval by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reported that this annual review of the governance framework was core to the governance of the Board and included the Model Code of Conduct for members of NHS Greater Glasgow and Clyde; the NHS Board Standing Orders, including Decisions Reserved for the NHS Board; the Standing Financial Instructions; the Scheme of Delegation; the Standing Committee Terms of Reference; and, the Standing Committee Annual Reports</p> <p>Ms Vanhegan advised that there had been some minor changes to the Standing Financial Instructions which were set out in the cover paper. All Committee Terms of Reference and Annual Reports had been reviewed and approved by the respective Committees over the last few months.</p> <p>Ms Vanhegan advised that this had been reviewed at the Audit Committee on 20 June 2023 who had endorsed this to be presented to the Board for approval</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>69.</b>	<b>Active Governance Update</b>		
	<p>The Board considered the paper ‘Active Governance Update’ [Paper No. 23/47] presented for approval by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reported that there had been a further Assurance Information Framework Short Life Working Group at the end of May and significant work had been undertaken to review</p>		

			<b>ACTION BY</b>
	<p>comments from Non Executive colleagues, benchmark the draft Framework with other NHS and IJB Boards and ensure alignment with the guidance on assurance information set out in the second edition of the Blueprint for Good Governance in NHS Scotland.</p> <p>Ms Vanhegan said that some final work was being undertaken supported by Mr Neil and the performance team over the next few months with a view to presenting this to Board for approval in August 2023 with the first information being presented to the Board October 2023. Following this, the information flows to the Standing Committees would be reviewed and aligned to the new Assurance Information Framework. The Board were assured by the position on the development of the Assurance Information System.</p> <p>Ms Vanhegan presented the updated Board Member responsibilities document noting that there were a number of changes as set out in the cover paper.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		
<b>70.</b>	<b>Annual Cycle of Business</b>		
	<p>The Board considered the paper 'Annual Cycle of Business' [Paper No. 23/48] presented for approval by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan said that the paper described the timetable of topics for discussion, the business items that would be considered and their alignment to the Corporate Objectives. She said that this was subject to change and any alterations would be advised to the Board and annotated on the Annual Cycle of Business.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>71.</b>	<b>Date of Next Meeting</b>		
	<p>There would be an adhoc meeting of the Board taking place on Friday 30 June 2023 at 9.00 am to sign off the annual accounts. The next scheduled meeting of the Board would be held on Tuesday 29 August 2023 at 9.30 am via MS Teams.</p>		



<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 23/46</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>27 June 2023</b>
<b>Title:</b>	<b>Governance Framework Review</b>
<b>Sponsoring Director/Manager</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>
<b>Report Author:</b>	<b>Ms Kim Donald, Corporate Services Manager - Governance</b>

## 1. Purpose

The purpose of this paper is to present the annual review of the Governance Framework - Operating Instructions to the NHS Board. This includes:

- The Model Code of Conduct for members of NHS Greater Glasgow and Clyde;
- The NHS Board Standing Orders, including Decisions Reserved for the NHS Board;
- The Standing Financial Instructions;
- The Scheme of Delegation drawn from the Standing Financial Instructions and other Board requirements in respect of specific roles and functions e.g. Clinical and Staff Governance;
- The Standing Committee Terms of Reference (ToRs);
- The Standing Committee Annual Reports.

## 2. Executive Summary

Activity has been undertaken to ensure Active Governance within the Board, with a programme of activity presented to Board meetings throughout the 2022/23. The elements of the Governance Framework presented, support the 'Board and Committees Operating Arrangements and Instructions' within the Active Governance programme.

**The following are key issues for noting and consideration:**

### **Code of Conduct**

The revised Model Code of Conduct for public bodies, (the Code) was agreed and published on the NHSGGC website in June 2022 and remains unchanged.



<https://www.nhsggc.scot/wp-content/uploads/2022/06/Code-of-Conduct-NHSGGC-31-May-2022.pdf>

### **Standing Orders**

There has been the following additional to the NHS Board Standing Orders:

Matters Reserved for the Board:

- 'Scrutinise key data and information as per the Board's Assurance Information Framework'.
- The Annual Operational Plan has been updated to reflect the new title of Annual Delivery Plan.

Otherwise they remain unchanged from June 2022.

### **Standing Financial Instructions**

The Standing Financial Instructions have been reviewed and amendments made where required.

The principal change has been to replace detailed procurement guidance in Section 4 Audit, and Section 18 Fraud, Losses and Legal Claims. Both sections have been amended to clarify what is meant by fraud, and the role of the Counter Fraud Services within NHSGGC.

### **Scheme of Delegation – including Matters reserved for the NHS Board**

The Scheme of Delegation was reviewed and approved at the NHS Board meeting in June 2022. Minor amendments have been made since then, most notably:

- The increased level of monetary approval to reflect inflation.

### **Committee Terms of Reference**

Minimal changes have occurred since June 2022 other than to reflect changes within the Scheme of Delegation, as appropriate.

- Reference is made to the Board Members Responsibility template approved by the Board.
- Reference is made to Committees scrutinising key data and information as per the Board's Assurance Information Framework.
- Inclusion of the NHS Board Chair and Chief Executive within the membership sections of the Committee Terms of Reference, to reflect ex-officio membership of all Board Committees (except for Audit and Risk);
- Inclusion of the relevant sections of the Scheme of Delegation as an appendix of the Committees Terms of Reference, when agreed at Board level;
- Inclusion of the Corporate Objectives as Appendix 1 of the Committees Terms of Reference, as detailed within the Remit of the Committee sections;
- Clarification of the Remit of the Committee to include any other operational objectives, as required;
- Inclusion of risk management duties within the Key Duties of the Committee sections, to strengthen the role of Committees in ensuring appropriate governance in respect of risks;

All Standing Committees have reviewed and ratified their respective ToRs.

### **Governance Committee Annual Reports**

The NHS Board will be aware of the requirement that Governance Committees provide an Annual Report for assurance purposes. These Reports are included within this paper.

## **3. Recommendations**

**The NHS Board is asked to consider the following recommendations:**

- Note the work undertaken to review the Governance Framework – Operating Instructions across NHSGGC ensuring an annual update is presented.
- Be assured that the key elements are in place prior to approval by the NHS Board.

## **4. Response Required**

**This paper is presented for approval.**

## **5. Impact Assessment**

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

• <b>Better Health</b>	<b><u>Positive</u></b>
• <b>Better Care</b>	<b><u>Positive</u></b>
• <b>Better Value</b>	<b><u>Positive</u></b>
• <b>Better Workplace</b>	<b><u>Positive</u></b>
• <b>Equality &amp; Diversity</b>	<b><u>Positive</u></b>
• <b>Environment</b>	<b><u>Positive</u></b>

## **6. Engagement & Communications**

The issues addressed in this paper were subject to the following engagement and communications activity:

- Standing Committees Reviewed and agreed updated TOR and Annual Reports.
- ARC – 20 June 2023

## **7. Governance Route**

This paper has been previously considered by the following groups as part of its development:

All Standing Committees have reviewed their respective ToRs and relevant sections of the Scheme of Delegation and approved their Annual Reports.

## **8. Date Prepared & Issued**

Date Prepared: 20/6/23

Date Issued: 20/6/23



# **NHS Greater Glasgow and Clyde Annual Review of Governance – Operating Requirements**

**June 2023**

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# Model Code of Conduct for Members of NHS Greater Glasgow and Clyde

Version Control	
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Corporate Services and Governance
Approved by:	NHSGGC Board
Approved date:	June 2023
Date for review:	June 2024
Replaces previous version:	June 2022



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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.

**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

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.

- 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.
- 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.

- 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

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

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.



# Standing Orders for the Proceedings and Business of NHS Greater Glasgow and Clyde

Version Control	
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Responsible Executive Lead:	Director of Corporate Services and Governance
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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.



**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's Head of Corporate Governance and Administration shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

**2. CHAIR**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

**3. VICE-CHAIR**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.

- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's 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.

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- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. This standardises the approach across NHS Scotland Boards. However, NHSGGC will continue to convene meetings of the Board by issuing to each Member, not less than 5 working days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- 4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.

The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

## 5. CONDUCT OF MEETINGS

### Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For

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paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

**Quorum**

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 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 and 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

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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.

**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

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taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### ***Board Meeting in Private Session***

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
  - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### ***Minutes***

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board's Director of Corporate Services and Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved 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:
1. Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
  2. Setting the organisation's strategic direction and development goals;
  3. Approval of the organisation's Corporate Strategies



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4. Development and Implementation of the Annual Operating Plan;
5. Approval of the IJB Integration Schemes;
6. Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;
7. Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
8. Allocating financial resources for both Capital and Revenue resource allocation;
9. Scrutinise key data and information as per the Board's Assurance Information Framework.
10. Approval of Annual Accounts;
11. Scrutiny of Public Private Partnerships;
12. NHS Statutory Approvals;
13. 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

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 \(www.gov.scot\)](https://www.gov.scot/publications/blueprint-for-good-governance/second-edition/pages/10.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. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.
- 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.



# NHS Greater Glasgow and Clyde Standing Financial Instructions

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
Date for Review	April 2024
Replaces Previous Version	Standing Financial Instructions - 13th Revision, approved June 2022

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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];



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- A Common Understanding 2012 Working Together for Patients;
- The NHSGGC Whistleblowing Policy;
- The NHSGGC Fraud Policy.

The Code provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard contract of employment and all staff are required to adhere to the Code. Key principles underpinning the Code include the following:

NHSGGC is committed to the three essential public values.

Accountability	Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and meet professional codes of conduct.
Probity	Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.
Openness	The Board's activities should be sufficiently public and transparent to promote confidence between the Board and its patients, its staff and the public.

To achieve and hold these values, the following key principles should be followed by staff in all their official business.

- Staff should ensure that the interests of patients remain paramount at all times.
- Staff should be impartial and honest in the conduct of their business and should remain beyond suspicion at all times. The Bribery Act 2010 makes it an offence to:
  - a) Offer, promise or give a bribe or
  - b) Request, agree to receive or accept a bribe in return for improperly performing a function or activity.
- Staff should use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Staff should not abuse their official position for personal gain or to benefit their family and/or friends; or seek to advantage or further their private business or other interests in the course of their official duties.

In the first instance, employees should contact their line manager or Head of Department or Director for advice on the application of the Code.

### 1.3 **TERMINOLOGY**

Any expression to which a meaning is given in the Health Service Acts or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and

1. "NHS Greater Glasgow and Clyde" (NHSGGC) is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board.
2. "Board" means the Management Committee of NHSGGC/Greater Glasgow Health Board, or such other Committee of the Board to which powers have been delegated.
3. "Budget" means an allocation of resources by the Board, Chief Executive or other officer with delegated authority expressed in financial terms, for the purposes of carrying out, over a specific period, a function or group of functions of the NHSGGC Board.
4. "Chief Officer" means any officer who is directly accountable to the Chief Executive i.e. Directors, Chief Officers/Directors of Divisions/HSCPs and some Heads of Department.
5. "Budget Holder" means the Chief Officer or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
6. "SGHSCD" means Scottish Government Health and Social Care Directorates.
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.

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Should any difficulty arise regarding their interpretation or application then the advice of the Director of Finance or authorised nominee must be sought before action is taken.

It is the duty of the Chief Executive, managers and heads of department, to ensure that existing staff and all new appointees are informed of their responsibilities within these Instructions. Breaches of these Instructions will be reported to the Director of Finance.

Within these SFIs it is acknowledged that the Chief Executive is personally responsible for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under section 15 of the Public Finance and Accountability (Scotland) Act 2000.

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control.

Without prejudice to the functioning of any other officer of NHS GGC, 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 NHS GGC'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 NHS GGC's duties and establishing with reasonable accuracy NHS GGC's financial position;
5. the provision of financial advice to NHS GGC'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.

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Wherever the title of Chief Executive or Chief Officer is used in these Instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent them.

Whenever the term "employee" is used it shall be deemed to include directors or employees of third parties contracted to NHSGGC when acting on behalf of NHSGGC.

All references in these Instructions to the singular form will be read as equally applicable to the plural.

NHSGGC has adopted use of the non-gendered pronoun 'they' and this shall be read as being applicable and inclusive of all gender identities.

Any reference to any legislation, provision or guidance should be construed as applying equally to any amendment or later publication of that legislation, provision or guidance.

Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board without further intimation or action by the Board.

## **SECTION 2: ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING**

### **2.1 INTRODUCTION**

NHSGGC will perform its functions within the total of funds allocated by Scottish Ministers and any other source of recognised income. All plans, financial approvals and control systems will be designed to meet this obligation.

### **2.2 ALLOCATIONS AND REVENUE PLAN**

The Director of Finance will:

1. at least once per year, review the bases and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure NHSGGC's entitlement to funds;
2. submit Financial Plans to the Board for approval, for both revenue and capital expenditure, detailing sources of income and the proposed application of those funds, including any sums to be held in reserve;
3. ensure that the proposed application of funds reconciles to the allocations received and other sources of income;
4. ensure that the Financial Plan states clearly the significant assumptions on which it is based and details any major changes in activity, delivery of service or resources required to achieve the Plan;
5. ensure that the financial contribution to the Health and Social Care Partnership (HSCP) integrated budget is in accordance with the Integration Plan;
6. ensure that the Financial Plan reflects the objectives set out in the Annual Operational Plan ,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 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 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 NHSGGC to expenditure must have authority to do so in the Scheme of Delegation. Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive, or the Director of Finance or the Board as appropriate in accordance with the Scheme of Delegation.

## **2.5 BUDGETARY CONTROL AND REPORTING**

The Director of Finance will devise and maintain systems of budgetary control. These will include:

1. financial reports available to the Board, in a form approved by the Board, containing:
  - income and expenditure to date showing trends and forecast year-end position;
  - movements in working capital materially affecting resource limits;
  - capital project spend and projected out-turn against plan;
  - explanations of any material variances from plan;
  - details of any corrective action where necessary;
  - an assessment of financial risk.



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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 [CEL 19 (2009) refers [See also Section 12 of these Instructions].

## **2.8 SCHEME OF DELEGATION**

The Board shall approve a Scheme of Delegation which will specify:

1. areas of responsibility;

2. nominated officers; and
3. the scope of the delegation in terms of financial value, time span etc.

The Scheme of Delegation will be reviewed and approved by the Board as part of the annual review of Corporate Governance arrangements.

## **2.9 PROJECT AUTHORISATION**

A Business Case for proposed changes to existing service provision must be submitted to the Finance, Planning and Performance Committee for approval where the proposal includes major service change, major workforce change or where the revenue implications are unfunded or greater than £1.5m. The proposal must be in accordance with the Board's clinical strategy and reflect the Annual Operational Plan and the HSCP's Strategic Plan

The Business Case should cover the following sections in sufficient detail to explain the proposal:

1. description of proposal;
2. statement of strategic fit;
3. detailed option appraisal, explanation of alternative options reviewed against a set of pre-agreed criteria and scoring summary;
4. financial appraisal, including summary of capital and revenue cost implications of alternative options;
5. overview of preferred option;
6. summary of implementation plan for preferred option with key milestones;
7. summary of benefit of preferred option;
8. risk management - plan for management of implementation and financial risks associated with preferred option; and
9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

The sources of funding for the proposed development must be identified with confirmation from existing budget holder(s) that the funds will be available for the proposed purpose. The Director of Finance will certify that additional allocations from SGHSCD identified in the Business Case will be available for that purpose.

Where the revenue implications of a project are up to £1.5m and funded from available resources a Business Case will be submitted for approval by the Acute Strategic Management Group, the HSCP Board or the Director of Finance as appropriate.

Where an approved Business Case requires third party spend the budget owner will complete a Project Authorisation checklist which will be forwarded to the Head of Procurement or relevant Board Procurement Lead as authority to proceed to Procurement.

## **2.10 REGIONAL PLANNING**

Regional Planning Groups simplify financial arrangements by reaching binding agreements on how regionally provided developments should be funded. The Board Chief Executive is a member of the West of Scotland Regional Planning Group and is responsible for agreeing developments on behalf of the Board. The principles adopted by the Regional Planning Group are that:

- The costs of regional services, suitably benchmarked and validated, should be agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement.
- The NHS Board hosting the regional service should be able to clearly demonstrate the level of costs which result from providing the regional service with independent cost audits available if appropriate.
- Costs of regional services should be divided between the participating Boards on a weighted capitation basis rather than on volume of use unless this is inappropriate or unwieldy.
- The NHS Board hosting the regional service shall charge Boards for the service through the Service Level Agreement process.

## **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 Finance 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.

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- Encouraging the use of audit reports as improvement tools.
- Monitoring and assessing the effectiveness of the audit team.
- Awarding and termination of the contract for internal audit services.

The Director of Finance will be responsible for arranging the resources required to carry out any review or investigation which is commissioned directly by the Audit and Risk Committee under its Terms of Reference.

## 4.2 **EXTERNAL AUDIT**

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;
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.



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The Director of Finance or other officers, such as the Chief Internal Auditor/Audit Manager, Fraud Liaison Officer or NHS Counter Fraud Staff acting on the Director of Finance's behalf [including staff of third parties if the internal audit service is outsourced] will be entitled, without necessarily giving prior notice, to require and receive:

1. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case there will be a duty to safeguard that confidentiality);
2. access at all reasonable times to any premises or land of NHSGGC;
3. the production or identification by any employee of any Board cash, stores, or other property under the employee's control; and
4. explanations concerning any matter under investigation.

The Chief Internal Auditor/Audit Manager 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.

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The annual audit report prepared for an HSCP will be made available to the Audit and Risk Committee.

The Chief Internal Auditor/Audit Manager will prepare a strategic audit plan for consideration and approval of the Audit and Risk Committee. The plan will normally cover a period of three years and will be based on an assessment of the risks facing NHSGGC. Each year the Chief Internal Auditor/Audit Manager should update the plan and re-present it to the Audit and Risk Committee for approval.

The Strategic Audit Plan will be translated into an agreed Annual Plan which identifies the specific subjects to be audited in the coming year including any provision for contingencies and ad hoc work.

**SECTION 5: BANKING ARRANGEMENTS****5.1 GENERAL**

The Director of Finance is responsible for managing NHSGGC's banking arrangements and for advising the Board on the provision of banking services and the operation of accounts, including the levels of delegated authority.

**5.2 BANKING PROCEDURES**

All funds will be held in accounts in the name of NHSGGC, subject to para 5.5 on Project Bank Accounts, and accounts may only be opened by the Director of Finance. Bank accounts operated by members of staff in any capacity should not be addressed to Board premises without the approval of the Director of Finance. Similarly non-NHSGGC entities should not use Board premises as an address for correspondence as to do so may imply a relationship with the Board.

Only authorised signatories may draw on these accounts. The Director of Finance will approve and maintain a list of authorised signatories for this purpose.

All transactions relating to Board business must be reflected through these accounts.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

The Director of Finance is responsible for:

1. establishing bank accounts;
2. establishing separate bank accounts for NHSGGC's non-exchequer funds;
3. defining the use of each account; and
4. ensuring that payments made from bank accounts do not exceed the amount credited to the account except as detailed in section 5.3 below.

The Director of Finance will ensure that detailed written instructions on the operation of bank accounts will include:

1. the conditions under which each bank account is to be operated;
2. a list of those authorised to sign cheques or other orders drawn on NHSGGC's accounts, including specimen signatures and the level of authority delegated to each signatory;
3. a list of those authorised to authenticate electronic payments.

The Director of Finance must advise NHSGGC's bankers in writing of the conditions under which each bank account is to be operated. This will include a list of authorised signatories with specimen signatures and the level of authority delegated to each.

The Director of Finance will advise NHSGGC's bankers of the conditions under which any on-line banking service to which NHSGGC subscribes is to be operated, including lists of those 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

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2. that a system for the transportation of cash is in place.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

Cash balances held on NHSGGC premises will be kept to the minimum required for the provision of NHSGGC services. Any increase or decrease in the level of funds held, whether temporary to cover exceptional periods or permanent, must be authorised by the Head Cashier.

All cheques, cash and other negotiable instruments should be banked intact promptly, to the credit of the prescribed income or debtors account. The makeup of cash banked may be altered where change is required by the site provided the total amount of cash banked is unchanged. Cheques may not be substituted for cash and disbursements may not be made from cash received.

The holders of safe keys should not accept unofficial funds for depositing in their safes.

Keys should be held on the keyholder's person or kept secure at all times. Keys should not be kept in, or on, desks (either hidden or otherwise). A spare safe/petty cash key should be held by a manager 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;

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.

## **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.

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
Pharmacy Services:	All medicines
Property and Capital Planning:	All major building projects
Operational Estates:	Minor building and building repair projects
eHealth:	All IT projects, software, hardware and desktop.
Procurement:	All other 'in-scope' non-pay expenditure

The Director of Pharmacy is responsible for the ordering of, the safe storage and distribution of medicines in accordance with the Human Medicines Regulations 2012 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 SF110 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates

The Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act are applicable to all public sector organisations. These



regulations are prescriptive in their requirements for public sector organisations and these SFI's are designed to ensure NHSGGC's full compliance.

The Freedom of Information (Scotland) Act 2002 (and any subsequent amendments) is applicable to public sector procurements where specific provisions and requirements with regard to disclosure of information apply and may override commercial sensitivities in some circumstances if deemed in the public interest. Given the potential for commercial prejudice therefore, and the risks to NHSGGC associated with compliance or non-compliance with the FOI Act, a structured and disciplined tender and contract award process taking into account FOI requirements shall apply in most circumstances. These SFIs set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the provisions and requirements of this regulation.

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 is 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 Estates and Facilities, shall sign purchase orders. This includes authorised ordering officers where Procurement has delegated authority to other "expert" departments (section 9.2).

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted

to make commitments out-with the official 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.

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3. in the case of contracts for measured time, materials or expenses, time is verified,  
rates are in accordance with those quoted, and materials or expenses are verified  
for quantity, quality and price.
4. expenditure is in accordance with regulations and authorisations.
5. the account is arithmetically correct.
6. VAT and other taxation is recovered where permitted by legislation.
7. the account is in order for payment.

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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Pre-Market%20Engagement%20Procedure.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 - £138,760	Over £138,760
Services	£0 - £50k	£50k - £138,760	Over £138,760
Social and Other Specific Services*	£0 - £50k	£50k - £663,540	Over £663,540
Works	£0 - £2m	£2m - £4,447,447	Over £4,447,447

\*Social and Other Specific Services 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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Social%20and%20Other%20Specific%20Services%20Guidance.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:  
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS002%20Competitive%20Quotations%20Procedure.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.

## 10.8 COMPETITIVE TENDERING

Where the supply of goods or services is estimated to be **£50,000** (ex VAT) or above, or over £2m for a Works contract officers should comply with the **Regulated Procurements Procedure** available here:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Regulated%20Procurements%20Procedure.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:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS001%20SFI%20Waiver%20Procedure.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.

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

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should be numerically controlled and signed by the officers undertaking the check. Any surpluses or shortages revealed in stocktaking should be reported immediately to the Head of Procurement, who will investigate as appropriate. Known losses of stock items not on stores control should also be reported to the Head of Procurement. The Head of Procurement will report all losses to the Director of Finance on an annual basis, or immediately if significant or caused by fraud or theft.

Where continuous stocktaking is performed, with all stock items having been covered at least once during the year (and higher value items more frequently) and the results of these checks have proved satisfactory, it may not be necessary to carry out a full stock count. Where it is proposed not to carry out a full stock count, the permission of the Director of Finance and the agreement of the external auditors must be sought in advance.

Where a complete system of stores control is not justified, e.g. family planning stock, alternative arrangements shall require the approval of the Assistant Director of Finance - Financial Services, Capital and Payroll.

The designated manager shall be responsible for ensuring there is an effective system for a review of slow moving and obsolete items and for condemnations, disposal and replacement of all unserviceable articles. These should be reported to the Director of Finance for recording in the Register of Losses (see SFI 18 – Frauds, Losses, and Legal Claims) and written down to their net realisable value.

## **SECTION 12: CAPITAL INVESTMENT**

### **12.1 GENERAL**

Capital Planning and Approval Processes were delegated to Health Boards by HDL (2002)40. These Instructions reflect the inherent responsibility of Boards to manage their capital needs from within available capital funds.

These Instructions should be read in conjunction with the Scottish Capital Investment Manual, the Scottish Government Construction Procurement Handbook and NHSGGC's Construction Procurement Policy. For property transactions, the relevant guidance is contained in the NHS Property Transaction Handbook.

The Board's Chief Executive Officer is responsible for ensuring compliance with mandatory policy and guidance.

### **12.2 CAPITAL INVESTMENT PROCESS**

An annual Capital Plan will be developed by the Property and Asset Strategy Group (PASG). This will be submitted to the Finance, Planning and Performance Committee for review prior to submission to the Board for approval.

The Capital Plan must be in line with the Board's strategic direction and reflect the objectives set out in the Annual Operational Plan. The Capital Plan will detail specific ring fenced allocations plus the national formula capital allocation.

The Finance, Planning and Performance Committee will approve the Boards strategy for investment in GP practices.

The Director of Finance and/or the Director of Estates and Facilities/Director of eHealth (as appropriate) will ensure that a Business Case is produced in accordance with the SCIM guidance for all new major capital expenditure proposals.

The requirements for each level of expenditure are:

- up to £3m a Summary Business Case
- Between £3m and £10m a Standard Business Case
- Over £10m an Initial Agreement, Outline Business Case and Full Business Case

The Director of Finance will ensure that for every capital expenditure proposal, the PASG will be provided with assurance that the financial consequences, both capital and revenue, of the proposal have been fully identified, and are within the constraints of the Financial Plan.

The delegated limits to approve Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £10m however proposals above £5m will be submitted to the Capital Investment Group (CIG) at SGHSCD to allow for additional scrutiny prior to approval by the Board. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board 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 General Managers – 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 eHealth has authority to approve proposals up to £0.5m from national formula capital allocation.

In the Acute Division Business Cases will be countersigned by the Chief Officer and the Assistant Director of Finance – Acute and Access prior to review by the Strategic Management Group and the Acute Capital Forum. Business Cases will then be submitted to the PASG for approval.

HSCP Business Cases will be countersigned by the relevant Chief Officer and the Chief Financial Officer. After approval by the HSCP Management Team it will be submitted to the PASG for approval.

On approval of a capital expenditure scheme the Head of Finance – Capital and Planning will issue a capital scheme number and update the Capital Plan.

### **12.3 NATIONAL FORMULA ALLOCATION**

The Board receives a national formula allocation for minor works each year. The CPG allocates this funding to the Acute Capital Planning Forum, the Capital Equipment Group, and to the eHealth Senior Management Team. Each committee has responsibility to manage expenditure within their allocation. Capital expenditure proposals less than £1m will normally be funded from the minor works allocation however where a proposal has Board wide implications a Business Case should be submitted to PASG for approval with no de minimis



value. Estates minor works will usually be used to reduce backlog maintenance and for statutory compliance and condition improvement projects under the direction of the Director of Estates and Facilities.

## **12.4 REVENUE FUNDING**

Revenue funding made available by SGHSCD for a specific purpose may require minor capital expenditure to implement the service change. In these circumstances a capital scheme number will be issued by the Head of Finance – Capital and Planning and the Capital Plan updated accordingly.

## **12.5 CAPITAL EXPENDITURE APPROVAL PROCESS**

Where a capital expenditure proposal is approved and a capital scheme number is issued by the Head of Finance – Capital and Planning, the Director of Finance or the Director of Estates and Facilities in accordance with the Board's Scheme of Delegation, will ensure that authority to proceed to procurement is issued to the manager responsible for the capital expenditure proposal.

The Property Management Group will approve the following property transactions;

- a) acquisitions and disposals where the value is up to £0.150m,
- b) where the annual lease/rental charge is up to £0.150m

PASG will approve property lease/rentals and property acquisitions and disposals between £0.015m and £1.5m.

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 Construction Procurement Policy. The Project Director will provide progress reports to the Board on a regular basis.

## **12.7 REGIONAL PLANNING**

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure

included in any regional planning business case where it will become a Board asset.

## **12.8 PRIVATE FINANCE**

Where any additional capital works are considered as a variation to an existing PPP/PFI contract the capital investment process detailed above should be applied.

## **12.9 THIRD PARTY DEVELOPER SCHEMES /HUB**

Third party developer schemes such as hub are used to support infrastructure developments particularly within primary care settings. All projects funded by third party developers and other ways of providing new premises for independent contractors such as GPs and GDPs are subject to the same business case approvals process as any other proposed development.

The Director of Finance shall demonstrate that the capital procurement route represents value for money and genuinely transfers risk to the private sector.

The PASG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

## **12.10 HSCP CAPITAL PLANNING**

Each HSCP will prepare a 3 year capital plan in tandem with the annual capital planning process operated by each parent organisation. This will be submitted to a HSCP Steering Group for review by senior HSCP, Board and Local Authority officers. Following this review it will be taken forward within the Board or Local Authority planning process as appropriate.

Each HSCP will update and formally approve its 3 year capital plan annually.

The nominated HSCP Chief Officer and Chief Financial Officer will be a full member of the PASG.

## **12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS**

Where a joint project is led by a Local Authority or other partner the Board must seek to ensure that NHSGGC contributions to such schemes represent value for money and are affordable. The approvals process detailed above should be applied to such schemes.

## **12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA ensures that subcontractors get paid promptly for work done and that

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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;

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).

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. A number of officers throughout NHSGGC have been trained in the requirements of FOISA. Anyone receiving a formal request for information should immediately pass it to one of the FOISA trained officers or, alternatively, the Director of Corporate Governance and Administration.

Staff should continue to respond timeously to general requests for information, where it has been customary to do so, without reference to FOISA officers.

### **14.2 CONFIDENTIALITY AND SECURITY**

All employees have a responsibility to treat as confidential information which may be available to them, obtained by them or derived by them whilst employed by NHSGGC. They should not breach this duty of confidence by disclosing confidential information, using it in an unauthorised manner, or providing access to such information to unauthorised individuals or organisations.

The complexity of delivering healthcare services means there is a need to facilitate appropriate access in a seamless manner to patients' information throughout the patient journey. Information sharing between organisations should be in accordance with the Intra-NHS Scotland Information Sharing Accord (2020).

Executive Directors and Heads of Department are responsible for the security and accuracy of data relating to their area of responsibility. In particular, the Director of Finance is responsible for the security of NHSGGC data processed and stored by information systems designed or procured under his responsibility. They are responsible for ensuring the accuracy and security of NHSGGC's financial data, including that held on and processed by computer.

Directors should discharge these responsibilities in accordance with the Scottish Government Information Security Policy Framework.

These instructions should be read in conjunction with:-

1. the Computer Misuse Act 1990 (as amended by the Serious Crime Act 2015);
2. the Data Protection Regulations;

3. NHS CEL (2011) 25 – Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors;
4. NHS CEL (2012) 25 – NHS Scotland Mobile Data Protection Standard ; and
5. NHS Scotland Code of Practice - Protecting Patient Confidentiality.

#### **14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION**

Under the terms of NHS MEL (1999) 19 and subsequent guidance issued by the SGHSCD, NHSGGC has nominated the Director of Public Health as the Caldicott Guardian to “safeguard and govern the uses made within NHSGGC of patient identifiable information including both clinical and non clinical information.”

#### **14.4 RESOLUTION OF CONFLICT**

The Director of Finance or the Director of Public Health must be consulted in the event of a conflict arising between NHSGGC's obligations under the Code of Practice on Openness/FOISA and the need to maintain confidentiality.

#### **14.5 COMPUTERISED FINANCIAL SYSTEMS**

The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of NHSGGC, will ensure that:

1. procedures are devised and implemented to ensure adequate protection of NHSGGC's data, programs and computer hardware, for which he is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Regulations;
2. adequate controls exist over data entry, processing, storage, transmission and output, to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
3. adequate controls exist such that the computer operation is separated from systems development, maintenance and amendment;
4. an adequate audit trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

The Director of Finance will ensure that contracts for computer services for financial applications with another health organisation, other agency or external supplier shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract will also ensure the rights of access for audit purposes and the Director of Finance will periodically seek assurances that adequate controls are in operation.

Where computer systems have an impact on corporate financial systems, the Director of Finance must be satisfied that:

1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC's Digital Strategy;
2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;
3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

#### **14.6 RETENTION OF RECORDS**

The Scottish Government Records Management NHS Code of Practice 2020 and the NHSGGC Corporate Records Policy provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice encompasses the requirements of:

- Public Records (Scotland) Act 1937; as amended by the
- Public Records (Scotland) Act 2011;
- Data Protection Regulations;
- Freedom of Information (Scotland) Act 2002;
- NHS Scotland Code of Practice on Protecting Patient Confidentiality; and
- Environmental Information (Scotland) Regulations 2004;

Any other relevant laws or regulations and subsequent instructions/guidance issued by the SGHSCD must also be complied with when considering retention of records.

The Director of eHealth and the Head of Records will issue guidance on this matter as required and in cases of doubt their advice should be obtained.

**14.7 INFORMATION SHARING WITH LOCAL AUTHORITIES**

Section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the Board to disclose information to one or more local authorities which they may reasonably require for, or in relation to, the preparation of a strategic plan.

## **SECTION 15: ENDOWMENT FUNDS**

### **15.1 GENERAL**

Endowment funds are defined as money or property donated to the Board and held on trust for such purposes relating to services provided under the National Health Service (Scotland) Act 1978 or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit. The Board is appointed as a corporate trustee to hold the funds and property attributable to the endowment funds and Board members are appointed as Trustees of the endowment funds.

The endowments are constituted under the National Health Service (Scotland) Act 1978. As the NHSGGC Endowment Funds are registered with the Office of the Scottish Charities Regulator (OSCR) the Trustees must also comply with the Charities and Trustee Investment (Scotland) Act 2005.

The legally registered name of the charity is the Greater Glasgow Health Board Endowment Funds. “NHS Greater Glasgow and Clyde Endowment Funds” is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board Endowment Funds.

The endowment Trustees are all the members of the Health Board. They are responsible for the general control and management of the charity in accordance with the NHS Greater Glasgow and Clyde Endowment Funds Charter and operating policies and procedures. Fundholders must comply with the Endowment Operating Instructions which are available on Staffnet.

### **15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS**

The purpose of the Board’s endowment funds is the advancement of health through;

- a) improvement in the physical and mental health of the local population;
- b) the prevention, diagnosis and treatment of illness;
- c) the provision of services and facilities in connection to the above; and
- d) the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.
- e) education and development in connection to the above.

Charitable donations should only be accepted by the Trustees where they are consistent with this purpose.

The receipt of a charitable donation can attract substantial media interest, particularly where it represents a considerable amount of money. The Trustees must consider whether there are reasons why a donation might be inappropriate and should therefore be refused. While the following list is not exhaustive, it sets out circumstances where a donation should be refused.

- It specifies further requirements that the Board cannot meet.
- It specifies conditions which are incompatible with the purpose of the Board's endowments.
- Onerous conditions are attached to the donation, which are not acceptable or cannot be met. For example, where the donation is for the provision of particular equipment or facilities, and the running of which would not be cost-effective or would be unaffordable.
- 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;

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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 \*Pneumococcal Immunisation \*
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation \*
- Shingles (Herpes Zoster) Immunisation \*
- Meningitis B Immunisation \*
- Preschool Boosters
- Rotavirus
- Seasonal Influenza \*

\*Note that funding for Immunisation Schemes will transfer to the Global Sum from 2022/23.

The Board must, where necessary, vary the contractor's primary medical services contract so that the plan setting out these arrangements comprises part of the contractor's contract and the requirements of the plan are conditions of the contract. Prior to issuing payments in accordance with the above paragraph, the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 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 (2020)26.

**SECTION 17: HEALTH AND SOCIAL CARE PARTNERSHIPS****17.1 INTRODUCTION**

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the Board has delegated functions and resources to Health and Social Care Partnerships (HSCPs). The functions to be delegated to the HSCPs are prescribed in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Each HSCP will be responsible for managing expenditure within allocated budgets.

**17.2 HSCP STRATEGIC PLAN**

HSCPs will produce a Strategic Plan which will incorporate a financial plan for the resources within scope of the HSCP. The Strategic Plan will set out the level of capacity required each year in all of the sectors in the care pathway and the allocation of resource within scope of the plan across the sectors. The HSCP Chief Officer, supported by the Chief Finance Officer, will develop a case for an Integrated Budget based on a Strategic Plan which has been approved by both the Health Board and the Local Authority.

The allocations made from the HSCP to the parent bodies for operational delivery of services will be set out in the financial plan that underpins the Strategic Plan.

**17.3 BUDGETS DELEGATED TO AN HSCP**

The management responsibility for a budget delegated to an HSCP will be determined by the category of budget. The categories are described below.

**1. Directly Managed Budgets**

Budgets such as District Nursing where there are no specific conditions attached due to the nature of the funding source.

**2. Directly Managed Ringfenced**

Budgets where the HSCP has been allocated budget management responsibility but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of the funding is ring fenced for specific purposes.

**3. Managed on Behalf (MOB)**

Service budgets where one HSCP is responsible for managing the service on behalf of one or more other HSCPs. Where such hosted arrangements apply the responsible HSCP will be expected to manage the overall service expenditure within available funds.

**4. Centrally Managed with Spend/Consumption Targets (CMT)**

The budget will remain centrally managed but the HSCPs will actively participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets.

**5. Centrally Managed**

Budgets will continue to be managed centrally on account of their nature and/or scale.

**6. Set Aside (including Acute)**

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 prosecution there is a presumption that a referral will be made to the Procurator Fiscal for consideration.

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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.

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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.

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

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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.



# **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 for Board members		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

## BOARD OFFICIAL

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
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



## BOARD OFFICIAL

**Table 4.1 Allocations and Budgets (continued)**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	Finance, Planning and Performance Committee above £5m– within available resources Chief Executive or Director of Finance up to £5m

**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

## BOARD OFFICIAL

Table 4.3 Audit (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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	

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

## BOARD OFFICIAL

Table 4.5 Contracts/Service Level Agreements (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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
3	Resource Transfer		Director of Finance and IJB Chief Officers	Within approved budget
4	Setting of Fees and Charges: income generation - Board		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 – Acute Services		Director of Finance	Where not determined by SGHSCD or statute
6	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

## BOARD OFFICIAL

Table 4.6 Pay expenditure (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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
6	Oversight of 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

## BOARD OFFICIAL

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
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 General Managers - Capital Planning up to £2m



## BOARD OFFICIAL

Table 4.8 Orders, Quotations and Tenders (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning and Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning and 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	
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>• IJB - Chief Officer</li> <li>• Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>• Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>• Waivers which are urgent or have no competition and are in excess of £250k</li> <li>• (Waivers where the tender process was not followed the threshold for DOF approval is over £50k</li> </ul>

Table 4.9 Management and Control of Stock				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Issue of Stores recording and operating procedures		Director of Estates and Facilities	All stocks
2	Day to day management and security arrangements		Director of Pharmacy	Pharmacy stock
3	Day to day management and security arrangements		Director of eHealth	IM&T stock
4	Day to day management and security arrangements		Director of Estates and Facilities	All other stocks

## BOARD OFFICIAL

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)</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board)</p> <p>Chief Executive up to £5m;</p> <p>Director of Finance up to £4m</p> <p>Director of Estates and Facilities up to £4m</p> <p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £3m</p> <p>Capital Planning Group up to £2m</p> <p>General Managers - Capital Planning up to £2m</p>
2	Approval of Business Cases - Information Management & Technology (IM&T)	<p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of eHealth	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board)</p> <p>Chief Executive up to £5m;</p> <p>Director of Finance up to £4m</p> <p>Director of Estates and Facilities up to £4m</p> <p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £3m</p> <p>Capital Planning Group up to £2m</p> <p>General Managers - Capital Planning up to £2m</p>



## BOARD OFFICIAL

Table 4.10 Capital Investment (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 Finance, Planning and Performance Committee 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
6	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

## BOARD OFFICIAL

Table 4.11 Management of Endowment Funds				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Endowment Management Committee	Director of Finance	
2	Approval of expenditure from Endowment Funds	Endowment Management Committee	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 £250,000 and £750,000
			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	Endowment Management Committee	Director of Finance	All Endowment funded posts
4	Maintenance of Accounts and Records		Director of Finance	
5	Access to share and stock certificates, property deeds		Director of Finance	
6	Opening of Bank accounts in the Endowment Fund name	Endowment Management Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Endowment Management 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	Endowment Management 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	

## BOARD OFFICIAL

<b>Table 4.12 Family Health Services</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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

## BOARD OFFICIAL

<b>Table 4.13 Health and Social Care Partnerships</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	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
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

<b>Table 4.14 Fraud, Losses and Legal</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Notification of discovered fraud/criminal offences to SGHSCD		Director of Finance	

## BOARD OFFICIAL

Table 4.14 Fraud, Losses and Legal (continued)

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"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
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 £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 - Claims £250,000 to £500,000

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.



## BOARD OFFICIAL

Table 4.15 Patients Private Funds and Property (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 Committee	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

**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 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



## BOARD OFFICIAL

Table 5.1 Clinical Governance (continued)			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
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

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 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	Director of Human Resources and Organisational Development/ Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

## BOARD OFFICIAL

<b>Table 5.2 Staff Governance (continued)</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Table 5.3 Risk Management</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Risk Appetite	Board	Director of Finance
2	Approval of Risk Management Strategy	Risk Management Steering Group and 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 and 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

<b>Table 5.4 Strategic Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

## BOARD OFFICIAL

**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

## BOARD OFFICIAL

<b>Table 5.8 Emergency and Continuity Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan(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

<b>Table 5.9 Public Health</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Table 5.10 Other Key Areas</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

## BOARD OFFICIAL

Table 5.10 Other Key Areas (continued)			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
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 and Care 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 and Care Governance Committee	Director of Nursing



# **NHS Greater Glasgow and Clyde Governance Committees 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.

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

## BOARD OFFICIAL

- 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.

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer
Approved by:	Acute Services Committee
Approved date:	May 2023
Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## **NHS Greater Glasgow and Clyde 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 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 purpose of the ARC conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
  - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations
  - Public money is safeguarded and properly accounted for
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question
  - Reasonable steps are taken to prevent and detect fraud and other irregularities
  - 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 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.



## BOARD OFFICIAL

- 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.

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

## BOARD OFFICIAL

1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
  2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
  3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
    - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer
    - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence
  4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
  5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
  6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
  7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
  8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
  9. Oversight of and monitoring of the Board's systems for information governance receiving minutes and updates from the Information Governance Steering Group.
  10. Oversight of claims against the Board, liability and settlement status.
  11. Monitoring and scrutinising key data and information as per the Board's Assurance Information Framework as part of Active Governance.
- (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.

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## (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
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 2023
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 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

## BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## BOARD OFFICIAL

## 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

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

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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"> <li>IJB - Chief Officer</li> <li>Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>Waivers which are urgent or have no competition and are in excess of £250k</li> <li>(Waivers where the tender process was not followed the threshold for DOF approval is over £50k)</li> </ul>

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"> <li>Stores/ Procurement</li> <li>Fixed Assets (other than losses due to fraud/ theft)</li> <li>Abandoned Road Traffic Accident claims</li> </ul>
3	Ex-gratia payments – Non Employees	SGHSCD Audit and Risk Committee CMT	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Director of Corporate Services and Governance	Financial loss over £25,000; Extra contractual payments over £20,000; Other payments over £2,500
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	

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Table 4.14 Fraud, Losses and Legal (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 £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 - Claims £250,000 to £500,000

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"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
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	

## BOARD OFFICIAL

**Table 4.14 Fraud, Losses and Legal (continued)**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 £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 - Claims £250,000 to £500,000

**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	Director of Finance	

## **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 and Care Governance Committee (CCGC) 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 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.

##### **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 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 Committee 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.

- 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

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- 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 CCG 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 Committee 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.
- 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)



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- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

The CCGC will receive minutes/reports from the:

- Board Clinical Governance Forum
- Board Infection Control Meeting
- Public Protection Forum

## 6. Authority

- 6.1 The Clinical and Care Governance Committee is a Standing Committee of the NHS Board.

## 7. Reporting Arrangements

- 7.1 The CCGC 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 CCGC and distribution to the CCGC for ratification at the next Committee meeting. The ratified minutes of the CCGC 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.

Version Control	June 2023
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	June 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

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## 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

Table 5.2 Staff Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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**Table 5.6 Information Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
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

**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
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 and Care Governance Committee for assurance	Controlled Drug Accountable Officer, Director of Pharmacy
7	Child and Adult Public Protection	Clinical and Care Governance Committee	Director of Nursing

**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 (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Finance, Planning and Performance Committee (FPPC) is established in accordance with NHS Greater Glasgow and Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.5 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHSGGC strategic 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 statutory committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 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 April or at a meeting to be held as soon as convenient thereafter. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when 6 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

Should a vote need to be taken, all of the voting members of the Committee shall be allowed to vote, either by a show of hands, or a ballot.

#### **3.4 Frequency of Meetings**

The Finance, Planning and Performance Committee shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the 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, 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
- 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. 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 FPPC 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 NHS GGC Property and Asset Management Strategy and the 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 Management

- **Property & Asset Strategy:** ensure that the 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 21<sup>st</sup> Century service models
- **New 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.

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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 FPPC 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, CEIs, 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
- **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
- **Strategic NHS GGC-wide Initiatives:** maintain oversight of progress with the implementation of Strategic NHS GGC-wide initiatives (such as the Moving Forward Together Programme and the eHealth Strategy)
- **External Inquiries:** oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry) ensuring completeness and transparency.
- **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 FPPC, including the HSCP Annual Performance Reports, to oversee and scrutinise the delivery of healthcare services provided by the NHS GGC Directorates and HSCPs.
- **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

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- **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**

- **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 FPPC will report to the NHS Board.
- 7.2 The draft minute of the FPPC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the FPPC and distribution to the FPPC for ratification at the next Committee meeting. The ratified minutes of the FPPC will be presented to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The FPPC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

## 8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

<b>Version Control</b>	<b>Final draft 11 April 2023</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	TBC
Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical and Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	<b>Lead Committee: Finance, Planning and Performance Committee</b> /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical and Care Governance Committee / Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Lead Committee: Clinical and Care Governance Committee / Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	<b>Finance, Planning and Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	<b>Finance, Planning and Performance Committee</b>

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COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	<b>Finance, Planning and Performance Committee</b>
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	<b>Finance, Planning and Performance Committee</b>
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	<b>Finance, Planning and Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**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 Resource Limit/Capital 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	Finance, Planning and Performance Committee 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 (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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

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.

## BOARD OFFICIAL

Table 4.8 Orders, Quotations and Tenders (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 General Managers - Capital Planning up to £2m
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning and Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning and 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

## BOARD OFFICIAL

Table 4.10 Capital Investment (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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

## BOARD OFFICIAL

Table 4.10 Capital Investment (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
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 Finance, Planning and Performance Committee 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

## BOARD OFFICIAL

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.

- 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.

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) and the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## 5. Key Duties of the Committee

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
- 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.

## BOARD OFFICIAL

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Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
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Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**APPENDIX 2****Table 5.2 Staff Governance**

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

**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 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 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 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.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

#### **3. Arrangement for Conduct of Business**

##### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

## BOARD OFFICIAL

**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, 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 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 appropriate support to the Chair and Committee members.

**4. Remit of the Committee**

4.3 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 (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.

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](#)

## BOARD OFFICIAL

- and any subsequent amendments, ensuring overarching staff governance responsibilities can be discharged.

## 5. Key Duties of the Committee

- 5.1 The remit of the Remuneration Committee is to scrutinise the following key areas and provide assurance to the Staff Governance Committee regarding:
- 5.2 In accordance with Scottish Government Health Directorate (SGHD) guidance, determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades - D to I) and Senior Management Cohort (national pay grades - A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 5.3 Seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, including job descriptions, job evaluation, terms of employment, basic pay and performance related pay increases.
- 5.4 Seek assurance of the implementation and maintenance of the electronic performance management system - Turas Appraisal for Executive and Senior Management Cohorts for the forthcoming year.
- 5.5 Ensure that the performance process of the Executive Directors, Directors and Senior Management Cohorts is rigorously assessed against objectives agreed by the relevant line manager, and seek assurance from the Chair and Chief Executive as respective grandparent reviewers.
- 5.6 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 new substantive posts and temporary posts in excess of 12 months within the Executive Director cohort (national pay grades - D to I)

- 5.12 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.
- 5.13 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.
- 5.14 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.
- 5.15 The Committee 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 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.

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## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

## BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## BOARD OFFICIAL

**APPENDIX 2**

<b>Table 4.6 Pay expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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	
6	Oversight of 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



## **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 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 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 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').
- 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.
- 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 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.

#### **3.2 Quorum**

Meetings will be considered quorate when at least four Non-Executive Members of the Committee are present.

#### **3.3 Voting**

Should a vote need to be taken, only the voting Members of the Committee shall be allowed to vote. Such a vote shall be either by show of hands, or by ballot.

#### **3.4 Frequency of Meetings**

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.

#### **3.5 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 HR Team supported by the Corporate Services Team.

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,

## BOARD OFFICIAL

provide appropriate support to the Co-Chairs and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

#### 4. Remit

- 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.
- 4.2 This includes approval of delivery of the 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. 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
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- 5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.
- 5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc groups as agreed by the NHS Board.
- 5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(1993\)114 \(amended\)](#).

## BOARD OFFICIAL

- 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.
- 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.

## BOARD OFFICIAL

<b>Version Control</b>	<b>May 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	23 May 2023
Date for review:	March 2024
Replaces previous version:	May 2022

## APPENDIX 1

## Corporate Objectives Approved June 2022

Code	Corporate Objective	Lead Committee
	<b>Better Health</b>	
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
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

## BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



**APPENDIX 2**

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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 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	Director of Human Resources and Organisational Development/ 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

## 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 (NHSGGC) 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 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 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 Professions and Healthcare Scientists

Chair and Vice Chair (or relevant Deputy) of the Area Professional Committees as follows:

- Psychology

## **2.2 Persons in Attendance**

Persons other than Members may be invited to attend a meeting(s) for discussion of specific items at the request of the Chair or Secretary. That person will be allowed to take part in the discussion but will not have a vote. NHSGGC 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**

The Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. The Forum's choice of Chair will be notified to the NHS Board Chair. Selection of the Chair will be an open process, and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health and Wellbeing, serve as a Non-Executive Director of NHSGGC.

Membership of NHSGGC 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.

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 NHSGGC Board, the new Chair will have to be formally nominated to the Cabinet Secretary as a Member of NHSGGC Board for a decision of formal appointment to the Board.

In the same way, if Board Membership expires and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a Member of the Forum.

### **3.2 Vice Chair**

A Vice Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

## BOARD OFFICIAL

The Vice Chair will deputise, as appropriate, for the Chair, but where this involves participation in the business of NHSGGC Board, they will not be functioning as a Non-Executive Director of NHSGGC Board.

The Vice Chair will serve for a period of up to four years.

### **3.3 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 four consecutive years however in exceptional circumstances, Area Clinical Forum can agree to extend the maximum term by one year however succession planning for membership of the Area Clinical Forum 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.

### **3.4 Quorum**

Meetings of the Area Clinical 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.

### **3.5 Voting**

Should a vote need to be taken, all of the voting members of the Forum shall be allowed to vote, either by a show of hands, or a ballot.

### **3.6 Frequency of Meetings**

The Area Clinical Forum will meet at least four times each year. Additional meetings may be arranged at the discretion of the Area Clinical Forum Chair.

The Area Clinical Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.

### **3.7 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.

## BOARD OFFICIAL

Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Area Clinical Forum.

### **3.8 Administrative Support**

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

The administrative support to the Area Clinical 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.

### **3.9 Alterations to the Constitution and Standing Orders**

Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Forum provided a Notice of the proposed alteration is circulated with the Notice of the Meeting and that the proposal is seconded and supported by two thirds of the Members present and voting at the meeting.

Any alterations must be submitted to NHS Greater Glasgow and Clyde Board for approval as part of the Annual Review of Corporate Governance before the change is enforceable.

### **3.10 Guest Speakers**

The Forum may invite guest speakers who it considers may have particular contribution to the work of the Area Clinical 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.

This includes approval of the delivery of Corporate Objectives (Appendix 1) as approved and allocated to the Forum by the NHS Board, and any operational objectives, as required.

## **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 Area Clinical Forum Chair, being fully engaged in NHS Board business

## BOARD OFFICIAL

- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde, regular updates should be sought
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

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 Area Clinical Forum 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 Area Clinical 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 Area Clinical 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.

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
Approved date:	June 2023
Date for review:	March 2024
Replaces previous version:	June 2022



## APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

## BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



# **NHS Greater Glasgow and Clyde Standing Committee Annual Reports**

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**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF ACUTE SERVICES COMMITTEE 2022/23****1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

**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 Committee**

The purpose of the Acute Services Committee is to provide the NHS Board with the assurance that -

**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.

**Resources:**

- Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Reflecting on the role of 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 ensuring that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve

## BOARD OFFICIAL

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.

**3.2 Composition**

During the financial year end 31 March 2023 membership of the Acute Services Committee comprised: **Chairperson - Mr Ian Ritchie**

**MEMBERSHIP**

- Mr Paul Ryan (Vice Chair)
- Mr William Edwards (Executive Lead)
- Dr Jennifer Armstrong
- Ms Susan Brimelow OBE
- Prof John Brown CBE, Board Chair
- Mr Simon Carr
- Councillor Chris Cunningham
- Mrs Jane Grant, Chief Executive
- Councillor Colette McDiarmid
- Dr Lesley Rousselet
- Professor Angela Wallace

**IN ATTENDANCE**

- Mr Colin Neil, Director of Finance
- Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll
- Ms Sandra Bustillo, Director of Communications and Engagement
- Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access
- Mr Daniel Connelly, Deputy Director of Public Engagement
- Dr Emilia Crighton, Interim Director of Public Health
- Dr Scott Davidson, Deputy Medical Director (Acute)

## BOARD OFFICIAL

- Ms Kim Donald, Corporate Services Manager - Governance/Board Secretary Ms Gillian Duncan, Secretariat
- Ms Morag Gardner, Deputy Nurse Director, Acute Division
- Mr Andrew Gibson, Chief Risk Officer
- Ms Susan Groom, Director of Regional Services
- Ms Sara Khalil, Secretariat Officer
- Mrs Anne MacPherson, Director of Human Resources & Organisational Development
- Ms Fiona McEwan, Assistant Director of Finance
- Ms Susan McFadyen, Director of Access
- Mrs Angela O'Neill, Deputy Director of Nursing, Acute
- Ms Nareen Owens, Head of People and Change
- Mrs Louise Russell, Secretariat Officer
- Mr Tom Steele, Director of Estates and Facilities
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Mr Arwel Williams, Director of Diagnostics and Regional Services

**3.3 Meetings**

The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 17 May 2022
- 19 July 2022
- 20 September 2022
- 15 November 2022
- 17 January 2023
- 21 March 2023

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 2022/23. Areas considered included:

- Acute Updates
- Acute Services Integrated Performance Reports
- Financial Monitoring Reports
- Corporate Risk Register Extract
- Review of Terms of Reference
- Patient Experience Report
- Junior Doctor Workforce Group Report
- Scottish Government Waiting Time Targets – Presentation
- Cancer Waiting Times
- Safe to Start – Presentation
- Staffing Positions
- Planned Care – Presentation



## BOARD OFFICIAL

- A&E Attendance Research
- Acute Experience Report
- Schedule of Meetings 2023/24
- IRH HIS Update
- Annual Report of Acute Services Committee 2023

**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 Acute Services Integrated Performance**

During 2022/23, the Committee received Integrated Performance Reports to provide members with a balanced overview of performance against key metrics. The suite of measures reflect 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 information provided that work continued to improve performance in respect of the key areas.

### **4.2 Financial Monitoring**

During 2022/23, the Committee received Financial Monitoring Reports to update on the financial position, including the progress and position of the Financial Improvement Programme (FIP). The Committee were assured by the information provided that significant work was underway to achieve financial balance.

### **4.3 Corporate Risk Register**

During 2022/23, the Committee received an extract of the Corporate Risk Register that relates to risks that come under the remit of the Acute Services.

### **4.4 Acute (COVID-19) Updates**

During 2022/23, the Committee received Acute (COVID-19) updates to inform members on the position in respect of the NHSGGC response to manage COVID-19 and provide assurance. Updates included information on the level of patient activity and staff testing.

### **4.5 Review of Committee Terms of Reference**

During 2022/23, 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.

#### **4.6 Patient Experience Report**

During 2022/23, the committee reviewed the feedback and complaints mechanisms, and the resultant performance, actions and improvements, this included Scottish Public Services Ombudsman findings in relation to complaints.

#### **4.7 Junior Doctor Progress Report**

During 2022/23, the committee received a progress update on work associated with Dentists and Doctors in Training (DDiT), with a focus on junior doctors across the Acute Sector as agreed at Acute Services Committee on 18 January 2022.

#### **4.8 Presentations**

During 2022/23, the Committee received the following presentations:

- Scottish Government Waiting Time Targets
- Cancer Waiting Times
- Safe to Start Update
- Planned Care Update
- A&E Attendance Research
- Cancer Performance Update

**The Committee were assured by the actions being taken across the system.**

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Acute Services Committee during financial year 2022/23, 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 NHSGGC for their excellent support of the Committee.

Ian Ritchie

**Chairperson**

**On behalf of ACUTE SERVICES COMMITTEE**

## BOARD OFFICIAL

## APPENDIX 1

## Acute Services Committee 2022/23

**PRESENT**

NAME	POSITION	ORGANISATION	17.05.22	19.07.22	20.09.22	15.11.22	17.01.23	21.03.23
Dr Jennifer Armstrong	Medical Director	NHSGGC	A	A	A	P	A	AA
Ms Susan Brimelow OBE	Non-Executive Member	NHSGGC	P	AA	P	AA	P	A
Prof John Brown CBE	NHSGGC Board Chair	NHSGGC	P	P	P	P	P	A
Mr Simon Carr	Non-Executive Member	NHSGGC	P	P	P	P	AA	P
Cllr Chris Cunningham	Non-Executive Member	NHSGGC	A	A	A	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	A	P	P	P	P
Cllr Colette McDiarmid	Non-Executive Member	NHSGGC	A	P	P	P	P	AA
Mr Colin Neil	Director of Finance	NHSGGC	A	A	A	P	P	P
Mr Ian Ritchie	Non-Executive Member	NHSGGC	P	P	P	AA	P	P
Mr Paul Ryan	Non-Executive Member	NHSGGC	P	P	P	P	P	P
Dr Lesley Rousselet	Non-Executive Member	NHSGGC	P	P	P	P	P	P
Prof Angela Wallace	Executive Director of Nursing	NHSGGC	P	P	AA	P	P	AA

## BOARD OFFICIAL

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>17.05.22</b>	<b>19.07.22</b>	<b>20.09.22</b>	<b>15.11.22</b>	<b>17.01.23</b>	<b>21.03.23</b>
Ms Lesley Aird	Assistant Director of Finance - Financial Services, Capital & Payroll	NHSGGC	-	-	-	-	-	P
Ms Sandra Bustillo	Director of Communications and Engagement	NHSGGC	P	P	P	P	P	P
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access	NHSGGC	P	P	P	P	P	P
Mr Daniel Connelly	Deputy Director of Public Engagement	NHSGGC	-	-	-	-	-	P
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	-	-	-	-	-	P
Dr Scott Davidson	Deputy Medical Director	NHSGGC	P	P	P	P	P	P
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary	NHSGGC	P	P	P	P	P	-
Mr William Edwards	Chief Operating Officer & Lead Executive for ASC	NHSGGC	P	P	P	P	P	P
Ms Morag Gardner	Deputy Nurse Director, Acute Division	NHSGGC	A	P	P	P	P	P
Mr Andrew Gibson	Chief Risk Officer	NSHGGC	A	A	P	P	P	P
Ms Susan Groom	Director of Regional Services	NHSGGC	-	-	-	-	-	-
Ms Sara Khalil	Secretariat Officer	NHSGGC						P
Mrs Anne MacPherson	Director HR and OD	NHSGGC	AA	P	P	P	AA	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	17.05.22	19.07.22	20.09.22	15.11.22	17.01.23	21.03.23
Ms Fiona McEwan	Assistant Director of Finance	NHSGGC	A	P	A	A	A	-
Ms Susan McFadyen	General Manager	NHSGGC	A	P	P	P	P	AA
Mrs Angela O'Neill	Deputy Director of Nursing, Acute	NHSGGC	P	A	A	A	P	-
Ms Nareen Owens	Head of People and Change	NHSGGC	P	A	A	A	A	AA
Mrs Louise Russell	Secretariat Officer	NHSGGC	P	P	P	P	P	-
Mr Tom Steele	Director of Estates and Facilities	NHSGGC	P	AA	A	AA	AA	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	A	P	P	P	A	P
Mr Arwel Williams	Director of Diagnostics and Regional Services	NHS GGC	A	P	A	A	A	-

**Key**

P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

## APPENDIX 2

**Acute Services Committee**  
**Schedule of Business Considered 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
17 May 2022	<p><b>Minutes of Previous Meeting: 22 March 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Junior Doctor Workforce Group</li> <li>• Review of Terms of Reference</li> <li>• Corporate Risk Register Extract</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
19 July 2022	<p><b>Minutes of Previous Meeting: 17 May 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Scottish Government Waiting Times Targets</li> <li>• Financial Monitoring Report</li> <li>• Cancer Waiting Times</li> <li>• Safe to Start Update</li> <li>• Corporate Risk Register</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
20 September 2022	<p><b>Minutes of Previous Meeting: 19 July 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Staffing Position</li> <li>• Scottish Government Waiting Times Targets - update</li> <li>• Length of Stay - Impact of COVID and Delayed Discharge</li> <li>• GP Direct to CT Scan North East Pilot</li> <li>• Acute Services Integrated Performance Report</li> </ul>

## BOARD OFFICIAL

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
15 November 2022	<p><b>Minutes of Previous Meeting: 20 September 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Planned Care Update</li> <li>• A&amp;E Attendance Research</li> <li>• Patient Experience Report</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
17 January 2023	<p><b>Minutes of Previous Meeting: 15 November 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Planned Care Update</li> <li>• Cancer Performance Update</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
21 March 2023	<p><b>Minutes of Previous Meeting: 17 January 2023</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> </ul>



## BOARD OFFICIAL

Date of Meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>• IRH HIS Update</li> <li>• A&amp;E Attendance Research</li> <li>• Financial Monitoring Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Report of Acute Services Committee 2023</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer, Acute Services
Approved by:	Acute Services Committee
Approved date:	March 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE 2022/23

#### 1. INTRODUCTION

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### 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 Committee

The purpose of the Audit and Risk Committee is to provide the NHS Board with the assurance that -

- Business is conducted in accordance with the 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 Audit and Risk Committee will review the comprehensiveness, reliability and integrity of assurances provided to meet the requirements 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 ended 31 March 2023 membership of the Audit and Risk Committee comprised:

##### MEMBERSHIP

Chairperson - Margaret Kerr to June 2022 then Ms Michelle Wailes from June 2022

Executive Lead - Interim Director of Finance - Fiona McEwan to June 2022 then following appointment succeeded by Colin Neil from June 2022

## BOARD OFFICIAL

- Ms Susan Brimelow
- Mr Alan Cowan
- Ms Jacqueline Forbes
- Cllr Martin McCluskey
- Cllr Michelle McGinty
- Ms Ketki Miles
- Ms Rona Sweeney
- Mr Charles Vincent

**IN ATTENDANCE**

- Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll
- Ms Denise Brown, Interim Director of eHealth
- Prof John Brown CBE, Board Chair
- Mr William Edwards, Chief Operating Officer, Acute Services
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Mrs Jane Grant, Chief Executive
- Ms Alison Hardie, Secretariat Manager
- Dr Iain Paterson, Corporate Services Manager - Compliance
- Ms Louise Russell, Interim Secretariat Manager
- Mr Stewart Whyte, Information Governance Manager
- Mr Steven Reid, EY - External Auditor from October 2022
- Mr Rob Jones, EY - External Auditor from October 2022
- Ms Rachel Wynne, EY - External Auditor from October 2022
- Mr John Cornett, Audit Scotland - External Auditor to October 2022
- Ms Liz Maconachie, Audit Scotland - External Auditor to October 2022
- Ms Lisa Duthie, Audit Scotland - External Auditor to October 2022
- Ms Rachael Weir, Azets - Internal Auditor
- Ms Elizabeth Young, Azets - Internal Auditor
- Mr Martin Gill, BDO - External Auditor Endowment Funds

**3.3 Meetings**

The Committee met on five occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 07 June 2022
- 21 June 2022
- 13 September 2022
- 13 December 2022
- 14 March 2023

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 2022/2023. Areas considered included:

- Internal Audit Reports
- External Audit Reports
- Fraud Reports
- Audit Scotland Reports
- Corporate Risk Register
- Annual Review of Corporate Governance
- Endowment Funds Accounts
- NHSGGC Annual Report and Accounts
- NSS Service Audits
- Patients Private Funds
- Best Value Statement
- Internal Audit Framework Tender
- Digital Strategy
- Annual Whistleblowing Report
- Risk Appetite Statement
- Risk Management Strategy
- Risk Management Annual Report
- Information Governance Annual Report
- Audit and Risk Annual Cycle of Business
- 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 reports and these can be summarised as follows:

### 4.1 Annual Report and Accounts

The Committee considered the Annual Report and Accounts for 2021-22 which highlighted that during 2021-22 the Board continued to make significant capital investment across Acute and Community services. The main areas of investment in the year were refurbishment works at a number of sites; investment in medical equipment; energy schemes to support the climate change initiative; health centres and minor works. The Committee acknowledged that throughout 2021-22 the level of activity delivered across NHSGGC fluctuated in response to different waves of COVID-19 infection. The Committee were assured that, despite the continued pressures and challenges of COVID-19 during 2021-22, NHSGGC made steady progress in reaching a number of key service priority milestones agreed with Scottish Government and outlined in the Phase 4 Remobilisation Plan. The Committee were content to recommend the Annual Accounts 2021-22 to be adopted by the NHSGGC Board.

## **4.2 Annual Review of Governance**

The Committee were asked to consider the Governance Framework Review where members noted that the NHS Board Chair and Chief Executive were not members of the Audit and Risk Committee. It was agreed that an annual report from the Remuneration Committee would be good practice and should be factored into the annual cycle of business.

## **4.3 Patient Private Funds Audit 2020-21**

The Committee were asked to consider the paper the Patient Private Funds Audit 2020-21 for endorsement to be adopted by the NHSGGC Board. The CEO and the Director of Finance were authorised to sign the Abstract of Receipts and Payments, and the Director of Finance was to sign the Letter of Representation. The Committee were content to recommend the Patient Private Funds Annual Accounts 2020-21 to be adopted by the NHSGGC Board.

## **4.4 Whistleblowing Annual Report**

The Committee were presented with the Whistleblowing Annual Report and noted the increase in performance and the average number of days to respond to Stage 1 and Stage 2 whistleblowing cases since the introduction of the Standards.

## **4.5 FOI Policy**

The Committee considered the FOI Policy noting the four key areas of change; (i) processing of FOIs through a single route/generic email to ensure requests to be 'applicant and purpose blind', (ii) two new sections introduced on fees to reflect NHSGGC's ability to charge for information under the terms of the legislation, (iii) reviews carried out by a suitable senior manager without the need for a Non-Executive Board Member to undertake this responsibility (iv) where practical, no employee below AfC Grade 8b to be named in an FOI or EIR response.

## **4.6 NSI and NSS Service Audits**

The Committee received an update on the NSS Service Audit for 2021-22. Payments to Primary Care Contractors qualified for the second year in a row. It was advised that the report was being presented to provide the Committee with assurance around the processes undertaken and the additional reviews commissioned.

The Committee were content to note the report and the actions taken by NSS to mitigate partner risk.

## **4.7 Internal Audit Report - Time of Day and Delayed Discharges**

The Committee were asked to consider the report where the Time of Day Discharges report had been ranked as amber because these were key areas of interest, and challenge, for the Board. However, the nature of the findings in each report do not indicate overall control weakness and this has been reflected in the annual report. The Committee noted a number of areas of good practice and current actions being

taken evidenced alignment to the Scottish Government's 'daily dynamic discharge' approach.

#### **4.8 Best Value**

The Committee considered the Best Value Statement and were advised that Audit Scotland had recommended the Best Value process could be further enhanced with the production of an annual update. Therefore, an annual report had been produced on the Best Value Framework and supporting evidence for NHSGGC. The guidance re-grouped the previous nine characteristics of Best Value into five themes; Vision and Leadership, Governance and Accountability, Effective Partnerships, Use of Resources and Performance Management. In addition, there were two cross cutting themes; Equality and Diversity and Sustainability.

The Committee were assured that the Best Value Statement reflected the activity throughout the year and were content for Ms Jane Grant to sign off the statement as the Accountable Officer.

#### **4.9 Digital Strategy**

The Committee considered the Digital Strategy noting the final draft of the strategy had incorporated comments from the Corporate Management Team, NHSGGC Executives attending the Board Seminar and the eHealth Strategy Board. The EQIA had been quality assured by the Equality and Human Rights Team. Ms Denise Brown, Interim Director of eHealth, noted there was intent to build on the 5-year strategy through the eHealth governance route.

Ms Brown advised the strategy had been aligned to strategic drivers including Moving Forward Together and the developing Clinical Infrastructure Strategy 'Digital on Demand' and the corporate objectives. Key strategic themes and priority programmes would form the basis of NHSGGC's Digital Delivery Plan.

#### **4.10 Risk Management Strategy**

The Committee considered the Risk Management Strategy noting it was a new three-year strategy which draws on best practice from the International Standard for Risk Management ISO:31000, and brings greater clarity to the risk management process, governance and roles and responsibilities for risk management in NHSGGC.

Committee Members agreed that it was important that all Standing Committees were able to review the Risk Management Strategy and were content to recommend the Risk Management Strategy to the NHSGGC Board for approval.

#### **4.11 Information Governance Annual Report**

The Committee considered the Information Governance Annual Report which highlighted that 92.4% of staff had completed the Data Protection mandatory training module and 86% completed the Security & Threat module. 1,816 staff had completed the LearnPro Records Management module and a further 425 staff attended training sessions delivered by the Information Governance team. The Committee were advised that there had been an increase in the number of SARs, previously 570 per month were being received and currently 1,100 per month.

## BOARD OFFICIAL

The Committee were content to approve the report.

## 5. CONCLUSION

### STATEMENT OF ASSURANCE

As Chair of the Audit and Risk Committee during financial year 2022/2023, 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. This past year has seen many changes to the Audit and Risk Committee and how it has had to reflect the impact of Covid 19. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and for their excellent support of the Committee.

Michelle Wailes

**Chairperson**

**On behalf of AUDIT AND RISK COMMITTEE**



## BOARD OFFICIAL

**APPENDIX 1  
AUDIT AND RISK COMMITTEE 2022-23**
**PRESENT**

NAME	POSITION	ORGANISATION	07/06/2022	21/06/2022	13/09/2022	13/12/2022	14/03/2023
Susan Brimelow	Non-Executive	NHSGGC	AA	AA	P	P	P
Alan Cowan	Non-Executive	NHSGGC			AA	P	P
Jacqueline Forbes	Non-Executive	NHSGGC	AA	P	P	P	AA
Margaret Kerr	Non-Executive	NHSGGC	P	P	P	P	P
Martin McCluskey	Non-Executive	NHSGGC			P	P	P
Michelle McGinty	Non-Executive	NHSGGC			P	P	P
Ms Fiona McEwan	Interim Executive Lead	NHSGGC	P	P			
Ketki Miles	Non-Executive	NHSGGC	P	P			
Mr Colin Neil	Executive Lead	NHSGGC		P	P	P	P
Rona Sweeney	Non-Executive	NHSGGC	P	P	P	P	AA
Charles Vincent	Non-Executive	NHSGGC	P	P	P	P	P
Michelle Wailes	Non-Executive	NHSGGC	P	P	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	07/06/2022	21/06/2022	13/09/2022	13/12/2022	14/03/2023
Ms Lesley Aird	Assistant Director of Finance - Financial Services, Capital & Payroll	NHSGGC	P	P	P	P	P
Ms Denise Brown	Interim Director of eHealth	NHSGGC	P	-	-	P	-
Prof John Brown CBE	Board Chair	NHSGGC	P	P	P	P	
Mr John Cornett	External Auditor	Audit Scotland	AA	P			
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P	P
Ms Lisa Duthie	External Auditor	Audit Scotland		P			
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P				
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	-	P	P	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	07/06/2022	21/06/2022	13/09/2022	13/12/2022	14/03/2023
Mr Martin Gill	External Auditor - Endowment Fund	BDO	-	P	-	-	-
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	P
Ms Alison Hardie	Secretariat Manager	NHSGGC			P	P	P
Mr Rob Jones	External Auditor	Ernst & Young				P	P
Ms Liz Maconachie	External Auditor	Audit Scotland	P	P			
Dr Iain Paterson	Corporate Services Manager - Compliance	NHSGGC	P		P	P	
Mr Steven Reid	External Auditor	Ernst & Young				P	
Ms Louise Russell	Interim Secretariat Manager	NHSGGC		P			
Ms Rachael Weir	Internal Auditor	Azets	P	P	A	P	P
Mr Stewart Whyte	Information Governance Manager	NHSGGC	-	-	-	P	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	P	
Ms Rachel Wynne	External Auditor	Ernst & Young				P	P
Ms Elizabeth Young	Internal Auditor	Azets	P	P	A	P	P

**Key**

P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

## BOARD OFFICIAL

## APPENDIX 2

**AUDIT AND RISK COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
07 June 2022	<ul style="list-style-type: none"> <li>• Fraud Reports</li> <li>• Losses and Compensations 2021-22</li> <li>• External Audit Update</li> <li>• Endowments External Audit Plan 2021-22</li> <li>• Internal Audit Papers</li> <li>• NIS Audit Report and Action Plan</li> <li>• Corporate Risk Register</li> <li>• Legal Update</li> <li>• Whistleblowing Update</li> <li>• Terms of Reference</li> </ul>
21 June 2022	<ul style="list-style-type: none"> <li>• Endowment Funds Accounts</li> <li>• NHSGGC Annual Report and Accounts 2021-22</li> <li>• NSI and NSS Service Audits</li> <li>• Financial Statements 2021-22 – Statement of Assurance and Review of Systems of Internal Control</li> <li>• External Audit Papers</li> <li>• Best Value</li> <li>• Annual Review of Corporate Governance</li> </ul>
13 September 2022	<ul style="list-style-type: none"> <li>• Fraud Report</li> <li>• Patient Private Funds Audit 2020-21</li> <li>• Internal Audit Reports</li> <li>• Corporate Risk Register</li> <li>• Risk Appetite Statement</li> <li>• FOI Annual Report</li> <li>• FOI Policy</li> <li>• Whistleblowing Annual Report and Quarter 1 Report</li> <li>• ACOB Discussion and Planning 2022/23</li> </ul>
13 December 2022	<ul style="list-style-type: none"> <li>• Fraud Report</li> <li>• Fraud Policy and Fraud Prevention Plan</li> <li>• Introduction to Ernst &amp; Young</li> <li>• Internal Audit Reports</li> <li>• Digital Strategy</li> <li>• Corporate Risk Register</li> <li>• Risk Management Strategy</li> <li>• Information Governance Annual Report 2021-22</li> <li>• FOI Policy</li> </ul>
14 March 2023	<ul style="list-style-type: none"> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• Bad Debt Write Off</li> <li>• External Audit Annual Audit Plan</li> <li>• Internal Audit Reports</li> <li>• Corporate Risk Register</li> <li>• Risk Management Annual Report</li> <li>• Whistleblowing Quarter 2 and 3 Report</li> <li>• Audit and Risk Committee Annual Report</li> </ul>

## BOARD OFFICIAL

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	March 2023
Date for review:	April 2024
Replaces previous version:	June 2022

# GREATER GLASGOW AND CLYDE NHS BOARD

## ANNUAL REPORT OF CLINICAL AND CARE GOVERNANCE COMMITTEE

### 1. INTRODUCTION

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

### 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 Committee

The overall purpose of the Clinical and Care Governance Committee is to ensure the clinical and care governance arrangements are effective in improving and monitoring the safety and quality of care. To perform this role the Committee will provide scrutiny in respect of clinical services proposals, risks and ensure that NHSGGC fulfils its statutory obligation relating to the Board's Duty of Quality.

#### 3.2 Composition

During the financial year ending 31 March 2023 membership of the Clinical and Care Governance Committee comprised:

Chairperson - Ms Susan Brimelow until June 2022  
Chairperson - Dr Paul Ryan from June 2022

#### MEMBERSHIP

- Dr Jennifer Armstrong
- Ms Mehvish Ashraf from 7 March 2023
- Prof John Brown CBE
- Ms Dianne Foy
- Mr David Gould
- Mrs Jane Grant
- Prof Ian McInnes
- Cllr Katie Pragnell
- Mr Ian Ritchie
- Dr Lesley Rousselet

**IN ATTENDANCE**

- Prof Julie Brittenden, Director of Research and Innovation
- Ms Gail Caldwell, Director of Pharmacy
- Dr Scott Davidson, Deputy Medical Director, Acute
- Dr Chris Deighan, Deputy Medical Director, Corporate
- Ms Sandra Devine, Director of Infection Control
- Dr David Dodds, Chief of Medicine, Regional Services
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Dr Judith Godden, Scientific Officer/Manager for Research Ethics
- Ms Natalia Hedo, Business Manager – Infection Control
- Ms Geraldine Jordan, Director of Clinical and Care Governance
- Ms Jennifer Rodgers, Deputy Nurse Director, Corporate
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Prof Angela Wallace, Director of Nursing

**3.3 Meetings**

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 07 June 2022
- 06 September 2022
- 06 December 2022
- 07 March 2023

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 2022/23. Areas considered included:

- Overview Update from Executive Leads
- Clinical Governance Healthcare Quality Report
- Healthcare Associated Infection Reporting Template
- Board Support for Care Homes
- Care Opinion/Patient Experience Quarterly Reports
- Clinical Governance Annual Report
- Duty of Candour Annual Report
- QEUH/RHC Update
- Clinical Risk Management - Clinical Risk Report January 2021-June 2021 including Scottish National Audit Programme and HSMR
- Person Centred Improvement Programme
- Health and Safety Executive Prosecution
- West of Scotland Research Ethics Committees Annual Report

- West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)
- Extract from the Corporate Risk Register

**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 Care Opinion/Patient Experience Quarterly Reports**

The Committee received updates which provided an overview of performance and the mechanisms used to identify feedback from people using NHSGGC's services. The Committee were assured that feedback opportunities, complaints received and Scottish Public Services Ombudsman Investigative Reports and Decision Letters were used to bring about service improvements for the people who use NHSGGC services and their carers.

### **4.2 Clinical Governance Annual Report**

The Committee considered the Clinical Governance Annual Report presented by the Director of Clinical and Care Governance. The Annual Report described the progress that had been made in improving safe, effective and person centred care and included a number of examples of the activities and interventions that had taken place over the year and demonstrated the significant commitment of the Board to managing and improving the quality of care we provide, and that the clinical governance structure is well developed.

The report provided assurance that despite the challenges encountered throughout the pandemic, NHSGGC had continued to focus on clinical governance and ensuring safe, effective and person centred care.

The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to approve the report for onward submission to the NHSGGC Board.

### **4.3 Duty of Candour Annual Report**

The Committee considered the Duty of Candour Annual Report, presented by the Director of Clinical and Care Governance. The Duty of Candour legislation became active in 2018 and set out the procedure by law to follow when there had been an unintended or unexpected incident that resulted in death or harm (or additional treatment was required to prevent injury that would result in death or harm). The Annual Report was a legal requirement and described how duty of candour had been operated in NHSGGC during the year and provided assurance that the Duty of Candour policy and procedures had been followed. The Clinical and Care Governance Committee were assured by the information provided and were content to approve the Report



#### **4.4 West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)**

The Committee considered the West of Scotland Cancer Reports and Action Plans presented by the Chief of Medicine for Regional Services which outlined the established governance structures, the key reporting figures for the period and the progress made.

The Committee were advised each Board within the West of Scotland Cancer Network reported QPI progress through the Regional Cancer Advisory Group which in turn reported to Healthcare Improvement Scotland to create the national picture. The aim of QPIs was to ensure Boards were able to focus attention on areas for improved survival of cancer and improved patient experience and to reduce variation of cancer care nationally and to ensure all treatment delivered within cancer services were safe and effective.

The Committee were assured that the West of Scotland Cancer Reports demonstrated a well-established audit and reporting framework and noted the considerable work that had been completed at all levels.

#### **4.5 Quality Strategy Annual Report**

The Committee considered the Quality Strategy Update Report. The Committee received an annual update on the progress pertaining to the [‘The Pursuit of Healthcare Excellence’: Healthcare Quality Strategy \(2019-2023\)](#) over the past year.

NHSGGC Board and Clinical and Care Governance Committee endorsed the Strategy prior to its launch in 2019. The Strategy is a framework which outlines how we intend to continuously improve the quality of care to our patients, carers and communities over a period of five years. It expresses our collective commitment as an organisation to put quality at the forefront of everything we do. It provides direction to ensure that high quality care is delivered across all health care settings within NHSGGC where our person centred care priorities are based on what matters to people receiving care and their families.

Throughout the year a cross system and collaborative approach has enabled the work of the QSOG to continue and flourish. As we recover from the pandemic, the coming year will provide opportunity for review and refresh as we move into the final year of the framework.

The Committee were assured by the robustness of the processes outlined in the report.

#### **4.6 West of Scotland Research Ethics Committee Annual Report**

The Committee considered the West of Scotland Research Ethics Committee Annual Report presented by the Scientific Officer from the West of Scotland Research Ethics Service.

The report highlighted the important role the volunteers and staff played in the protection and promotion of the interests of patients in health care research. The Committee were advised that the Research Ethics Committees were subject to audit

## BOARD OFFICIAL

by the Health Research Authority every two years and all of the West of Scotland Research Ethics Committees had been audited within the last year and each received full accreditation with no actions required.

The Committee were assured by the robustness of the processes outlined in the report and noted their admiration for the important role of volunteers in health care research. The Committee were content to approve the report.

## **5. CONCLUSION**

### **STATEMENT OF ASSURANCE**

As Chair of the Clinical and Care Governance Committee during year 2022/23, 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.

Dr Paul Ryan

**Chairperson**

**On behalf of CLINICAL AND CARE GOVERNANCE COMMITTEE**

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**APPENDIX 1  
CLINICAL AND CARE GOVERNANCE COMMITTEE 2022-23**
**PRESENT**

NAME	POSITION	ORGANISATION	07/06/2022	06/092022	06/12/2022	07/032023
Dr Jennifer Armstrong	Executive Lead Medical Director	NHSGGC	P	P	P	P
Ms Mehvish Ashraf	Non-Executive Board Member	NHSGGC	-	-	-	P
Ms Susan Brimelow	Non-Executive Board Member	NHSGGC	P	P	P	P
Prof John Brown CBE	Board Chair	NHSGGC	P	-	-	-
Ms Diane Foy	Non-Executive Board Member	NHSGGC	-	P	AA	P
Mr David Gould	Non-Executive Board Member	NHSGGC	P	P	AA	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P
Prof Ian McInnes	Non-Executive Board Member	NHSGGC	P	P	P	P
Cllr Katie Pragnell	Non-Executive Board Member	NHSGGC	-	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P	AA
Dr Lesley Rousselet	Non-Executive Board Member	NHSGGC	P	P	P	P
Dr Paul Ryan	Non-Executive Board Member	NHSGGC	P	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	07/06/2022	06/092022	06/12/2022	07/032023
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	P	-	P	-
Dr Martin Culshaw	Deputy Medical Director for Mental Health Services	NHSGGC	-	-	P	-
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	-	-	-	P
Dr Chris Deighan	Deputy Medical Director, Corporate	NHSGGC	P	P	-	-
Ms Sandra Devine	Director of Infection Control	NHSGGC	P	P	P	P
Dr David Dodds	Chief of Medicine, Regional Services	NHSGGC	-	-	P	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P

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NAME	POSITION	ORGANISATION	07/06/2022	06/09/2022	06/12/2022	07/03/2023
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P
Dr Judith Godden	Scientific Officer/Manager for Research Ethics	NHSGGC	-	-	P	-
Ms Geraldine Jordan	Director of Clinical and Care Governance	NHSGGC	P	-	P	P
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate	NHSGGC	-	P	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	-	P	-	-
Prof Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P

**Key**

P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

## APPENDIX 2

**CLINICAL AND CARE GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
07 June 2022	<ul style="list-style-type: none"> <li>• Medicines and Pharmacy: HEPMA Implementation</li> <li>• Quality of Care Review into Urgent Care Mental Health Assessment Units</li> <li>• Thrombolysis and Thrombectomy Services</li> <li>• Public Protection Unit - Update</li> <li>• Clinical Risk Report July 2021 - December 2021</li> <li>• HSMR Report October 2020 - September 2021</li> <li>• Healthcare Associated Infection Reporting Template</li> <li>• Extract from the Corporate Risk Register</li> <li>• Terms of Reference</li> </ul>
06 September 2022	<ul style="list-style-type: none"> <li>• Safety and Quality of Care in Relation to Staffing Levels</li> <li>• National Services and Governance Benchmarking</li> <li>• Clinical Governance Updates</li> <li>• Quality Strategy Annual Report</li> <li>• Infection Control Update</li> <li>• Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Annual Cycle Discussion and Planning for 2023</li> </ul>
06 December 2022	<ul style="list-style-type: none"> <li>• Mental Health Update</li> <li>• Duty of Candour Annual Report</li> <li>• HSMR</li> <li>• Clinical Governance Updates</li> <li>• Infection Control Update</li> <li>• Quality Strategy Annual Report</li> <li>• Pressure Ulcer Update</li> <li>• West of Scotland Research Ethics Committees Annual Report</li> <li>• West of Scotland Cancer Reports</li> <li>• Best Start Maternity and Neonatal Care</li> <li>• Extract from the Corporate Risk Register</li> </ul>
07 March 2023	<ul style="list-style-type: none"> <li>• Acute Services Update</li> <li>• Management of Significant Adverse Events</li> <li>• Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report</li> <li>• Care Homes</li> <li>• 2022 Research &amp; Innovation Board Report</li> <li>• Key Performance Indicators for Clinical and Care Governance Committee</li> <li>• Infection Control Update</li> <li>• Scottish National Audit Programme Update</li> <li>• Extract from Corporate Risk Register</li> </ul>

## BOARD OFFICIAL

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	March 2023
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Replaces previous version:	June 2022

**GREATER GLASGOW AND CLYDE NHS BOARD**

**ANNUAL REPORT OF FINANCE PLANNING AND PERFORMANCE COMMITTEE**

**1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

**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 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 2023 membership of the Finance Planning and Performance Committee comprised:

Chairperson - Mr Simon Carr to June 2022

Chairperson - Ms Margaret Kerr from June 2022

Vice Chair - Rev John Matthews

Executive Lead - Director of Finance, Mr Mark White to April 2022

Executive Lead - Interim Director of Finance, Ms Fiona McEwan, from April 2022 to August 2022

Executive Lead - Director of Finance, Mr Colin Neil, from August 2022

**MEMBERSHIP**

- Dr Jennifer Armstrong
- Ms Susan Brimelow OBE
- Prof John Brown CBE
- Ms Ann Cameron-Burns
- Mr Simon Carr
- Mr Alan Cowan
- Dr Emilia Crighton
- Cllr Chris Cunningham
- Ms Jacqueline Forbes



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- Mrs Jane Grant
- Ms Christine Lavery
- Prof Iain McInnes
- Cllr Sheila Mechan
- Ms Ketki Miles
- Ms Anne-Marie Monaghan
- Mr Colin Neil
- Mr Ian Ritchie
- Dr Paul Ryan
- Ms Caroline Sinclair
- Ms Rona Sweeney
- Ms Michelle Wailes
- Prof Angela Wallace

**IN ATTENDANCE**

- Ms Denise Brown, Interim Director of eHealth
- Ms Frances Burns, Head of Strategic Planning and Health Improvement, HSCP - Renfrewshire
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Margaret-Jane Cardno, Head of Service Strategy and Transformation, HSCP - West Dunbartonshire
- Ms Jacqueline Carrigan, Assistant Director of Finance - Acute/Access
- Ms Beth Culshaw, Chief Officer, HSCP - West Dunbartonshire
- Ms Kim Donald, Corporate Services Manager - Governance/Board Secretary
- Ms Gillian Duncan, Secretariat (Minute)
- Mr William Edwards, Chief Operating Officer, Acute Services
- Ms Ann Forsyth, Head of Primary Care Support
- Mr Andrew Gibson, Chief Risk Officer
- Mr Craig Given, Head of Finance, Planning and Performance, HSCP - Inverclyde
- Ms Alison Hardie, Secretariat Manager
- Ms Carol Harvey, Senior Business and Delivery Manager
- Ms Ray Howard, Secretariat Officer
- Ms Andrina Hunter, Service Manager, Planning and Performance, HSCP - Inverclyde
- Ms Karen Lamb, Head of Specialist Children's Services
- Ms Fiona Mackay, Assistant Director of Planning
- Mrs Anne MacPherson, Director of Human Resources and Organisational Development
- Mrs Geraldine Mathew, Secretariat
- Ms Susanne Millar, Chief Officer, HSCP - Glasgow City
- Ms Jillian Neilson, Programme Manager
- Dr Kerri Neylon, Deputy Medical Director for Primary Care
- Mr Steven Reid, Policy, Planning and Performance Manager, HSCP - East Renfrewshire
- Prof Tom Steele, Director of Estates and Facilities
- Mr Allen Stevenson, Interim Chief Officer, HSCP - Inverclyde
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Ms Rachael Weir, Senior Manager, Azets

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- Mr Arwel Williams, Director of Regional Services

### 3.3 Meetings

The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 05 April 2022
- 14 June 2022
- 09 August 2022
- 11 October 2022
- 06 December 2022
- 07 February 2023

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 2022/23. Areas considered included:

- Annual Delivery Plan - Update
- Capital Plans 2022-23, 2023-24, 2024-25
- Child and Adolescent Mental Health Services
- COVID-19 Update
- Digital Strategy
- Extract from Corporate Risk Register
- Financial Monitoring Report
  - Monthly Finance report
  - Sustainability and Value update
  - Capital Plan update
- 3 year Financial Plan
- GP Out of Hours Update
- HSCP Strategic Plan and Review
  - IJB Strategic Plan - East Dunbartonshire
  - IJB Strategic Plan - West Dunbartonshire
  - IJB Strategic Plan Review - Glasgow City
  - IJB Strategic Plan - Inverclyde
  - IJB Strategic Plan - Renfrewshire
  - IJB Strategic Plan - East Renfrewshire
- IJB Strategic Planning and Performance Reporting Azets
- INS Initial Agreement
- Internal Audit
  - Internal Audit 2021-22 Report
  - Internal Audit Plan 2022-23
- Laboratory Information Management System
- Medication Assisted Treatment Standards
- Performance Report
- Policy on the Management of Intellectual Property

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- Primary Care Improvement Plan - Update
- Property Committee Minutes
- QEUH and RHC Update
- QEUH Atrium Wall Lining Replacement - Business Case
- Radionuclide Dispensary Outline Business Case
- Review of Terms of Reference
- Strategic Planning Framework
- Winter Plan - 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:

##### **4.6 Financial Planning 2023/24-2025/26**

The Committee approved NHSGGC's three-year Financial Plan for 2023/24 to 2025/26, with the final draft submitted to the Scottish Government by 16 March 2023.

##### **4.7 Capital Plan 2023/24-2025/26**

The Committee approved NHSGGC's Capital Plan for the 3-year period 2023/24 to 2025/26, and noted all estimated capital resources available including national formula allocation, additional (project) specific funding and planned asset disposals.

##### **4.8 Strategic Planning Update**

The Committee noted the update and were assured that the strategic planning and commissioning actions in the Active Governance Framework were being progressed.

##### **4.9 Annual Delivery Plan**

The Committee received a summary of performance against the respective KPIs outlined in the Performance Assurance Framework, and based on the measures contained in the 2022-23 Annual Delivery Plan alongside key local and national performance measures.

##### **4.10 Primary Care Improvement Plans Update**

The Committee noted the update on the Primary Care Performance Framework being developed in response to growing demands in Primary Care Improvement Plans (PCIPs) for the six HSCPs within NHSGGC and General Optometry Services. Dental and Pharmacy services to report separately.

**4.11 QEUH Updates; Public Inquiry/Legal Claim**

The Committee received updates to note NHSGGC's key priority remains the safety of patients and support for staff, and noted the work will continue to be progressed at pace, using all available resources, seeking national expertise and advice. Significant media, Scottish Government and public interest in the current situation continued.

**4.12 Strategic Plans for IJBs****Inverclyde HSCP**

The Committee noted the five year (2019-24) Inverclyde Strategic Plan that set out the shared strategic priorities and ambitions for Inverclyde. It had been planned to refresh in 2022-23 with a revised plan in place for the remaining two year term focussed on future challenges.

**West Dunbartonshire**

The Committee received the updated Plan on the development of West Dunbartonshire HSCP's Strategic Plan 2023 - 2026.

**Glasgow City - Review**

The Committee noted that the Strategic Priorities within the draft Plan strongly correlated with the NHSGGC's Board Objectives, and that work would continue to reflect the priorities of the Health Board within the Strategic Plan.

**East Dunbartonshire, East Renfrewshire and Renfrewshire**

The Committee noted the strategic plans for East Renfrewshire and East Dunbartonshire replaced the Strategic Plan 2018-21. A 1-year 'bridging' plan was established for 2021-22 with agreement from the Scottish Government, a period during which response and recovery from the early impacts of the Covid-19 pandemic were prioritised. For Renfrewshire HSCP the new plan replaces the Strategic Plan 2019-22.

**4.13 Digital Strategy Refresh 11.10.22, 06.12.22**

The Committee noted that the 5-year strategy established the direction for digital to support NHSGGC's recovery and remobilisation and delivery of key strategic solutions. To build on existing investment, maximise the value from the existing tools, and take forward new and innovative work to meet priority requirements.

**4.14 Laboratory Information Management System**

The Committee were advised that NHSGGC, in conjunction with 10 other Health Boards, formed a Consortium in 2019 to progress the procurement of a new LIMS system. The Consortium has now extended to 12 Health Boards.

A competitive procurement had been undertaken, supplier evaluations completed and a successful bidder identified. The framework contract is for 10 years with an optional extension of 3 +3 years (total 16 years).

The procurement was overseen by a multi Board Programme with support from NSS.

**4.15 Radionuclide Dispensary Outline Business Case**

The Committee approved the submission of the Outline Business Case v2.1 to the Scottish Government Capital Investment Group. The Outline Business Case will go through the relevant NHSGCG governance approval as noted in Section 7.

**4.16 MAT Standards**

The Committee received an update on the arrangements for progressing implementation of the Medication Assisted Treatment Standards for Scotland across Greater Glasgow and Clyde, and progress on the implementation of the Standards to date, with a particular focus on Medication Assisted Treatment Standards 1-5.

**4.17 IA Report 2021-22 and IA Plan 2022-23**

The Committee were assured of the areas of focus in the coming year relevant to the risks other standing committees have responsibility for.

**4.18 Review of Terms of Reference**

The Committee reviewed its remit in line with the approach to Active Governance ensuring effective Assurance Operating Requirements, and approval of the Committee's Terms of Reference.

**5. CONCLUSION****STATEMENT OF ASSURANCE**

As Chair of the Finance Planning and Performance Committee during year 2022/23, 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 FINANCE PLANNING AND PERFORMANCE COMMITTEE**

## BOARD OFFICIAL

**APPENDIX 1****FINANCE, PLANNING AND PERFORMANCE COMMITTEE 2022-23****PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>05/04/22</b>	<b>14/06/22</b>	<b>09/08/22</b>	<b>11/10/22</b>	<b>06/12/22</b>	<b>07/02/23</b>
Dr Jennifer Armstrong	Medical Director	NHSGGC	P		P	P	P	P
Ms Susan Brimelow OBE	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Prof John Brown CBE	Board Chair	NHSGGC	P	P	P	P	AA	P
Ms Ann Cameron-Burns	Employee Director/ Non-Executive Member	NHSGGC	P	P	P	P	P	P
Mr Simon Carr	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Mr Alan Cowan	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	P	AA	P	AA	P	P
Cllr Chris Cunningham	Non-Executive Board Member	NHSGGC			P	P	P	P
Ms Jacqueline Forbes	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	AA	P	P	P
Ms Margaret Kerr	Non-Executive Board Member	NHSGGC	AA	P	P	P	P	P
Ms Christine Lavery	Chief Officer	HSCP - Renfrewshire			P		P	P
Rev John Matthews OBE	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Fiona McEwan	Interim Executive Lead	NHSGGC	P	P		P	P	P
Prof Iain McInnes	Non-Executive Board Member	NHSGGC	A	AA	AA	P	P	P
Cllr Sheila Mechan	Non-Executive Board Member	NHSGGC	P					
Ms Ketki Miles	Non-Executive Board Member	NHSGGC			P	P	AA	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	05/04/22	14/06/22	09/08/22	11/10/22	06/12/22	07/02/23
Ms Anne-Marie Monaghan	Non-Executive Board Member	NHSGGC	AA	P	AA	P	AA	P
Mr Colin Neil	Executive Lead	NHSGGC		P	P	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	AA	P	P	P	P	P
Dr Paul Ryan	Non-Executive Board Member	NHSGGC			AA	AA	P	P
Ms Caroline Sinclair	Chief Officer	HSCP - East Dunbartonshire			P	P	P	P
Ms Rona Sweeney	Non-Executive Board Member	NHSGGC	P	P	P	A	P	P
Ms Michelle Wailes	Non-Executive Board Member	NHSGGC			P	P	P	P
Prof Angela Wallace	Director of Nursing	NHSGGC		P	P	P	P	P
Mr Mark White	Executive Lead	NHSGGC	P					

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	05/04/22	14/06/22	09/08/22	11/10/22	06/12/22	07/02/23
Ms Denise Brown	Interim Director of eHealth	NHSGGC	P		AA		P	P
Ms Frances Burns	Head of Strategic Planning and Health Improvement	HSCP - Renfrewshire	P					
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P		P	P	P
Ms Margaret-Jane Cardno	Head of Service Strategy and Transformation	HSCP - West Dunbartonshire					P	P
Ms Jacqueline Carrigan	Assistant Director of Finance - Acute/Access	NHSGGC					P	
Ms Beth Culshaw	Chief Officer	HSCP - West Dunbartonshire			P		P	P
Ms Kim Donald	Corporate Services Manager – Governance/ Board Secretary	NHSGGC		P	AA	P	P	P



## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	05/04/22	14/06/22	09/08/22	11/10/22	06/12/22	07/02/23
Ms Gillian Duncan	Secretariat (Minute)	NHSGGC		P		P		
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	P	P	P	P	P
Ms Ann Forsyth	Head of Primary Care Support	NHSGGC			P		P	
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P	P	P
Mr Craig Given	Head of Finance, Planning and Performance	HSCP - Inverclyde			P			
Ms Alison Hardie	Secretariat Manager	NHSGGC					P	
Ms Carol Harvey	Senior Business and Delivery Manager	NHSGGC				P	P	
Ms Ray Howard	Secretariat (Observing)	NHSGGC		P				
Ms Andrina Hunter	Service Manager, Planning and Performance	HSCP - Inverclyde			P			
Ms Karen Lamb	Head of Specialist Children's Services	NHSGGC			P			P
Ms Fiona Mackay	Assistant Director of Planning	NHSGGC			P	P		
Mrs Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P		P	P	P
Mrs Geraldine Mathew	Secretariat (Minute)	NHSGGC	P					
Ms Susanne Millar	Chief Officer	HSCP - Glasgow City			P	P	P	
Ms Jillian Neilson	Programme Manager	NHSGGC				P		
Dr Kerri Neylon	Deputy Medical Director for Primary Care	NHSGGC			P		P	
Mr Steven Reid	Policy, Planning and Performance Manager	HSCP - East Renfrewshire	P					
Prof Tom Steele	Director of Facilities and Estates	NHSGGC	P	AA	P	P	P	P
Mr Allen Stevenson	Interim Chief Officer	HSCP - Inverclyde	-	-	P	-	-	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC		P	P	P		
Ms Rachael Weir	Senior Manager	Azets	P					

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	05/04/22	14/06/22	09/08/22	11/10/22	06/12/22	07/02/23
Mr Arwel Williams	Director of Regional Services	NHSGGC	P	P				

**Key**

P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

## APPENDIX 2

**FINANCE, PLANNING AND PERFORMANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
05 April 2022	<ul style="list-style-type: none"> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• IJB Strategic Planning and Performance Reporting Azets</li> <li>• HSCP Strategic Plans Update               <ul style="list-style-type: none"> <li>- Renfrewshire HSCP</li> <li>- East Renfrewshire HSCP</li> <li>- East Dunbartonshire HSCP</li> </ul> </li> <li>• COVID-19 Update</li> <li>• Laboratory Information Management System (LIMS)</li> <li>• INS Initial Agreement</li> <li>• Finance Update               <ul style="list-style-type: none"> <li>- Finance Report</li> <li>- Financial Plan</li> </ul> </li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Review of Terms of Reference</li> </ul>
14 June 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• Radionuclide Dispensary Outline Business Case</li> <li>• Finance Report               <ul style="list-style-type: none"> <li>- Month 12 Report</li> <li>- Capital Plan Update (presentation)</li> </ul> </li> <li>• Financial Plan Update</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Internal Audit               <ul style="list-style-type: none"> <li>- Internal Audit 2021-22 Report</li> <li>- Internal Audit Plan 2022-23</li> </ul> </li> </ul>
09 August 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• HSCP Strategic Plan Update - Inverclyde</li> <li>• Annual Delivery Plan Update</li> <li>• Primary Care Improvement Plan – Update</li> <li>• GP Out of Hours Update</li> <li>• Financial Monitoring Report</li> <li>• Three Year Revenue Plan</li> <li>• Capital Plan 2022/23 to 2024/25</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> </ul>
11 October 2022	<ul style="list-style-type: none"> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• QEUH Atrium Wall Lining Replacement - Business Case</li> <li>• Strategic Planning Framework</li> </ul>

## BOARD OFFICIAL

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>• Glasgow City Integration Joint Board Strategic Plan Review</li> <li>• Medication Assisted Treatment Standards</li> <li>• Annual Delivery Plan - Update</li> <li>• Winter Plan - Update</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>
06 December 2022	<ul style="list-style-type: none"> <li>• GP OOH Update</li> <li>• Digital Strategy</li> <li>• Primary Care Improvement Plan – Update</li> <li>• IJB Strategic Plan – West Dunbartonshire</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>
07 February 2023	<ul style="list-style-type: none"> <li>• HSCP Strategic Plans               <ul style="list-style-type: none"> <li>- IJB Strategic Plan - West Dunbartonshire</li> </ul> </li> <li>• Child and Adolescent Mental Health Services</li> <li>• Radionuclide Dispensary Outline Business Case</li> <li>• Financial Monitoring Report</li> <li>• Financial Planning 2023-24</li> <li>• Capital Plan 2023-24</li> <li>• Performance Report</li> <li>• Policy on the Management of Intellectual Property</li> <li>• Extract from the Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance Planning and Performance Committee
Approved date:	April 2023
Date for review:	April 2024
Replaces previous version:	June 2022

**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF THE POPULATION HEALTH AND WELLBEING  
COMMITTEE 2022/23****1. INTRODUCTION**

The year 2022/2023 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

**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 - August 2018, 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 2023 membership of the Population Health and Wellbeing Committee comprised:

Chairperson - Rev John Matthews OBE  
Vice Chair - Mr Ian Ritchie

**MEMBERSHIP**

- Prof John Brown CBE
- Cllr Jacqueline Cameron
- Dr Emilia Crighton
- Ms Dianne Foy
- Mrs Jane Grant
- Ms Christine Laverty
- Cllr Martin McCluskey
- Ms Susanne Millar
- Ms Anne Marie Monaghan
- Mr Francis Shennan

**IN ATTENDANCE**

- Ms Anna Baxendale, Head of Health Improvement, Public Health
- Ms Rebecca Campbell, Consultant in Public Health Medicine
- Dr Daniel Carter, Consultant in Public Health Medicine
- Professor Chik Collins, Director of the Glasgow Centre for Population Health
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Ms Anne Harkness, Director of Delivery and Resilience
- Mr Neil Irwin, Service Lead
- Ms Heather Jarvie, Public Health Programme Manager - Adult Screening
- Dr Iain Kennedy, Consultant Public Health Medicine
- Mr Trevor Lakey, Health Improvement and Inequalities Manager
- Ms Angela Leitch, Chief Executive, Public Health Scotland
- Ms Jennifer Mclean, Acting Director, Glasgow Centre for Population Health
- Julie Metcalfe, Clinical Director CAMHS
- Dr Catriona Milosevic, Consultant in Public Health Medicine
- Ms Linda Morris, Public Health Programme Manager
- Ms Fiona Moss, Head of Health Improvement and Equalities, Glasgow City HSCP
- Mr Nicholas Phin, Director, Public Health Science, Public Health Scotland
- Dr Alison Potts, Acting Screening Co-ordinator for Adult Programmes, Specialty Registrar in Public Health
- Ms Jac Ross, Equality and Human Rights Manager
- Mr Peter Seaman, Associate Director, Glasgow Centre for Population Health
- Ms Debbie Schofield, Public Health Programme Manager
- Ms Val Tierney, Chief Nurse West Dunbartonshire HSCP
- Dr Beatrix von Wissmann, Consultant in Public Health Medicine

**3.3 Meetings**

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 13 April 2022
- 20 July 2022
- 12 October 2022
- 18 January 2023

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:

- COVID-19 Updates
- Monitoring Report for the Fairer NHSGGC 2020 - 2024 Equality Scheme

## BOARD OFFICIAL

- Public Health Priorities
- Local Child Poverty Action Plans
- Extract from the Corporate Risk Register
- Horizon Scanning - Public Health
- Review of the Terms of Reference
- Public Health Assurance Framework
- Five Year Mental Health Strategy Prevention Progress Report
- Drug Related Deaths in Greater Glasgow and Clyde
- NHSGGC Vaccination Programme
- Type 2 Diabetes Report
- NHSGGC Child Oral Health Department Performance Report
- Assurance Information Report
- Winter Epidemiology Update
- Universal Pathway Programme
- Children and Young People - Mental Health
- Screening Programme 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 COVID-19 Update**

The Population Health and Wellbeing Committee received regular updates on the ongoing response to COVID-19 pandemic, including reproduction rates (R rates), number of hospitalisations, infection data modelling, and the public health activities in a response to changing guidelines and public advice. The Population Health and Wellbeing Committee were assured by the information provided of the wide range of activities being undertaken to respond to the ongoing challenges of the pandemic.

##### **4.2 Monitoring Report for the Fairer NHSGGC 2020 - 2024 Equality Scheme**

Ms Jac Ross, Equality and Human Rights Manager, provided a presentation which detailed how NHSGGC were meeting their legal obligations under the Equality Act (2010) as well as progress towards meeting the mainstreaming actions, equality outcomes, and setting the priorities for the next two years. The report detailed the equality related work during the Covid-19 pandemic including inclusive approach to Test and Protect, information for BME staff relating to vaccinations and an inclusive vaccine and engagement plan to inform messaging to protected and vulnerable groups. The Population Health and Wellbeing Committee welcomed the report and were assured by the ongoing monitoring of equality outcomes across the NHSGGC Board area.



### **4.3 Public Health Priorities**

The Population Health and Wellbeing Committee were asked to consider and approve four priority areas of Public Health for NHSGGC in 2022/23: Child Health, Type 2 Diabetes Prevention, Drug Related Deaths and Review of 'Turning the Tide'. The priority areas of Child Health included: the Universal Pathway, Child and Adolescent Mental Health and Dental Health Services. The areas of priority were selected based on the emerging evidence of the adverse impact of the Covid-19 pandemic on individuals and communities. The Population Health and Wellbeing Committee were content to approve the four priority areas and were assured by the focus on preventative measures outlined by the Public Health team.

### **4.4 Local Child Poverty Action Plans**

Child Poverty Act (CPA, 2017) placed a duty on all Health Boards and Local Authorities in Scotland to work together to mitigate and report on actions to reduce child poverty. The reporting of this joint work is via yearly LCPARs produced by each local authority, in partnership with Health Boards, and submitted to Scottish Government. The Population Health and Wellbeing Committee were provided with Local Child Poverty Action Reports for each of the areas of Greater Glasgow and Clyde: East Renfrewshire, Renfrewshire, Inverclyde, Glasgow City, East Dunbartonshire, and West Dunbartonshire.

NHSGGC contributions were included within each report. The key areas of work at Board level were: employability and apprenticeship programmes, procurement, and advice for staff, which included a 'staff money worries' campaign. The Population Health and Wellbeing Committee were content to approve these reports recognising that national policies, including improved welfare programmes, were necessary for meaningful improvements in child poverty levels.

### **4.5 Extract from Corporate Risk Register**

Mr Andrew Gibson, Chief Risk Officer, provided regular reports to the Population Health and Wellbeing Committee regarding the Committee's position as aligned with the Corporate Risk Register. There were two Corporate Risks aligned to the Population Health and Wellbeing Committee: Pandemic Response and Breakdown of failsafe mechanisms for Public Health Screening. Throughout the year, the Committee discussed the scoring of the risks which remained static at very high (16) for Pandemic Response and High (12) for Breakdown of failsafe mechanisms for Public Health Screening. Target Risk Scores were 12 for Pandemic Response and 12 for Breakdown of failsafe mechanisms for Public Health Screening. The Population Health and Wellbeing Committee were content to approve the reports.

### **4.6 Horizon Scanning - Public Health**

Members of the Population Health and Wellbeing Committee were invited to consider how they influence the agenda and to present their views for debate. A Development Session of the Committee was proposed to allow for greater focus to the discussion. The Development Session took place on 04 October 2022.

#### **4.7 Review of Terms of Reference**

Dr Emilia Crighton, Interim Director of Public Health, provided an overview of the Terms of Reference noting the minor amendment which was applied to the Terms of Reference Appendix 1: Scheme of Delegation to reflect the updated version of the Scheme of Delegation as agreed by the NHSGGC Board at its meeting of 21 December 2021. The Population Health and Wellbeing Committee noted the update.

#### **4.8 Public Health Assurance Framework**

Further to the work on Active Governance reported to the Board in June 2022 Dr Emilia Crighton, Interim Director of Public Health, presented quarterly reports which detailed areas where the targets were being met and the actions that were in place for Red, Amber and Green status. The Population Health and Wellbeing Committee approved these reports and engaged in discussions on Child and Adolescents Mental Health Services referrals noting the involvement of the Local Authorities in early intervention and prevention and a number of multi-agency projects which were underway, including a Youth Health and Well Being project. The Population Health and Wellbeing Committee comments were applied to the overall improvement of the reports to give an accurate picture of Public Health Services.

#### **4.9 Five Year Mental Health Strategy Prevention Progress Report**

Ms Fiona Moss, Head of Health Improvement and Equalities, Glasgow City HSCP presented a report outlining the progress of the prevention and early intervention work stream of the NHSGGC Five Year Adult Mental Health Strategy, including key aspects of the work plan for the coming year. The report highlighted an increase in the number of Adult Mental Health presentations and prescriptions. Trend data indicated worsening mental health over time in Scotland, with increased self-report of depression, anxiety, attempted suicide and self-harm and suggested that the upward trend would continue. The report highlighted plans for responding to distress including Compassionate Distress Response Service which was launched in Glasgow City and was run by the Glasgow Association for Mental Health. The Population Health and Wellbeing Committee noted the content of the report endorsing the key actions for 2022/23 and were encouraged to advocate for more sustainable investment in public mental health as part of the refreshed GGC NHS Adult Mental Health Strategy.

#### **4.10 Drug Related Deaths in Greater Glasgow and Clyde**

Dr Daniel Carter, Consultant in Public Health Medicine, provided a report detailing an update on drug-related deaths in NHS Greater Glasgow and Clyde, and on the current status of efforts to prevent them. The number of drug related deaths was consistently higher in NHSGGC compared to Scotland, with NHSGGC Alcohol and Drug Partnerships leading on local strategies and reporting directly to the Scottish Government on their contribution to national priorities and outcomes. Support was being provided to the Scottish Government with the development of a Partnership Delivery Framework and Alcohol and Drug Partnerships Performance Framework that would allow consistent reporting on progress against national priorities. Dr Carter highlighted that drug related deaths were strongly linked to deprivation. The use of multiple drugs and underlying physical health conditions were also common

factors of drug related deaths in NHSGGC. The Population Health and Wellbeing Committee noted the report and discussed the continuous need for targeted resources to be provided to the areas of high deprivation to prevent high rates of drug related deaths.

#### **4.11 NHSGGC Vaccination Programme**

Ms Anne Harkness, Director of Delivery and Resilience gave a presentation on the progress of the seasonal vaccinations (Covid-19 and Influenza) programme. Included in the report were agreed roll out dates for various eligible population groups, data relating to the vaccination uptake, staffing and management of the vaccination clinics and community pharmacy involvement with the vaccination scheme. The Population Health and Wellbeing Committee discussed the mitigation efforts of long waiting times at some vaccination centres, as well as the differences in the Covid-19 and Influenza vaccination eligibility. The Committee were assured by the discussions and information provided.

#### **4.12 Type 2 Diabetes Report**

Ms Linda Morris, Public Health Programme Manager, presented a report to provide awareness and assurance in regards to progress of the five year Type 2 Diabetes Prevention Framework and to highlight key ongoing aspects of the programme. The programme focused on Type 2 Diabetes prevention and early intervention in Children and Adults, through education and comprehensive weight loss programmes. Ms Morris highlighted that the higher rates of Type 2 diabetes were observed in areas of high deprivation and among some BME populations (as compared to white British population). The Population Health and Wellbeing Committee discussed the report suggesting various initiatives which could target the growing numbers of Type 2 Diabetes diagnoses and were assured by the action plans outlines in the report.

#### **4.13 NHSGGC Child Oral Health Department Performance Report**

The Population Health and Wellbeing Committee considered a report prepared by Dr Michael Mcgrady, Consultant in Dental Public Health. The report outlined the progress of a work plan as it related to key oral health indicators in child health, which were: levels of dental registrations for young children, and the number of children who require general anaesthetic for dental treatment. The report highlighted that as a result of the pandemic, there was a significant reduction in children registered with a NHS dentist. Following dental services remobilisation, targeted work of health visiting teams, dental support workers, dental practices and general medical practitioners was put in place to improve the registration levels among children. General improvement in childhood oral health and developments of alternative pathways with better outcomes were cited as drivers for reducing numbers of general anaesthetic interventions among children. The Population Health and Wellbeing Committee noted the report asking that further information and detail was provided for the Clyde sector where access to NHS dental services was most challenging.

#### **4.14 Assurance Information Reports**

The Population Health and Wellbeing Committee considered progress reports on the public health priorities: type 2 diabetes, drug related deaths, and child health. Reports were prepared by the Public Health Programme Manager and presented quarterly. The Committee were content to approve the reports.

#### **4.15 Winter Epidemiology Update**

Dr Iain Kennedy, Consultant Public Health Medicine, had given a presentation relating to prevalence of infectious diseases in the 2022/23 winter period. The presentation included charts relating to past years data and explored some of the underlying factors which led to changes in trends with regard to diseases covered by the presentation: Group A Streptococcal infections, Covid-19, Influenza, Respiratory Syncytial Virus, and Norovirus. The Committee noted the report and discussed public health's approaches to minimising the prevalence which included: immunisations, raising public awareness and promotion of preventative practices.

#### **4.16 Universal Pathway Programme**

Dr Catriona Milosevic, Consultant in Public Health Medicine, presented a report introducing the Revised Universal Pathway which included its background, planning and the implementation across all localities in NHSGGC. The report emphasised the central role of the health visiting team to deliver the programme aimed at supporting families with children from birth to 5 years, including five formal health assessments of children at crucial points of their development. In addition to home visits, the team would support families with issues concerning feeding, parenting, child development, mental health, smoke free environment and offer referrals and signposting to wider services to help improve families' and childrens' overall outcomes and wellbeing. The Population Health and Wellbeing Committee praised the work of the teams involved in the delivery of the programme which had a high uptake across all NHSGGC areas. The Committee discussed ongoing fiscal concerns, inclusion of the SMDI data in future reports, and planned improvements to programme delivery, and noted the information provided.

#### **4.17 Children and Young People - Mental Health**

A report presenting information regarding mental health and wellbeing among children and young people within NHSGGC was presented to the Committee. The report highlighted the importance of early intervention and prevention in the area of mental health which was evidenced to improve overall health and wellbeing outcomes across lifetime. It was recognised that mental health problems were a major cause of morbidity and a growing cause of mortality among children and young people. Recommendations to improvements in the area of child mental health included: a whole system approach, improvements to school counselling and community mental health supports, targeting of societal, gender and racial inequalities, as well as improving accessibility of mental health services among the most disadvantaged groups. The Committee discussed the concerns over waiting times for some mental health services and the need for escalation of the mental health discussion within the NHSGGC Board.

#### **4.18 Screening Programme Report**

The Population Health and Wellbeing Committee considered an annual report on screening programmes delivered across NHS GGC and coordinated by the Public Health Directorate in the 2021/22 period. The report presented a breakdown of the uptake across 10 screening programmes and their position with regard to target uptake. All screening programmes, with the exception of cervical cancer screening, had met or exceeded the target set. It was recognised that the emergency measures of the Covid-19 pandemic had an impact on the delivery of some screening programmes during the 2021/22 period, with cervical screening being the most affected. The Committee noted the update and supported the actions on reducing inequalities in screening.

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Population Health and Wellbeing Committee during financial year 2022/2023, 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 NHS GGC 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**

## BOARD OFFICIAL

## APPENDIX 1

## POPULATION HEALTH AND WELLBEING COMMITTEE 2022-23

**PRESENT**

NAME	POSITION	ORGANISATION	13/042022	20/072022	12/102022	18/012023
Prof John Brown CBE	Board Chair	NHSGGC	P	AA	A	P
Cllr Jacqueline Cameron	Non-Executive Board Member	NHSGGC	—	P	P	AA
Dr Emilia Crighton	Executive Lead Director of Public Health	NHSGGC	P	P	P	P
Ms Dianne Foy	Non-Executive Board Member	NHSGGC	—	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	AA	AA	AA	AA
Ms Christine Laverty	Chief Officer - Renfrewshire HSCP	NHSGGC	—	P	P	AA
Rev John Matthews OBE	Non-Executive Board Member	NHSGGC	P	AA	P	P
Cllr Martin McCluskey	Non-Executive Board Member	NHSGGC	—	P	AA	P
Ms Susanne Millar	Chief Officer - Glasgow City HSCP	NHSGGC	—	—	—	P
Ms Anne Marie Monaghan	Non-Executive Board Member	NHSGGC	AA	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P	P
Mr Francis Shennan	Non-Executive Board Member	NHSGGC	P	P	P	P

## BOARD OFFICIAL

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>13/042022</b>	<b>20/072022</b>	<b>12/102022</b>	<b>18/012023</b>
Ms Anna Baxendale	Head of Health Improvement, Public Health	NHSGGC	P	P	A	P
Dr Rebecca Campbell	Consultant in Public Health Medicine	NHSGGC	—	—	—	P
Dr Daniel Carter	Consultant in Public Health Medicine	NHSGGC	—	P	—	—
Professor Chik Collins	Director of the Glasgow Centre for Population Health	GCPH	—	—	—	P
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P
Ms Anne Harkness	Director of Delivery of Resilience	NHSGGC	—	—	P	—
Mr Neil Irwin	Service Lead	NHSGGC	—	P	P	P
Ms Heather Jarvie	Public Health Programme Manager, Adult Screening	NHSGGC	—	—	—	P
Dr Iain Kennedy	Consultant Public Health Medicine	NHSGGC	—	—	—	P
Mr Trevor Lakey	Health Improvement and Inequalities Manager	NHSGGC	—	—	—	P
Ms Angela Leitch	Chief Executive, Public Health Scotland	PHS	AA	AA	AA	—
Ms Jennifer Mclean	Acting Director, Glasgow Centre for Population Health	GCPH	—	P	P	—
Julie Metcalfe	Clinical Director CAMHS	CAMHS	—	—	—	P
Dr Catriona Milosevic	Consultant in Public Health Medicine	NHSGGC	—	P	—	P
Ms Linda Morris	Public Health Programme Manager	NHSGGC	—	—	P	—



## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	13/042022	20/072022	12/102022	18/012023
Ms Fiona Moss	Head of Health Improvement and Equalities, Glasgow City HSCP	NHSGGC	P	P	P	P
Mr Nicholas Phin	Director, Public Health Science, Public Health Scotland	PHS	AA	P	AA	—
Dr Alison Potts	Acting Screening Co-ordinator for Adult Programmes, Specialty Registrar in Public Health		—	—	—	P
Ms Jac Ross	Equality and Human Rights Manager	NHSGGC	P	—	—	—
Mr Peter Seaman	Associate Director, Glasgow Centre for Population Health	GCPH	A	AA	A	—
Ms Debbie Schofield	Public Health Programme Manager	NHSGGC	—	—	—	P
Ms Val Tierney	Chief Nurse, West Dunbartonshire HSCP	NHSGGC	—	—	—	P
Dr Beatrix von Wissmann	Consultant in Public Health Medicine	NHSGGC	P	P	P	P

**Key**

P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

**APPENDIX 2****POPULATION HEALTH AND WELLBEING COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
13 April 2022	<ul style="list-style-type: none"> <li>• Monitoring Report for the Fairer NHS GGC 2020 - 2024 Equality Scheme</li> <li>• Public Health Priorities</li> <li>• COVID-19 Update</li> <li>• Local Child Poverty Action Plans</li> <li>• Extract from the Corporate Risk Register</li> <li>• Horizon Scanning - Public Health</li> <li>• Review of Terms of Reference</li> </ul>
20 July 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Public Health Priorities</li> <li>• Public Health Assurance Framework</li> <li>• Local Child Poverty Action Plans</li> <li>• Five Year Mental Health Strategy Prevention Progress Report</li> <li>• Drug Related Deaths in Greater Glasgow and Clyde</li> <li>• Extract from the Corporate Risk Register</li> </ul>
12 October 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• NHS GGC Vaccination Programme</li> <li>• Local Child Poverty Action Plans</li> <li>• Type 2 Diabetes Report</li> <li>• NHS GGC Child Oral Health Department Performance Report</li> <li>• Assurance Information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> </ul>
18 January 2023	<ul style="list-style-type: none"> <li>• Winter Epidemiology Update</li> <li>• Children and Young People - Universal Pathway</li> <li>• Children and Young People - Mental Health</li> <li>• Annual Screening Report</li> <li>• Assurance information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Annual Cycle of Business 2023/24</li> </ul>

<b>Version Control</b>	<b>June 2023</b>
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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Replaces previous version:	June 2022

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE

#### 1. INTRODUCTION

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### 2. PURPOSE

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. STAFF GOVERNANCE COMMITTEE

##### 3.1 Purpose of Committee

- 3.1.1** The purpose of the Staff Governance Committee is to provide assurance to the Board that NHSGGC meets its obligations in relation to Staff Governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard. The Staff Governance Committee is a Standing Committee of the NHS Board.
- 3.1.2** 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.
- 3.1.3** The Committee ensures that structures and policies are in place to provide assurance that 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
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- 3.1.4** Each Health and Social Care Partnership, Acute Service and Corporate Directorate has their own Staff Governance arrangements and structure. Compliance with the Standard is monitored through the 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.
- 3.1.5** 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.

### 3.2 Composition

During the financial year ending 31 March 2023 membership of the Staff Governance Committee comprised:

#### Joint Chairs:

Alan Cowan to 30 June 2022

Ann Cameron-Burns

Ketki Miles from 01 July 2022

#### MEMBERSHIP

- Prof John Brown CBE
- Jane Grant
- Amina Khan to 31 March 2023
- Cllr Colette McDiarmid from 01 July 2022
- Cllr Michelle McGinty from 01 July 2022
- Cllr Sheila Mechan to 30 June 2022
- Dr Paul Ryan
- Francis Shennan
- Charles Vincent

#### IN ATTENDANCE

- Mark Allen, Senior Administrator
- Dr Jennifer Armstrong, Medical Director
- Sandra Blades, Lead Nurse for Professional Governance & Regulation
- Kirsty Berchtenbreiter, Head of Human Resources - Corporate Services
- Frances Carmichael, Staff Side Chair, Acute Services Staff Partnership Forum
- Tracey Carrey, Interim Workforce Planning & Analytics Manager
- Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
- Kim Donald, Corporate Services Manager - Governance
- Dr Lindsay Donaldson, Director of Medical Education
- William Edwards, Chief Operating Office, Acute Services
- Dianne Foy, Board Member
- Andrew Gibson, Chief Risk Officer
- Brian Greene, Head of Human Resources - Inverclyde HSCP
- Dr Andrew Harvey, Consultant Anaesthetist
- Christina Heuston, Assistant Chief Officer, Human Resources, Glasgow City HSCP
- Bridget Howat, Head of Human Resources - Corporate Services
- Diana Hudson, Staff Experience Advisor/iMatter Operational Lead
- Moira Macdonald, Head of Learning and Education
- Anne MacPherson, Director of Human Resources & Organisational Development
- Pamela Martin, Head of Staff Experience
- Margaret McCarthy, Staff Side Chair, Glasgow City HSCP Staff Partnership Forum

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- Andrew McCready, Staff Side Chair, APF Delegate to Staff Governance Committee
- Dianne McCrone, Chair, Staff Partnership Forum, Inverclyde HSCP
- Steven Munce, Head of Human Resources, Resources and Development
- Colin Neil, Director of Finance
- Cat Ospedale, Deputy Director of Communications
- Nareen Owens, Depute Director of Human Resources
- Dr Mathew Pay, Workforce Strategy Manager
- Elaine Quail, Area Partnership Forum Staff Side Secretary/Area Partnership Forum Secretariat
- Tom Quinn, Head of Human Resources, East Dunbartonshire HSCP
- Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP
- Liam Spence, Head of Staff Experience
- Tom Steele, Director of Estates and Facilities
- Allen Stevenson, Interim Chief Officer, Inverclyde HSCP
- Julie Tomlinson, Associate Chief Nurse Corporate and Community
- Elaine Vanhegan, Director of Corporate Services and Governance
- Rona Wall, Head of Occupational Health and Safety
- Prof Angela Wallace, Executive Director of Nursing
- Stephen Wallace, Head of Human Resources - Estates and Facilities
- Amanda Walton, Staff Side Partnership Lead for APF
- Freddie Warnock, Head of Health and Safety

### 3.3 Meetings

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 24 May 2022
- 02 August 2022
- 22 November 2022
- 21 February 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Staff Governance Committee were quorate.

### 3.4 Business Outcomes

The Committee considered both routine and specific work areas during the financial year 2022/23.

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.

With the Board continuing to operate on a modified governance basis, during the winter months, it was agreed to reduce Service Assurance Presentations to one per meeting in November 2022 and February 2023.

The Committee gave due consideration to the priorities outlined by the Board Chair around Wellbeing, Workforce Planning, Partnership Working and Staff Engagement

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while also seeking assurance that the work programme was aligned to the Board Objectives.

### 3.4.1 Service Assurance Presentations

- 3.4.1.1 The Committee received Service Assurance Presentations from a number of Directorates and Health and Social Care Partnerships, receiving updates on how each area met the five strands of the Staff Governance Standard and presenting a case study, focussing on a key achievement.

#### **Inverclyde Health and Social Care Partnership**

- 3.4.1.2 Key achievements included a collaborative pandemic response across the Health and Social Care Partnership (HSCP) and effective communication channels.
- 3.4.1.3 'Winter Wellness Week 2022' was presented as the HSCP's case study. Winter Wellness Week 2022 was organised in conjunction with Communities and the Voluntary Sector (CVS) Inverclyde to support the Workplace Wellbeing Matters Plan, and the Scottish Government Winter Pressures Money to ensure support for the mental health and wellbeing of staff across the HSCP.

#### **Human Resources and Organisational Development Directorate**

- 3.4.1.4 Key achievements included local and national recognition awards and participation and engagement in Investors in People accreditation for the Corporate Cluster.
- 3.4.1.5 The review of Occupational Health and Safety was presented as the Directorate's case study. All staff involved were fully engaged in the development of the processes, as well as the outcomes, and as a result of the review, a new model had been established from December 2021, with resources realigned to appropriate internal management teams and a modern, fit for purpose service is now in place.

#### **Estates and Facilities Directorate**

- 3.4.1.6 Key achievements included recognition and awards, Investors in People accreditation and a focus on succession planning.
- 3.4.1.7 The 'Kickstart Programme' was presented as the Directorate's case study, with Estates and Facilities supporting and hosting significant placements within their services as part of the Programme, in partnership with INVEST Renfrewshire and Department of Work and Pensions. The successful Programme led to 60 Support Services Assistant roles identified in four Acute sites across the Board, with 20 individuals eventually appointed to posts across the Board.

#### **East Dunbartonshire Health and Social Care Partnership**

- 3.4.1.8 Key achievements included a collaborative pandemic response, communications work, wellbeing activity and business case development for accommodation in Bishopbriggs and Milngavie.
- 3.4.1.9 The HSCP showcased the extension to the district nursing service hours as its case study. For the Oral Health Directorate, the case study used was the successful

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realignment of the Oral Health Improvement Team to support essential activity during the pandemic.

### **Acute Services**

- 3.4.1.10 Key achievements included Scottish and UK Award wins (Scottish Health Awards, UK Building Better Healthcare Awards, Wounds UK Excellence Awards, Trade Union Awards), positive Healthcare Improvement Scotland inspections, the rollout of Investors in People and effective partnership working.
- 3.4.1.11 'Building Psychological Safety in Nursing' was presented as the Directorate's case study, highlighting the integrated team and stakeholder approach to this work. The initiative has embedded a culture across the Lead Nurse Forum that ensures all nursing staff have the time and tools to allow them to feel psychologically safe through a culture of open discussion.

### **Finance Directorate**

- 3.4.1.12 Key achievements included participation in Investors in People accreditation, an improvement in Personal Development Planning and Review compliance, creation of a local Staff Partnership Forum and the development and roll out of new sustainable hybrid working models in key service areas.
- 3.4.1.13 The Directorate showcased the Learning Development Framework within Finance as their case study. This focussed on assessing workplace skills, identifying gaps or weaknesses and then selecting teaching/learning methods that improve individual effectiveness, build resilience as a department and nurture a culture that supports NHS values.

## **3.4.2 NHSGGC Workforce Strategy 2021-2025**

- 3.4.2.1 The Committee continued to review and scrutinise progress of the Workforce Strategy 2021-2025. Notably, a defined Action Plan focusing on the second phase (1 April 2022 - 31 March 2023) was created and presented to the Committee, which provided assurance of progress.
- 3.4.2.2 Within the Workforce Strategy Phase Two Action Plan (April 2022 - March 2023), 11 of the 23 activities have been identified as a high priority. These activities took priority over other activities throughout Phase Two, due to their links with NHSGGC COVID recovery plans.
- 3.4.2.3 At its February 2023 meeting, the Committee noted that six of the 23 activities were complete, with 13 scheduled for completion by the end of March 2023 and four delayed.
- 3.4.2.4 Specifically, during 2022/23, the Committee received an update on Safety, Health and Wellbeing, Workforce Equality and Investors in People, with highlights covered in 3.4.3 to 3.4.5, below.



### 3.4.3 Safety, Health and Wellbeing

- 3.4.3.1 The Committee was provided with assurance in relation to the Staff Health Strategy, which was written with a specific focus on mental health, health and safety and supporting staff with long term/chronic health conditions. This also included updates on the specific action plan through the Mental Health and Wellbeing Group established for COVID purposes. The key areas of focus and progress on these, are set out below:

#### **Safety, Health and Wellbeing Culture Framework**

- 3.4.3.2 The Committee noted the launch of the Safety, Health and Wellbeing Culture Framework in December 2022 and were provided with assurance on its rollout and content. The launch included:

- Dedicated SHaW Roles and Responsibilities documents for Employees, Managers, Directors, including Chief Officers, listing their responsibilities in line with our Health and Safety Policy
- A roadmap that provides a visual of the five strands for SHaW
- A SHaW Delivery Plan detailing the activities planned under each of the five strands

- 3.4.3.3 To underpin the rolling launch, the SHaW team continue to engage at a range of stakeholder management meetings to outline and increase understanding of the Safety Health and Wellbeing Framework. These sessions are designed to walk through the SHaW Framework Culture documents by providing coaching and support to changing the culture in their areas of responsibility.

#### **Peer Support Programme**

- 3.4.3.4 The Committee, having previously noted its launch, welcomed the continued rollout of the NHSGGC Peer Support Framework and its continued delivery through the three levels outlined below:

- Level 1 is an eLearning module, entitled 'Looking after yourself and others'. This module is available to all Health and Social Care staff via LearnPro. Over 1000 staff have now completed this module
- Level 2 provides training for colleagues identified as a Peer Supporter for their service. Training is designed and delivered by the NHSGGC Psychology Therapies Service. There are now 250 trained peer supporters
- Level 3 provides a Peer Support Trainer role to the Framework. This role would be reserved for more experienced and senior staff given the requirement for knowledge and experience in supervising and training others. This will be rolled out in 2023, with recruitment underway for a post-holder to take this forward

#### **Staff Health Needs Assessment**

- 3.4.3.5 The Committee was provided with assurance around the commencement of the Staff Health Needs Assessment in October 2022. This was publicised through Core Brief, with 2354 staff completing the survey. The data was analysed and presented to the HR Senior Management Team in January 2023. A proposed action plan has been developed through the NHSGGC Health Working Lives groups.

### Rest and Recuperation Hubs

- 3.4.3.6 The Committee noted the extant on-site rest and recuperation hubs continue to be positively received by its users. The commencement of the mobile rest and recuperation hub facility was delayed due to mechanical issues with the vehicle donated to NHSGGC. However, this launched on 25 April 2023, with a visitation schedule published.

### 3.4.4 Workforce Equality

- 3.4.4.1 The Committee noted that NHSGGC has a detailed Workforce Equality Action Plan 2020-2024 and with a more focussed annual plan approved and managed via the Workforce Equality Group. 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.
- 3.4.4.2 This plan is built around five underpinning themes. The table below sets out progress reported to the Committee against those themes.

Theme	Highlights from the plan overseen by the Workforce Equality Group
<b>Consistency:</b> Align on key messages to ensure our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.	<ul style="list-style-type: none"> <li>A new Managers' Guide to Equality Law was launched across the organisation in November 2022</li> <li>The new NHSGGC Clear To All policy - ensuring accessibility in all our printed documents for staff and patients - was launched in October 2022</li> </ul>
<b>Data:</b> Ensure our data collection is legally compliant and is used to continuously improve the equality and diversity (demographics, provisions and experience) of our workforce.	<ul style="list-style-type: none"> <li>Continuing to increase the percentage of staff about whom we hold protected characteristic information, with a continuous improvement trend over the last four months</li> <li>Deep dives by the Workforce Equality Group (WEG) into specific topics, such as recruitment, with outputs used to inform our activities such as the recently approved Recruitment &amp; Attraction Plan</li> <li>The WEG monitors trend data related to hate crime against our staff every quarter</li> </ul>
<b>Attraction:</b> Promote and advocate our equality commitments to the attraction, development, retention and career advancement opportunities of all employees within our diverse workforce.	<ul style="list-style-type: none"> <li>The launch of NHSGGC's first dedicated leadership programme for BME staff in October 2022, with 30 members of staff in the cohort</li> <li>To broaden our approach to Equality, Diversity and Inclusion training further, the Learning and Education team is currently reviewing key learning programmes to better embed Equality, Diversity and Inclusion throughout</li> </ul>
<b>Equal Pay:</b> Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> <li>The 2021 Equal Pay statement was published in line with statutory requirements with a new statement due to be published in April 2023. Underpinning actions are integrated into the Workplace Equality Action Plan and are being progressed</li> </ul>

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Theme	Highlights from the plan overseen by the Workforce Equality Group
<b>Engagement and Contribution:</b> Fully encourage members of the Equality Forums/Network to input to and influence the work of the WEG and the Workforce Equality Action Plan.	<ul style="list-style-type: none"> <li>• All three Forums/Networks now have a space on HR Connect and their own Facebook Page. The BME Staff Network has a dedicated WhatsApp Group. Posters promoting the groups are now visible across NHSGGC sites</li> <li>• Events organised by the Forums/Network are regularly promoted through Core Brief and complimentary local events, such as our recent Disability Café for members of the Staff Disability Forum. There is a particular focus on each of our three groups during Pride (June), Black History Month (October) and Disability History Month (November/December)</li> </ul>

### 3.4.5 Investors in People

- 3.4.5.1 Over 2022/23, the Committee received two updates to assure progress in meeting the Investors in People (IiP) standard. It was noted that due to the size and complexity of our organisation, NHSGGC is being assessed in six smaller cohorts known as Clusters.
- 3.4.5.2 As at 31 March 2023, all Clusters have completed their initial assessment by the IiP organisation and accreditation has been achieved for Inverclyde Royal Hospital and the Corporate Cluster. West, Clyde and North Clusters have not yet met the standard and have further actions to be achieved in 2023. The South Cluster was split into Part A and Part B assessments and Part B was completed by end March 2023.
- 3.4.5.3 The Cluster assessment reports provide feedback on high performing areas and areas of the criteria where there are opportunities for improvement and this has enabled a Development Plan to be agreed for each cluster following further engagement and input from staff. Development plans are organised and progressed via newly created Cluster Workforce Groups, chaired by a Director and with representation from all departments.
- 3.4.5.4 Testing the successful embedding of these improvements through the next phase of Collaborative Conversations has commenced, with this being a key deliverable from the recently approved Internal Communications and Employee Engagement Strategy. The resulting improvements in our people processes from the work set out in these plans will contribute to our aim of full IiP Accreditation across Acute and Corporate Services.

### 3.4.6 Internal Communications and Employee Engagement Strategy

- 3.4.6.1 At its August 2022 meeting, the Committee provided comment and recommended approval of the Internal Communications and Employee Engagement Strategy 2022-2025 to the Board. It was approved by the Board in October 2022.
- 3.4.6.2 The Strategy is based on a review of the current employee communication and engagement activities, along with the proposed development and reinvigoration of channels and mechanisms to inform and engage staff at all levels of the organisation. The Strategy, in alignment with our Workforce Strategy, will be a key

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enabler to improve the experience of our staff at work, ensuring we maximise direct engagement with staff and listen to and address concerns in the workplace.

#### 3.4.6.3 Key priorities include:

- Development of the new NHSGGC intranet platform
- Re-establish/re-launch Core Brief as a channel for organisational announcements and information Quarterly CEO/senior leadership listening and engagement forums under the 'Better Workplace' corporate objective
- Scaling up and embedding the Collaborative Conversations programme, aligned with iMatter, the Staff Governance Standard and liP outputs, to focus attention on areas of best practice and improvement, so both are used to shape activity going forward
- Launch of a new Speak Up Campaign to inform and engage staff about the ways in which to raise issues and receive support
- Delivery of an NHSGGC equalities conference, to showcase the progress made through the Workforce Equality Group Action Plan 2022/23, and pave the way for 2023/24

### 3.4.7 iMatter: The Staff Experience Continuous Improvement Tool

- 3.4.7.1 The Committee reviewed the outcomes from the 2022 iMatter survey. Overall, NHSGGC achieved a response rate of 52% (25,007 responses), with results generating an Employee Engagement Index (EEI) score of 75. This represented an increase in response rate of one percentage point and an EEI score increase of one from 2021.
- 3.4.7.2 Following review of the Board iMatter report, key areas of strength were identified including clarity of roles, having confidence and trust in team managers and feeling they are treated with dignity and respect.
- 3.4.7.3 The feedback also highlighted opportunities for continuous improvement that are being progressed through the delivery of the Internal Communications and Employee Engagement Strategy, which will focus on visibility, ownership, inclusion, collaboration and excellence.
- 3.4.7.4 The Committee noted that, despite COVID-19 recovery and other challenges, it was encouraging that 52% of the workforce had completed the iMatter survey and that the overall EEI Score remained positive and within the green 'strive and celebrate' score matrix.
- 3.4.7.5 Further updates regarding year on year progress of the iMatter programme will be brought to the Committee.

### 3.4.8 Medical Education

- 3.4.8.1 The Committee was assured by the Board Medical Director and Director of Medical Education's update on Medical Education during 2022/23. The main focus of the update 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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- 3.4.8.2 The Committee noted that in the last academic year (August 2021 - August 2022), NHSGCC hosted 16 visits by the Scotland Deanery. Four of these visits have been enhanced monitoring visits and are described in more detail below:
- 3.4.8.3 **Queen Elizabeth University Hospital Medicine** - there were initially 19 recommendations to be met, however this has now reduced to eight with ongoing work underway to fully meet the General Medical Council (GMC) standards. A revisit by the Deanery and GMC took place in March 2023, with formal feedback awaited.
- 3.4.8.4 **Inverclyde Royal Hospital (IRH) General Medicine and Geriatric Medicine** - following a favourable Deanery visit, the status of the site has been de-escalated and is no longer under enhanced monitoring.
- 3.4.8.5 **Princess Royal Maternity Obstetrics and Gynaecology** - while there were initially 16 recommendations, this has reduced to four with ongoing work underway to fully meet the GMC standards. A revisit will take place in May 2023.
- 3.4.8.6 **IRH Psychiatry** - there were initially 13 recommendations to be met. A revisit in October 2022 highlighted a significant overall improvement in training experience. There were three outstanding issues, the main one of which was the rota, which has since been redesigned.

### 3.4.9 Safe Staffing

- 3.4.9.1 The Committee were provided for assurance an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGCC.
- 3.4.9.2 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 and Care (Staffing) (Scotland) Act (2019).
- 3.4.9.3 The Committee was updated following the parliamentary announcement of the timeline for enactment of the Health and Care (Staffing) (Scotland) Act 2019, noting that activity had been paused due to COVID-19, but that work had recommenced and a new implementation timeline announced by Scottish Government.
- 3.4.9.4 The Committee was provided with assurance on key areas of activity:
- Significant stakeholder engagement, including a series of roadshows
  - Production and circulation of guidance, aligned to the duties of the Act
  - Pre-implementation stage work and the Board's commitment to volunteer as an early implementer to test the guidance chapters of the Health and Care (Staffing) (Scotland) Act (2019). A meeting with Scottish Government's Implementation Team took place on 6 March 2023
  - Expansion of Health Care Staffing Governance Arrangements both national and locally

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- 3.4.9.5 The Committee were assured that robust safe staffing processes exist and will seek further assurance during 2023/24 on the consistent application of safe staffing regulations and policies across the Board and understood by staff.

### 3.4.10 Whistleblowing

- 3.4.10.1 The Committee was provided with an overview of whistleblowing activity during 2022/23, following implementation of the National Whistleblowing Standards (the Standards) in April 2021.
- 3.4.10.2 The Committee was advised that there had been an increase in both stage 1 and stage 2 response performance since the Standards were introduced and that the average time to respond to cases has also reduced.
- 3.4.10.3 The report provided assurance that whistleblowing investigations are taking place in line with the Standards.
- 3.4.10.4 An annual report will be brought to the Committee during 2023/24 to summarise Whistleblowing cases from across NHSGGC, and update on progress of the action plan in place.

### 3.4.11 Remuneration Committee

- 3.4.11.1 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.
- 3.4.11.2 During 2022/23, verbal updates on the Remuneration Committee meeting of 1 March 2022 and 29 June 2022 (reconvened on 25 July 2022), were given. 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 2020/21 Outcomes
  - Noted an update on ESM Pay Arrangements for 2021/22
  - Approved the Chief Executives 2021/22 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts
- 3.4.11.3 The Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee, in line with the Committee remit.

### 3.4.12 Full details of all of the business items considered by the Committee during 2022/23 are attached at Appendix 2, including Medical Revalidation, NMC Referrals and Assurance, Workforce Information storyboard reports, Area Partnership Forum reports and Risk Register updates.

- 3.4.13 Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

During winter 2022/23, the Board operated on a modified governance basis, due to COVID-19 recovery and winter pressures. However, the Committee was still able to consider priority business and receive assurance presentations from at least one Service area at each meeting.

The topics and summaries outlined in section 3.4 above, cover the range of items presented, with the Committee providing approval and receiving assurance throughout 2022/23, as required.

## **4. CONCLUSION**

### **STATEMENT OF ASSURANCE**

As Joint Chairs of the Staff Governance Committee during year 2022/23, 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 the Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

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.

Ann Cameron-Burns

Ketki Miles

**Joint Chairs**

**On behalf of STAFF GOVERNANCE COMMITTEE**



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**APPENDIX 1****Staff Governance Committee 2022-23****PRESENT**

NAME	POSITION	ORGANISATION	24/05/2022	02/08/2022	22/11/2022	21/02/2023
Prof John Brown CBE	Member/Board Chair	NHSGGC	P	P	P	A
Ann Cameron-Burns	Co-Chair	NHSGGC	P	P	P	P
Alan Cowan	Co-Chair	NHSGGC	P	-	-	-
Jane Grant	Member/Chief Executive	NHSGGC	P	P	A	P
Amina Khan	Member/NED	NHSGGC	P	P	P	P
Cllr Colette McDiarmid	Member/NED	NHSGGC	-	P	P	P
Cllr Michelle McGinty	Member/NED	NHSGGC	-	P	P	P
Cllr Sheila Mechan	Member/NED	NHSGGC	A	-	-	-
Ketki Miles	Co-Chair	NHSGGC	-	P	P	A
Dr Paul Ryan	Member/NED	NHSGGC	P	P	P	P
Francis Shennan	Member/NED	NHSGGC	P	P	A	P
Charles Vincent	Member/NED	NHSGGC	A	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	24/05/2022	02/08/2022	22/11/2022	21/02/2023
Mark Allen	Senior Administrator	NHSGGC	P	P	P	P
Dr Jennifer Armstrong	Medical Director	NHSGGC	-	P*	A	A
Sandra Blades	Lead Nurse for Professional Governance & Regulation	NHSGGC	-	-	A	-
Kirsty Berchtenbreiter	Head of Human Resources - Corporate Services	NHSGGC	-	-	-	P*
Frances Carmichael	Co-Chair Acute APF Representative	NHSGGC	P	P	A	-
Tracey Carrey	Interim Workforce Planning & Analytics Manager	NHSGGC	P*	P*	P*	-
Beth Culshaw	Chief Officer	West Dunbartonshire HSCP	P	P	P	P

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NAME	POSITION	ORGANISATION	24/05/2022	02/08/2022	22/11/2022	21/02/2023
Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P*	-	-
Dr Lindsay Donaldson	Director of Medical Education	NHSGGC	-	-	P*	-
William Edwards	Chief Operating Officer, Acute Services	NHSGGC	A	A	P*	A
Dianne Foy	Board Member	NHSGGC	-	P	-	P
Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	A	A
Brian Greene	Head of Human Resources - Inverclyde HSCP	NHSGGC	P*	-	-	-
Dr Andrew Harvey	Consultant Anaesthetist	NHSGGC	-	P*	-	-
Christina Heuston	Assistant Chief Officer, Human Resources	Glasgow City HSCP	A	-	-	-
Bridget Howat	Head of Human Resources - Corporate Services	NHSGGC	P*	-	-	-
Diana Hudson	Staff Governance Co-ordinator	NHSGGC	P	P	P	P
Moir Macdonald	Head of Learning & Education	NHSGGC	A	P	P	P
Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P	P
Pamela Martin	Head of Staff Experience	NHSGGC	P	-	-	-
Margaret McCarthy	Glasgow City HSCP PF Representative	NHSGGC	P	A	P	A
Andrew McCready	Co-Chair, Non City HSCP SPF	NHSGGC	P	P	P	P
Dianne McCrone	Chair, Staff Partnership Forum	Inverclyde HSCP	P*	-	-	-
Steven Munce	Head of Human Resources, Resources and Development	NHSGGC	P	P	P	P
Colin Neil	Director of Finance	NHSGGC	-	-	-	P*
Cat Ospedale	Deputy Director of Communications	NHSGGC	-	P*	-	

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	24/05/2022	02/08/2022	22/11/2022	21/02/2023
Nareen Owens	Depute Director of Human Resources & Organisational Development	NHSGGC	A	P	P	P
Dr Mathew Pay	Workforce Strategy Manager	NHSGGC	-	-	-	P*
Elaine Quail	Staff Side Secretary/APF Secretariat	NHSGGC	P	P	P	P
Tom Quinn	Head of Human Resources - East Dunbartonshire HSCP	NHSGGC	-	P*	-	-
Caroline Sinclair	Chief Officer	East Dunbartonshire HSCP	-	P*	-	-
Liam Spence	Head of Staff Experience	NHSGGC	-	P	P	P
Tom Steele	Director of Estates and Facilities	NHSGGC	-	P*	-	-
Allen Stevenson	Interim Chief Officer	Inverclyde HSCP	P*	-	-	-
Julie Tomlinson	Associate Chief Nurse Corporate and Community	NHSGGC	-	P*	-	-
Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	-	-	-
Rona Wall	Head of Occupational Health & Safety	NHSGGC	-	-	-	P*
Prof Angela Wallace	Executive Director of Nursing	NHSGGC	-	P*	P*	A
Stephen Wallace	Head of Human Resources - Estates and Facilities	NHSGGC	-	P*	-	-
Amanda Walton	Staff Side Partnership Lead for APF	NHSGGC	-	-	P	P
Freddie Warnock	Head of Health and Safety	NHSGGC	-	P	-	-

**Key**

- P - Present  
 P\* - Present for relevant agenda item only  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

## APPENDIX 2

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
24 May 2022	<p><b>Minutes of Meeting held on 01 February 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>- Inverclyde Health and Social Care Partnership</li> <li>- Human Resources and Organisational Development</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan</li> <li>• Staff Governance Annual Report</li> <li>• Staff Governance Monitoring Return</li> <li>• iMatter</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Performance Report</li> <li>• Remuneration Committee</li> <li>• Human Resources Risk Register</li> <li>• Audit Plan Update</li> <li>• Annual Review of Terms of Reference</li> <li>• Cycle of Business 2022/23</li> </ul>
02 August 2022	<p><b>Minutes of Meeting held on 24 May 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations <ul style="list-style-type: none"> <li>- Estates and Facilities Directorate</li> <li>- East Dunbartonshire HSCP</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Investors in People</li> <li>• Internal Communications and Employee Engagement Strategy</li> <li>• Workforce Plan</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Medical Appraisal and Revalidation</li> </ul>

## BOARD OFFICIAL

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Nursing and Midwifery Council Referrals and Assurance</li> <li>• Whistleblowing Annual Report</li> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Performance Report</li> <li>• Remuneration Committee</li> <li>• Human Resources Risk Register</li> </ul>
22 November 2022	<p><b>Minutes of Meeting held on 02 August 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation <ul style="list-style-type: none"> <li>- Acute Services</li> </ul> </li> <li>• Staff Governance Annual Monitoring Return 2021/22</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Medical Education</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Human Resources Risk Register</li> <li>• Safe Staffing Legislation</li> <li>• Staff Governance Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Committee Site Visits</li> </ul>
21 February 2023	<p><b>Minutes of Meeting held on 22 November 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation <ul style="list-style-type: none"> <li>- Finance Directorate</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan</li> <li>• iMatter</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Human Resources Risk Register</li> <li>• Staff Governance Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Cycle of Business 2023/24</li> </ul>

## BOARD OFFICIAL

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources & Organisational Development
Approved by:	Staff Governance Committee
Approved date:	May 2023
Date for review:	May 2024
Replaces previous version:	June 2022

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF AREA CLINICAL FORUM**

#### **1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. This saw the Board continually review the governance arrangements in place, however the Area Clinical Forum continued to meet as scheduled.

#### **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 by, through the Area Clinical Forum Chair, being fully engaged in NHS Board business
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional



## BOARD OFFICIAL

Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery

### 3.2 Composition

**During the financial year ended 31 March 2023 membership of the Area Clinical Forum comprised:**

Chairperson - Dr Lesley Rousselet (from 1 July 2021)

Vice Chair - Ms Julie Thomson (from 1 July 2021)

#### **MEMBERSHIP**

- Dr Ron Alexander, Vice Chair of the Area Medical Committee
- Dr Anita Belbin, Vice Chair of the Area Dental Committee
- Dr Jane Burns, Chair of the Area Psychology Committee
- Dr Alban Clareburt, Vice Chair of the Area Pharmaceutical Committee
- Dr Lucy Gamble, Chair of the Area Psychology Committee
- Mrs Jane Grant, Chief Executive
- Dr Ruth Hamilton, Chair of the Area Allied Health Professions and Healthcare Scientists Committee
- Dr Simon Kidd, Chair of the Area Dental Committee
- Ms Helen Little, Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Mr Iain Miller, Chair of the Area Pharmaceutical Committee
- Dr Lesley Rousselet, Chair of the Area Optometric Committee
- Dr Laura Sweeney, Vice Chair of the Area Optometric Committee
- Dr Alistair Taylor, Chair of the Area Medical Committee
- Ms Julie Tomlinson, Chair of the Area Nursing and Midwifery Committee

#### **IN ATTENDANCE**

- Dr Jennifer Armstrong, Medical Director
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Gail Caldwell, Director of Pharmacy and Prescribing
- Dr Emilia Crighton, Interim Director of Public Health
- Mr Martin Culshaw Deputy Medical Director - Mental Health
- Dr Scott Davidson, Deputy Medical Director – Acute
- Ms Margaret Doherty, Public Protection Lead Nurse (Adult Protection)
- Ms Kim Donald, Board Secretary
- Ms Gillian Duncan, Secretariat
- Mr William Edwards, Chief Operating Officer, Acute Services
- Mr Andrew Gibson, Chief Risk Officer
- Ms Anne Harkness, Director related to COVID-19 Vaccinations
- Ms Carol Harvey, Senior Business and Delivery Manager
- Ms Ray Howard, Secretariat
- Ms Jacqueline Kerr, Assistant Chief Officer - Adults and Northwest
- Ms Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Fiona McKay, Associate Director of Planning

## BOARD OFFICIAL

- Prof Colin McKay, Chief of Medicine, North Sector
- Ms Susan McFadyen, Director of Access
- Ms Pamela Metcalfe, Secretariat
- Ms Susanne Millar, Interim Chief Officer
- Mr Steven Munce, Workforce Planning and Analytics Manager
- Ms Angela O'Neil, Deputy Nurse Director (Acute)
- Ms Kate Rocks, Chief Officer, Inverclyde HSPC
- Ms Jennifer Rogers, Deputy Nurse Director, Corporate and Community
- Ms Fiona Smith, Director of AHPs
- Mr Allen Stevenson, Interim Chief Officer, Inverclyde HSPC
- Prof Angela Wallace, Director of Nursing
- Dr Malcolm Watson - Realistic Medicine Lead and Anaesthesia Consultant
- Ms Amy White, Secretariat

### 3.3 Meetings

**The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:**

- 21 April 2022
- 09 June 2022
- 11 August 2022
- 13 October 2022
- 08 December 2022
- 16 February 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/2023. Areas considered included:

- COVID-19 Update
- Executive Update on Ongoing Board Business
- Annual Delivery Plan
- Workforce Planning Update
- Annual Cycle of Business
- Industrial Action
- Communications Strategy Update
- ED Survey Results
- Care Homes Update
- Remobilisation and Recovery Across NHSGGC
- Winter Planning
- Unscheduled Care Update
- Public Protection Update
- Winter Pressures Update
- Realistic Medicine Update

## BOARD OFFICIAL

- Regional Planning Update
- ACF Member Priorities and Corporate Risk Register
- National Area Clinical Forum Chairs Group Update
- Mental Health Remobilisation Update
- Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note
- Review of Terms of Reference

**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 Remobilisation and Recovery across NHSGGC**

The Committee received a presentation on the Remobilisation and Recovery across NHSGGC. The Forum was advised of the challenges presented and provided updates on the key areas of focus for planned care.

### **4.2 Flu COVID-19 Vaccination Update**

The Committee received updates on the Flu and COVID-19 Vaccination Programme. The Forum was informed that the programme would be launched on 05 September 2022 with people aged over 65 and frontline health and social care workers the first to be offered the vaccination.

### **4.3 Winter Planning**

The Committee received updates on Winter Planning. The Forum was assured that planning for the winter period was underway with a number of processes in place to monitor and respond to pressures over the winter period.

### **4.4 Public Protection Update**

The Committee received updates on Public Protection. The Forum was advised of the challenges brought on by the pandemic and the increased referrals received, and were reassured by the implementation of additional training to support staff.

### **4.5 Unscheduled Care Update**

The Committee received updates on Unscheduled Care. The Forum was advised of the challenges presented and the work that was underway to improve performance. The Forum also discussed ensuring robust evaluation of the redirection work.

**4.6 Care Homes Update**

The Committee received updates on Care Homes. The Forum received an overview of the toolkits put in place in response to the impact of COVID-19. The Forum was content to note the framework, governance process and positive early results.

**4.7 Mental Health Remobilisation Update**

The Committee received a presentation on the Mental Health Remobilisation Update. The Forum were advised of the constraints brought on by different waves of the pandemic, and noted the key areas of focus for Mental Health Remobilisation.

**4.8 Realistic Medicine Update**

The Committee received a presentation on the Vision of Realistic Medicine by 2025. This highlighted the work being done to ensure that patients are being included in the decisions about their care and showcased the tools that will improve care.

**4.9 Workforce Planning Update**

The Committee received updates on the Workforce Planning and were assured that there was comprehensive engagement regarding the plan, and that it was developed in partnership with the Scottish Government. The plan was published in October 2022.

**4.10 Communications Strategy Update**

The committee received updates on the Communications Strategy which highlighted the collaborative approach with the Scottish Government in engaging and sharing new models of care.

**4.11 ACF Member Priorities and Corporate Risk Register**

The Committee received an extract of the Corporate Risk Register that relates to risks that come under the remit of the Acute Services.

**4.12 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.

## 5. CONCLUSION

### STATEMENT OF ASSURANCE

Chair of the Area Clinical Forum during year 2022/23, 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.

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**

## BOARD OFFICIAL

## APPENDIX 1

## AREA CLINICAL FORUM 2022-23

PRESENT

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Ron Alexander	Vice Chair, Area Medical Committee	NHSGGC	A	A	A	P	P	A
Dr Anita Belbin	Vice Chair, Area Dental Committee	NHSGGC	P	P	P	P	P	P
Dr Jane Burns	Chair, Area Psychology Committee	NHSGGC	A	P	P	P	P	A
Mr Alban Clareburt	Vice Chair, Area Pharmaceutical Committee	NHSGGC	A	A	A	A	A	A
Ms Lucy Gamble	Chair, Area Psychology Committee	NHSGGC	A	A	A	A	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	A	AA	P	P	AA
Dr Ruth Hamilton	Chair, Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	P	P	P	P	P
Dr Simon Kidd	Chair, Area Dental Committee	NHSGGC	P	A	P	A	A	A
Ms Helen Little	Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	A	P	A	P	A	P
Mr Ian Millar	Chair, Area Pharmaceutical Committee	NHSGGC	P	P	P	P	A	A
Dr Judith Marshall	Realistic Medicine Lead	NHSGGC	A	A	A	A	A	P
Mr Ali Raza	Realistic Medicine Project Manager	NHSGGC	A	A	A	A	A	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Lesley Rousselet	Chair, Area Optometric Committee	NHSGGC	P	P	P	P	P	P
Dr Laura Sweeney	Vice Chair, Area Optometric Committee	NHSGGC	P	P	P	P	P	A
Dr Alastair Taylor	Chair, Area Medical Committee	NHSGGC	P	A	P	A	P	P
Ms Julie Tomlinson	Chair, Area Nursing and Midwifery Committee	NHSGGC	A	A	P	A	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	P	A	AA	A	P
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	A	A	A	A	P	A
Ms Gail Caldwell	Director of Pharmacy and Prescribing	NHSGGC	P	A	A	A	A	A
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	A	A	A	P	A	A
Dr Martin Culshaw	Deputy Medical Director - Mental Health	NHSGGC	P	A	A	A	A	A
Dr Scott Davidson	Deputy Medical Director - Acute	NHSGGC	P	A	A	A	A	A
Ms Margaret Doherty	Public Protection Lead Nurse (Adult Protection)	NHSGGC	A	P	A	A	A	A
Ms Kim Donald	Board Secretary	NHSGGC	P	P	A	P	P	P
Gillian Duncan	Secretariat	NHSGGC	A	P	P	A	A	A
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	P	P	A	P	A
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	A	A	A	A	A



## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Ms Anne Harkness	Director related to COVID-19 Vaccinations	NHSGCC	A	A	P	A	A	A
Ms Carol Harvey	Senior Business and Delivery Manager	NHSGGC	A	A	A	P	A	A
Ms Ray Howard	Secretariat	NHSGGC	A	A	P	A	A	A
Ms Jacqueline Kerr	Assistant Chief Officer - Adults and Northwest	NHSGGC	P	A	A	A	A	A
Ms Anne MacPherson	Director of HR and OD	NHSGCC	A	A	A	A	P	A
Ms Fiona McKay	Associate Director of Planning	NHSGCC	A	A	A	P	A	A
Prof Colin McKay	Chief of Medicine - North Sector	NHSGGC	P	A	A	A	A	A
Ms Susan McFadyen	Director of Access	NHSGGC	P	A	A	A	A	A
Ms Pamela Metcalfe	Secretariat	NHSGGC	A	A	A	A	A	P
Ms Susanne Millar	Interim Chief Officer	Glasgow HSCP	A	P	A	A	A	A
Mr Steven Munce	Workforce Planning and Analytics Manager	NHSGGC	A	A	A	P	A	A
Ms Angela O'Neil	Deputy Nurse Director (Acute)	NHSGGC	P	A	A	A	A	A
Ms Kate Rocks	Chief Officer, Inverclyde HSPC	NHSGGC	A	A	A	P	A	P
Ms Jennifer Rogers	Deputy Nurse Director, Corporate and Community	NHSGGC	P	A	A	A	A	A
Ms Fiona Smith	Director of AHPs	NHSGGC	P	P	P	P	A	P
Mr Allen Stevenson	Interim Chief Officer, Inverclyde HSCP	NHSGGC	A	A	P	A	A	A
Professor Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P	P	P

## BOARD OFFICIAL

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Malcolm Watson	Realistic Medicine Lead and Anaesthesia Consultant	NHSGGC	A	A	A	A	A	P
Ms Amy White	Secretariat	NHSGGC	P	A	A	A	A	A

**Key**

- P - Present  
 A - Absent - no apologies received  
 AA - Absent - apologies received  
 - Attendance not required

**APPENDIX 2****AREA CLINICAL FORUM  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
21 April 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 10 February 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update</li> <li>• Remobilisation and Recovery Across NHSGGC</li> <li>• Mental Health Remobilisation Update</li> <li>• Care Home Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Corporate Risk Register</li> <li>• Review of Terms of Reference</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
9 June 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 21 April 2022</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• COVID-19 Update</li> <li>• Public Protection</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
11 August 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 09 June 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update</li> <li>• Winter Planning</li> <li>• Flu and COVID-19 Vaccination Update</li> <li>• Update from the Chief Executive on COVID-19 and Ongoing Board Business</li> <li>• Unscheduled Care Update</li> <li>• Executive Update on On-going Board Business</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
13 October 2022	<ul style="list-style-type: none"> <li>• Minutes of previous meeting of 11 August 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update;</li> <li>• Executive Update on On-going Board Business</li> <li>• Annual Delivery Plan Update</li> <li>• Workforce Planning Update</li> <li>• Public Protection Forum Update</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Annual Cycle of Business</li> </ul>

## BOARD OFFICIAL

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>Closing Remarks and Key Messages for the Board</li> </ul>
08 December 2022	<ul style="list-style-type: none"> <li>Minutes of the previous meeting of 13 October 2022</li> <li>Matters Arising</li> <li>COVID-19 Update</li> <li>Industrial Action</li> <li>Communications Strategy Update</li> <li>ED Survey Results</li> <li>Executive Update on Ongoing Board Business</li> <li>Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>Closing Remarks and Key Messages to the Board</li> </ul>
09 February 2023	<ul style="list-style-type: none"> <li>Minutes of previous meeting of 8 December 2022</li> <li>Matters Arising</li> <li>Winter Pressures Update</li> <li>Ongoing Board Business Update</li> <li>Realistic Medicine Update</li> <li>Regional Planning Update</li> <li>Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>Closing Remarks and Key Messages to the Board</li> </ul>

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
Approved date:	June 2023
Date for review:	March 2024
Replaces previous version:	June 2022

NHSGGC (M) 23/04  
 Minutes: 72-76

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Reconvened NHS Greater Glasgow and Clyde Board held on Friday 30<sup>th</sup> June 2023 at 9.00am via Microsoft Teams

#### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Mehvish Ashraf	Cllr Collette McDiarmid
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Simon Carr	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Paul Ryan
Ms Dianne Foy	Mr Francis Shennan
Mr David Gould	Ms Rona Sweeney
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Rev John Matthews OBE	Professor Angela Wallace

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Kim Donald	Corporate Services Manager – Governance (Minute)
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance

			ACTION BY
<b>72.</b>	<b>Welcome and Apologies</b>		
	Professor John Brown extended his gratitude to Board Members for accommodating an additional Board Meeting to approve the annual accounts.		

			<b>ACTION BY</b>
	<p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers. Therefore, the virtual hands up function should not be used and members of the public must remain on mute throughout the meeting.</p> <p>Apologies were intimated on behalf of Councillor Chris Cunningham, Mr Graham Haddock OBE, Professor Iain McInnes and Councillor Katie Pragnell.</p> <p><b><u>NOTED</u></b></p>		
<b>73.</b>	<b>Patient Private Funds 2021/22</b>		
	<p>The Board considered the paper 'Patient Private Funds 2021/22' [Paper No. 23/49] presented by Mr Colin Neil, Director of Finance.</p> <p>Members were reminded that there had been a delay in the finalising the 2020/21 accounts, which had led to delay in the 2021/22 accounts being finalised. The Board were assured that, following approval of the 2021/22 accounts, action would be taken to ensure the 2022/23 accounts would be brought back in line with the usual accounting processes.</p> <p>Mr Neil assured Members that a comprehensive review of the 2021/22 accounts took place via the Audit and Risk Committee on 20<sup>th</sup> June 2023 where BDO confirmed a clean audit opinion based on the financial statements.</p> <p>The Board were content to approve and adopt the accounts.</p> <p><b><u>APPROVED</u></b></p>		
<b>74.</b>	<b>Statement of Assurance</b>		
	<p>The Board considered the paper 'Statement of Assurance' [Paper No. 23/50] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil explained that the Statement of Assurance formed part of the annual accounts. The Statement is required to be signed by</p>		

			<b>ACTION BY</b>
	accountable officers confirming the effectiveness of NHSGGC's governance processes and systems of internal control. Mr Neil highlighted that the Statement is drafted based on SG guidance where it highlights that all Health Boards are responsible for reviewing their internal controls. Mr Neil assured Members that the Statement had been reviewed and approved by the Audit and Risk Committee on 6 <sup>th</sup> June 2023.		
	The Board were assured by the report.		
	<b><u>NOTED</u></b>		
<b>75.</b>	<b>Annual Report and Consolidated Accounts</b>		
<b>a)</b>	<b>2022/23 Annual Consolidated Accounts</b>		
	<p>The Board considered the paper '2022/23 Annual Consolidated Accounts' [Paper No. 23/51] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted that, despite a number of operational challenges, there had been significant achievements in performance against increasing demands which were reflected within the report. Mr Neil noted that there had also been achievement against the Financial Plan agreed in April 2023.</p> <p>Mr Neil reflected there had been an agreed conclusion with Ernst &amp; Young regarding the SLA Activity Accrual which had been reviewed in detail at the reconvened Audit and Risk Committee held on 27<sup>th</sup> June 2023.</p> <p>The Board were assured by the report and content to approve and adopt the accounts.</p> <p><b><u>APPROVED</u></b></p>		
<b>b)</b>	<b>2022/23 Annual Audit Report from Ernst &amp; Young</b>		
	<p>The Board considered the paper '2022/23 Annual Audit Report from Ernst &amp; Young' [Paper No. 23/51] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that the external auditors had changed for NHSGGC, and as expected the Year 1 audit by Ernst &amp; Young was more expansive compared to other years. Mr Neil noted the recommendations made, and assured Members that work was ongoing to ensure improvement throughout the year.</p>		



			<b>ACTION BY</b>
	Mr Neil was pleased to report that an unqualified opinion had been reached; and offered his gratitude to his colleagues in the Finance Team and Ernst & Young for their dedication to working towards an agreed conclusion with regards to the SLA Activity Accrual. Mr Neil reflected the requirement for consistency in treatment moving forward, noting ongoing discussions with SG and other Health Boards.		
	The Board were assured by the report and content to approve the report.		
	<b><u>APPROVED</u></b>		
<b>76.</b>	<b>Date of Next Meeting</b>		
	The next meeting would be held on Tuesday, 29 August 2023 at 9.30 am in JB Russell House and via MS Teams		

NHSGGC (M) 23/05  
Minutes: 77-99

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday 29 August 2023 at 9.30 am via Microsoft Teams

#### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Collette McDiarmid
Ms Mehvish Ashraf	Cllr Michelle McGinty
Cllr Jacqueline Cameron	Ms Ketki Miles
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Cllr Katie Pragnell
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Mr Francis Shennan
Mrs Jane Grant	Ms Rona Sweeney
Mr Graham Haddock OBE	Mr Charles Vincent
Ms Margaret Kerr	Ms Michelle Wailes
Rev John Matthews OBE	Professor Angela Wallace
Cllr Martin McCluskey	

#### IN ATTENDANCE

Mr Alan Best		Interim Head of Health and Community Care, Inverclyde HSCP
Ms Denise Brown		Director of Digital Services
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo		Director of Communications and Public Engagement
Dr Martin Culshaw		Deputy Medical Director, Mental Health and Addictions
Dr Scott Davidson		Deputy Medical Director, Corporate
Ms Kim Donald		Corporate Services Manager Governance/Board Secretary
Ms Gillian Duncan		Corporate Executive Business Manager (Minute)
Mr William Edwards		Chief Operating Officer, Acute Services
Ms Carolyn Low		
Mrs Anne MacPherson		Director of Human Resources and Organisational Development
Dr Rebecca Metcalfe		Non-Executive Board Member (designate)
Ms Susanne Millar		Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP

Professor Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			<b>ACTION BY</b>
<b>77.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Professor John Brown, welcomed those present to the August 2023 meeting of NHS Greater Glasgow and Clyde Board. The Chair also welcomed Dr Rebecca Metcalfe who would be joining the Board on 1 September 2023. He also advised that this would be the last meeting for Mr Simon Carr whose term as a Board Member would end on 31 August 2023.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe the online meeting protocol - microphones should remain on mute until invited to speak, the virtual hands up function should be used when wishing to contribute and members should refrain from using the chat function.</p> <p>The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers. He reminded members of the public that the virtual hands up function should not be used and they should remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims – Better Health, Better Care, Better Value and Better Workplace. The Chair advised that there were a number of important items for consideration today including the Mental Health and the Environmental Sustainability Strategies, the Whistleblowing Annual Report and the Active Governance update.</p> <p>The Chair suggested that those presenting should assume that Board Members have read the papers, and presentations should be concise with only key issues highlighted.</p> <p>Apologies were recorded on behalf of Professor Iain McInnes.</p> <p><b><u>NOTED</u></b></p>		
<b>78.</b>	<b>Declarations of Interest</b>		

			<b>ACTION BY</b>
	<p>The Chair invited members to declare any interests in any of the matters being discussed.</p> <p>Ms Foy declared a potential conflict with the Mental Health Strategy item as she sat on the board of an organisation that was largely funded through that route. The Chair said that as the discussion would not be around funding or specific organisations this would not be a conflict.</p> <p>The Chair reminded Board Members of the requirement to keep their details updated on the Register of Interests and that they should notify any changes to Ms Kim Donald, Board Secretary, and the Chair by email.</p> <p><b><u>NOTED</u></b></p>		
<b>79.</b>	<b>Minute of Previous Meeting</b>		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meetings held on 27 June 2023 [Paper NHSGGC (M) 23/03] and 30 June 2023 [Paper NHSGGC (M) 23/04] and on the motion of Mr Alan Cowan, seconded by Mr Charles Vincent, the Board were content to accept the minutes of the meetings as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		
<b>80.</b>	<b>Matters Arising</b>		
<b>a)</b>	<b>Rolling Action List</b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 23/52].</p> <p>The Board were content to accept the recommendation that 3 items were closed.</p> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>81.</b>	<b>Chair's Report</b>		
	<p>The Chair advised the Board that he had attended and contributed to a wide range of governance meetings since the previous Board Meeting. These included the Acute Services</p>		

			<b>ACTION BY</b>
	<p>Committee (ASC), the Finance Planning and Performance Committee (FPPC), the Remuneration Committee and the Board Seminar on the Communications and Engagement Strategy.</p> <p>Since the last meeting, he had also chaired the recruitment panel for the Director of Public Health post and, on behalf of the NHS Board, formally congratulated Dr Emilia Crighton on her appointment as NHSGGC Director of Public Health.</p> <p>Earlier this month, the Chair and Professor Wallace joined Michael Mathieson MSP, the Cabinet Secretary for NHS Recovery, Health &amp; Social Care, on a visit to the Gorbals Health Centre where they met with staff and patients of the Long Covid Service. He said they had been very impressed by the work that had gone into designing and building the new service and were looking forward to seeing it develop and expand as more about the effects of this illness were learned over the longer term.</p> <p>Mr Ritchie had deputised at the August meeting of the Board Chairs Group and at the meeting that followed with the Cabinet Secretary. The Chair invited Mr Ritchie to provide feedback about those meetings. Mr Ritchie reported that there had been discussions about the continuing challenges facing the NHS around finances, recovery and performance. There had also been discussions about mental health and drug deaths and Mr Ritchie noted that the latest published drug deaths figures for Glasgow had shown some improvement and emphasised the good work being undertaken.</p> <p>Finally, the Chair said that he had also spend some time since the last meeting on the external governance review of NHS Forth Valley.</p> <p>The Chair handed over to the Chief Executive for her update following which he would invite any questions or comments from Board Members.</p> <p><b><u>NOTED</u></b></p>		
<b>82.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Grant advised that she continued to participate in routine meetings which covered a range of issues and she had also attended the Board's governance committees, as noted by the Chair, and two Board Seminars.</p> <p>Mrs Grant said that she had attended a number of national meetings, including the Innovation Design Authority which was</p>		

			ACTION BY
	<p>seeking to incorporate innovation into the health service. She had also attended the Best Start national event and the Best Start Programme Board along with the Scottish Perinatal Network. Mrs Grant had also attended pay review implementation meetings, the Scottish Terms and Conditions and Management Steering Group meetings, as well as meetings with Board Chief Executives and the Scottish Government. Mrs Grant had chaired the Regional Cancer Advisory Group and the West of Scotland Chief Executives meeting where a wide range of areas of common interest had been discussed</p> <p>Mrs Grant had visited Dykebar Hospital with the Chief Operating Officer, Acute Services, and other Directors where there had been interesting discussions with the local team. She had also visited the QEUH maternity unit and learned of the new initiatives that were being implemented. Mrs Grant had also hosted a visit by the Cabinet Secretary to Inverclyde Royal Hospital and Glasgow Royal Infirmary where the local teams demonstrated some of the work that they were undertaking.</p> <p>Along with the Chief Operating Officer and Director of Finance, Mrs Grant had attended two sessions with General Managers and Clinical Services Managers about the future development of this group of staff who are critical to service delivery.</p> <p>Mrs Grant and other Director colleagues had also attended the national winter summit where they heard about the experiences of other systems to help ensure that NHSGGC was best placed to address the winter pressures.</p> <p>Mrs Grant said that everyone would have seen from the media the tragic set of circumstances at the Countess of Chester Hospital and our thoughts are with the parents and families of her victims as well as the staff as they work through the aftermath of these appalling crimes. Mrs Grant acknowledged that it was important to learn from such events and while she believed that robust clinical governance management was in place in NHSGGC, a review of processes across the whole system would be undertaken which would be presented to the Clinical and Care Governance Committee in due course. Additionally, the Cabinet Secretary for NHS Recovery, Health and Social Care, had written to all NHS Boards on 25 August 2023 seeking reassurance that the existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland were fully effective. This included consideration in respect of patient outcomes and data, as well as escalation processes, whistleblowing and staff governance including wellbeing and culture. The outputs of the commissioned</p>		

			<b>ACTION BY</b>
	<p>review would be considered by the Clinical and Care Governance Committee (CCCG).</p> <p>In response to a query about how issues of concern triggered a discussion at Board level, Professor Brown said that part of the review would be on how risk was managed and the governance around this and he invited Dr Armstrong to outline the current process. Dr Armstrong provided assurance that there were clear governance structures in place to manage and investigate concerns across the organisation and while the tragic case in Chester was extraordinarily rare it was right to take the opportunity to review the process. Dr Armstrong provided an overview of the clinical governance structures that were in place in NHSGGC to ensure concerns were reported and investigated with any learning shared across the system. She also outlined the specific processes that were in place in neonatal services and reported that NHSGGC was not an outlier in the national neonatal death figures that were due to be published shortly.</p> <p>Mr Vincent, the Board's Whistleblowing Champion, added that in addition to the primary route of governance, staff could also utilise the whistleblowing process to report concerns and encouraged people to use this if they felt something was not right.</p> <p>In response to a query about supporting staff, Mrs MacPherson acknowledged that this case had been upsetting for individuals and said that additional support had been offered to staff.</p> <p>Board Members agreed that it was important for all NHS Boards to reflect on this and welcomed the report to the CCCG.</p> <p><b><u>NOTED</u></b></p>		
<b>83.</b>	<b>Patient Story</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the Podiatry Service. It included comments from a Podiatrist and one of the users of the service on the positive impact of the service.</p> <p>The Chair said it was a great example of care in the community and patient centred care and highlighted the work of Allied Health Professionals.</p> <p><b><u>NOTED</u></b></p>		
<b>84.</b>	<b>Population Health and Wellbeing Committee</b>		



			<b>ACTION BY</b>
<b>a)</b>	<b>Chair's Report of Meeting held on 4 July 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 4 July 2023' [Paper No. 23/53] presented for assurance by Rev John Matthews, Chair of the Committee.</p> <p>Rev Matthews said the Committee had considered the Harm Reduction Strategy and the significant work being undertaken to focus on prevention. Dr Crighton added that it was encouraging to see the trend in drug deaths improving and added that there had been a recent meeting with the Cabinet Secretary for Drugs where the initiatives underway in NHSGGC had been shared.</p> <p>In response to a query about alcohol death figures and the disproportionate effect on more deprived communities coupled with the effect of the cost of living crisis on health inequalities, Dr Crighton said that work was underway with the Area Alcohol and Drug Partnerships to provide support in communities and to individuals</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 18 April 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 18 April 2023' [PHWB(M)23/02] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>85.</b>	<b>Acute Services Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 18 July 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 13 June 2023' [Paper No. 23/54] presented for assurance by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie said that acute services worked extremely hard to provide care for patients at all times while dealing with the challenges of increasing demand.</p> <p>In response to a query, Mrs MacPherson provided assurance that staff had been supported to remain in Scotland and NHSGGC</p>		

			<b>ACTION BY</b>
	<p>had therefore not lost many staff as a result of Brexit. She also advised that applicants coming through the system were monitored and there had not been a reduction in applications from non-EU nationals for both nursing and medical professions. She said that turnover had stabilised and NHSGGC was looking forward to welcoming over 700 Newly Qualified Nurses and Midwives across Acute and Mental Health.</p> <p>In response to a query about NHS24 performance, Mr Edwards said that a representative from NHS24 would be attending the next meeting of Acute Services Committee to outline the initiatives they have to support Boards and improve patient flow through the urgent care system. Mrs Grant has also had discussions with the Chief Executive of NHS24 around improving dialogue between their senior team and NHSGGC Acute Services.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 16 May 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 16 May 2023' [ASC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>86.</b>	<b>Area Clinical Forum</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 17 August 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 17 August 2023' [Paper No. 23/55] presented for assurance by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet said that the Area Clinical Forum (ACF) had continued to demonstrate the benefit of a multidisciplinary forum with a presentation on care homes and a discussion on CAMHS both of which had provided the opportunity for useful updates from practitioner groups on how they provided care in these services.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>b)</b>	<b>Approved Minute of Meeting held on 8 June 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 8 June 2023' [ASC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>87.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/56] presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the position at June 2023 had been positive overall. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks were on track and exceeding the planned trajectory for the reporting period. Overall, performance in mental health delayed discharges remained challenging but the number of delays had reduced in the period.</p> <p>Compliance with access to psychological therapies was at 88.2% for June 2023 which was an improvement on the previous month and only slightly below the national target. The number of CAMHS patients appointed within 18 weeks of referral was at 92.3% which was an increase on the previous month and exceeded the planned position for June. Cancer 31 day performance had been at 93.9% which was a marginal improvement, however, 62 day cancer performance remained challenging at 62% for June which was slightly down on the previously reported position. A&amp;E performance had been 73.5% which was up on the previous month but below target and the overall number of delayed discharges remained challenging.</p> <p>In response to a query about winter challenges, Mr Edwards said that hospital occupancy remained high and although performance had continued to improve over the summer enabling some flexibility coming into the winter period he acknowledged that this would be a challenging time. Mrs Grant added that there was considerable work underway looking at reducing bed days and delayed discharges, as well as ensuring people were treated in the most appropriate service, for example, minor injuries units. Mrs Grant added that this was also reviewed through the Strategic Executive Group (SEG) and Corporate Management Team (CMT).</p>		

			<b>ACTION BY</b>
	<p>Professor Wallace said that the Board Seminar dedicated to Delayed Discharges would be a good opportunity to review the situation. Ms Millar added that from an HSCP perspective, performance tracking was a complex process and they had worked with Professor Wallace, Mr Edwards and the team to try and identify what good performance would look like, acknowledging the importance of focusing on the patient journey and further understanding of this would be provided at the upcoming Seminar.</p> <p>In response to a query around cancer performance, Mr Edwards said that 62 day performance was reviewed on regular basis, however, the number of referrals had increased significantly than before COVID and there was work underway to build in capacity for this growing demand. There were also a number of actions underway focusing on urology and colorectal cancer which had been described previously and the expectation was that performance should start to improve now that these had been implemented, however, this was a complex issue as there were many steps in the patient pathway including diagnostics, scopes and outpatients.</p> <p>The Chair thanked Mr Neil for the update and the Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>88.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/57], presented for assurance by Professor Angela Wallace, Director of Nursing.</p> <p>Professor Wallace invited Ms Sandra Devine to provide a brief overview of the current position, Ms Devine reported on the Annual Operational Plan targets. She said that Staphylococcus Aureus Bacteraemia (SAB) rates remained within expected limits E.coli Bacteraemia (ECB) rates remained within normal control limits and improvement continued to be supported locally. There had been 21 Clostridium Difficile Infections (CDI) in June, which was slightly above the aim of 17 per month, and this had been closely monitored with no evidence of cross transmission being identified. Clinical Risk Assessment (CRA) compliance had been 90% for CPE and 89% for MRSA in quarter one. She said there had been close working with clinical teams to promote the message in newsletters and face-to-face interactions.</p>		

			<b>ACTION BY</b>
	<p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>89.</b>	<b>A Refresh of the Strategy for Mental Health Services in Greater Glasgow &amp; Clyde: 2023 - 2028</b>		
	<p>The Board considered the paper ‘A Refresh of the Strategy for Mental Health Services in Greater Glasgow &amp; Clyde: 2023 - 2028’ [Paper No. 23/58] presented for approval by Ms Susanne Millar, Chief Officer, Glasgow City HSCP.</p> <p>Ms Millar said this was a high level Strategy embedded in Moving Forward Together and invited Dr Culshaw to provide a presentation which highlighted progress across multiple areas in the previous strategy and updated recommendations to reflect the impact of COVID, the recovery and renewal agenda and the changes to national policy. He also said the scope of the strategy had been widened to take account of the rest of the ‘family’ of mental health services and their associated strategies. The refreshed Strategy reiterated the aim to shift the balance of care by enhancing community mental health service provision which would involve working collaboratively with provider organisations and the independent sector and coproducing community models with service users and carers. Dr Culshaw also provided a brief overview of the workstreams and developments that were outlined in the paper and set out the key implementation priorities.</p> <p>Ms Millar said the next steps would be progress across the various workstreams overseen by the Mental Health Strategy Programme Board; developing a phased implementation plan and financial framework; and discussions with the Communications Team and Healthcare Improvement Scotland to develop stakeholder engagement.</p> <p>In response to a query about funding particularly for services to be provided by the third sector, Ms Millar said that the financial framework had looked at where resource could be shifted with support from Mr Neil and his team. She said that there was a draft financial framework covering 5 years but this would be reviewed frequently to make any necessary adjustments and account for external factors. She said that the third sector would be invested in through the Strategy. Mr Neil added that the financial landscape was challenging even without changes, and</p>		

			ACTION BY
	<p>the costs of the services should be able to be met from the shift in the balance of care. He said that there would be a review of learning and a look forward at each stage.</p> <p>In response to a query about capacity in the third sector, Ms Millar said that they had been working in partnership with the third sector for some time and part of the aspiration had come from third sector in terms of their own skills and experience while acknowledging the importance of supporting and developing capacity. Ms Murray added that in learning disabilities 5 or 6 key providers were working alongside HSCPs to create a network to develop capacity, created joint post, with lots of collaborative commissioning going on and positive work going on, although she highlighted they also have recruitment issues.</p> <p>In response to a query about forensic mental health services, Mrs Grant said that work was ongoing with the Scottish Government and colleagues in NHS Lothian and the State Hospital on the forensic estate across Scotland but it would be several months before there was any output from that. It was agreed that an update would be provided to the Population Health and Wellbeing Committee when this was available.</p> <p>Ms Millar said that that the phasing of the Strategy would be managed operationally through the Mental health Programme Board that had representation from six HSCPs, clinical and management leadership and was supported by planning and through the MFT programme Board and Board governance structures. She also said that there would be significant ongoing engagement with service users and their families. She said the phasing was over 5 years but it was difficult to predict how long each of the stages would be.</p> <p>In response to a query about the pharmacy transformational change, Dr Culshaw said that much of this was up and running already and was about sharing tasks across CMHT staff groups and developing and using the skills of the pharmacy workforce.</p> <p>In response to a query about Community Link Workers and whether the Scottish Government top-up funding provided to date would be continued, Ms Millar said that any impact would not be known until funding announcements but she confirmed that the tender for 2024/25 enabled the value of the contract to be increased should that be confirmed.</p> <p>The Board were content to approve the Strategy.</p> <p><b><u>APPROVED</u></b></p>		Ms Millar

			<b>ACTION BY</b>
<b>90.</b>	<b>Finance Planning and Performance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 1 August 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 18 April 2023' [Paper No. 23/59] presented for assurance by Ms Margaret Kerr, Chair of the Committee.</p> <p>Ms Kerr said that the Committee had a wide remit and the agendas covered a number of significant issues. She reported that Delayed Discharges formed part of the discussion at every meeting due to their impact across the system and that was where the action to broaden this out to a Seminar discussion had been agreed.</p> <p>In response to a query about the consultation on Out of Hours Services, Ms Bustillo reported that she had met with Healthcare Improvement Scotland (HIS) who had confirmed that the proposed arrangements had not fulfilled the criteria for major service change. However, HIS had asked to continue to work with NHSGGC on engagement and there had continued to be positive meetings around this. She reported that the materials were in the process of being tested with members of the public and patients with a view to launching the consultation in a few weeks.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 18 April 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 13 June 2023' [FPPC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>91.</b>	<b>Audit and Risk Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 27 June 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 27 June 2023' [Paper No. 23/60] presented for assurance by Ms Michelle Wailes, Chair of the Committee.</p>		

			<b>ACTION BY</b>
	Ms Wailes said that this was a very short report of the additional meeting of the Committee that had taken place to endorse the annual accounts which had subsequently been approved by the Board on 30 June 2023. The Chair said that there had been significant work undertaken to resolve this in time for the 30 June 2023 deadline and extended his thanks to everyone involved.		
	The Board were content to note the report		
	<b><u>NOTED</u></b>		
<b>92.</b>	<b>IJB Board Reports</b>		
	The Board considered the paper 'IJB Board Reports' [Paper No. 23/61] presented for assurance by the Non-Executive Board Member IJB Leads and the Chair invited the Leads to provide a brief highlight from each of the reports.		
	a) <u>East Dunbartonshire HSCP</u>		
	Ms Forbes said that this was a comprehensive report and highlighted that Ms Michelle Dalgarno had won a leadership award from the RCN. She also highlighted the good grades and good reports for Care at Home Service, grade 5, Services for children at risk of harm, grade 4 good. The Chair asked Ms Forbes to pass on the Board's congratulations to Ms Dalgarno.		
	b) <u>East Renfrewshire HSCP</u>		
	Ms Monaghan highlighted the positive joint inspection of adult support and protection. She also noted that the savings recovery renewal programme was under significant financial pressure. Ms Monaghan also provided assurance that delayed discharges were always on the agenda for the IJB and they were constantly looking at how to reduce these.		
	c) <u>Glasgow City HSCP</u>		
	Mr Carr said that the as well as the financial challenges, the homeless person situation in Glasgow was extremely difficult and could have a serious impact across the system. Cllr Cunningham added that allowances for foster carers had been an issue which the IJB was concerned about but was pleased to report that it had been announced that the Scottish Government were setting national standards which would result in an improvement in allowances paid to foster carers.		



			<b>ACTION BY</b>
	<p>d) <u>Inverclyde HSCP</u></p> <p>Mr Cowan presented the reports from the previous two meetings of the IJB. As well as a number of financial papers, there had been a 6 month update on the Primary Care Improvement Plan, a report on the workforce action plan, approved proposals for additional resources to sustain the Care and Support at Home Service and an update report on unscheduled care which provided assurance on activity.</p>		
	<p>e) <u>Renfrewshire HSCP</u></p> <p>Rev Matthews reported that there had been a number of senior management changes and recruitment was underway. He said that there had been some nursing homes that had to decant their populations and this had gone smoothly.</p>		
	<p>f) <u>West Dunbartonshire HSCP</u></p> <p>Ms. Sweeney said the MSK Physiotherapy Service Annual Report had been cleared at the IJB and it would now be going to the CMT and then the FPPC.</p>		
	<p>The Board were content to note the reports.</p> <p><b><u>NOTED</u></b></p>		
<b>93.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/62], presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil presented the month 3 position to the end of June 2023. He said that the NHSGGC was reporting an overspend of £33.67 million with the majority of this attributed to unachieved savings which accounted for just over £23 million of the total. He said that the HSCPs were reporting a broadly breakeven position, however this had incorporated the use of reserves. He reported that there had been good work in reducing premium rate agency costs and NHSGGC and was on track to reach the 100% reduction target by the end of October.</p> <p>In terms of the Savings and Value Programme (SVP) in year, recurring and non-recurring savings of just under £58 million had been achieved which was behind the trajectory. The total capital expenditure incurred to the end of June was £14.9 million which</p>		

			<b>ACTION BY</b>
	<p>was 15% of the plan. He said that 59% of the total capital allocation had firm orders or incurred spend.</p> <p>Mr. Neil said that overall, at month 3 the forecast deficit had reduced to £53.3 million predominantly as a result of sustainability funding and receipt of new medicines funding which was non-recurring. Therefore, while there had been some improvement the challenge remained to increase the level of recurring and non-recurring savings.</p> <p>The Chair thanked Mr. Neil and said it had been good to bring the Board more detail on the extent of the challenges faced.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>94.</b>	<b>Sustainability Strategy</b>		
	<p>The Board considered the paper ‘Sustainability Strategy’ [Paper No. 23/63], presented for approval by Professor Tom Steele, Director of Estates and Facilities.</p> <p>Professor Steele said that the Strategy set out NHSGGC’s interpretation and response to the climate emergency, supporting Scottish Government policy requirements. He said that this was a 5 year approach illustrating the scale of climate change and reaching net zero and would align with other strategies. He said that this was an ambitious Strategy that would require the support of the whole system and they would continue to work with the Communications Team to engage with staff</p> <p>In response to a query, Professor Steele said that it was acknowledged that a significant percentage of NHSGGC’s asset base had been built some time ago and while it would be challenging to make this more efficient it was a significant opportunity to do so. Professor Brown said it would be helpful to have some further work around this as the programme moved forward.</p> <p>In response to a query about the net zero target, Professor Steele said that the endeavor would be to reach the 2040 position as quickly as possible. In response as to whether there could be a trajectory mapping this over the next decade, while this would be challenging it was agreed to look at the overall Strategy in conjunction with the Clinical Infrastructure Strategy to see if it was possible to do this.</p>		Prof Steele

			<b>ACTION BY</b>
	The Board were content to approve the Strategy noting that it would develop over time and be kept under review by the relevant Committee.		
	<b><u>APPROVED</u></b>		
<b>95.</b>	<b>Staff Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 22 August 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 22 August 2023' [Paper No. 23/64] presented for assurance by Ms Ann Cameron-Burns, Co-Chair of the Committee.</p> <p>Ms Cameron-Burns said that the Staff Governance Committee (SGC) had received presentations from East Renfrewshire HSCP and the eHealth Directorate looking at iMatter and the Staff Health Strategy as well as a presentation on helping support staff through health and wellbeing. The Committee had also received the workforce plan annual update and discussed commissioning a more in-depth look at the 5 staff governance standards at some point.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 23 May 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 23 May 2023' [SGC(M)23/01] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>96.</b>	<b>Whistleblowing Annual Report</b>		
	<p>The Board considered the paper 'Whistleblowing Report' [Paper No. 23/65], presented for assurance by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan said that the report had significant scrutiny before being presented to the Board at CMT and the ARC and was also reviewed at SGC in light of the linkages. She said that in terms of performance, the number of Stage 1 cases responded to within target was 100%. Stage 2 had been challenging as these cases</p>		

			<b>ACTION BY</b>
	<p>were more complex and it was more important to ensure these were investigated appropriately. Ms Vanhegan also reassured Board Members that all whistleblowers were updated on progress while their cases were being investigated. Mr Vincent added that there had been a discussion with the INWO about Stage 2 performance and assurance had been provided that quality was more important than timescale as long as the responses were being completed in a timely fashion.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>97.</b>	<b>Implementing the Active Governance Approach</b>		
	<p>The Board considered the paper 'Implementing the Active Governance Approach' [Paper No. 23/66], presented for assurance by Ms. Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms. Vanhegan said that the paper presented the active governance action plan for the rest of the 2023/24 year. She said that the operational priorities had been considered at the Board Seminar in May and these had been aligned to the delivery plan actions which had been submitted at the end of July. She said that the Short Life Working Group had met and the user requirement developed for Board level information was presented in the paper. She said that she was seeking assurance to the overall approach acknowledging that there would be some further refinement with the plan being to implement the full Assurance Framework by the end of the financial year.</p> <p>In response to a query about whether the operational priorities could be set earlier in the year, the Chair said that we usually waited until the Scottish Government set out the priorities for the Annual Delivery Plan but Dr Armstrong would think about whether a first draft of these could be produced earlier.</p> <p>The Board were content to approve the Framework.</p> <p><b><u>APPROVED</u></b></p>		
<b>98.</b>	<b>Annual Cycle of Business</b>		
	<p>The Board considered the paper 'Annual Cycle of Business' [Paper No. 23/67] presented for approval by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p>		

			<b>ACTION BY</b>
	<p>The Board were content to approve the Annual Cycle of Business.</p> <p><b><u>APPROVED</u></b></p>		
<b>99.</b>	<b>Date of Next Meeting</b>		
	<p>The next meeting of the Board would be held on Tuesday 31 October 2023 at 9.30 am via MS Teams.</p> <p>The Chair advised that this would be Mr Simon Carr's last meeting as his second term as a Board Member would come to an end on 31 August 2023. The Chair said that Mr Carr was a highly regarded Board Member who had brought a wide range of skills and experience to his contributions not only at the NHS Board meetings but also at Standing Committees and Integration Joint Boards. He added that Mr Carr was well-liked and respected by his colleagues and would greatly missed. On behalf of the Board and the Executive Leadership Team, the Chair thanked Mr Carr for his significant contribution to NHSGGC and wished him well in his future endeavours.</p>		

NHSGGC (M) 23/05  
Minutes: 100-126

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 31 October 2023 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Collette McDiarmid
Ms Mehvish Ashraf	Cllr Michelle McGinty
Cllr Jacqueline Cameron	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Ms Jacqueline Forbes	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Mr Graham Haddock OBE	Ms Rona Sweeney
Ms Margaret Kerr	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Martin McCluskey	Professor Angela Wallace

**IN ATTENDANCE**

Ms Denise Brown	Director of Digital Services
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Scott Davidson	Deputy Medical Director, Corporate
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Mr Tom Kelly	Head of Adult Services: Learning Disability & Recovery
Ms Claire MacArthur	Interim Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Deirdre McCormick	Chief Nurse
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

			ACTION BY
<b>100.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Professor John Brown, welcomed those present to the October 2023 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe the online meeting protocol - microphones should remain on mute until invited to speak, the virtual hands up function should be used when wishing to contribute and members should refrain from using the chat function.</p> <p>The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers. He reminded members of the public that the virtual hands up function should not be used and they should remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims – Better Health, Better Care, Better Value and Better Workplace, including the Public Protection Strategy, the Winter Plan, the Annual Delivery Plan, the Medium Term Plan and the Staff Health Strategy.</p> <p>The Chair suggested that those presenting should assume that Board Members have read the papers, and presentations should be concise with only key issues highlighted.</p> <p>Apologies were recorded on behalf of Ms Ann Cameron-Burns, Cllr Jacqueline Cameron, Cllr Colette McDiarmid and Prof Iain McInnes.</p> <p><b><u>NOTED</u></b></p>		
<b>101.</b>	<b>Declarations of Interest</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. No declarations were made.</p> <p>The Chair reminded Board Members of the requirement to keep their details updated on the Register of Interests and that they should notify any changes to Ms Kim Donald, Board Secretary, and the Chair by email.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>102.</b>	<b>Minute of Previous Meeting</b>		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meetings held on 29 August 2023 [Paper NHSGGC (M) 23/05] and on the motion of Mr Alan Cowan, seconded by Reverend John Matthews, the Board were content to accept the minutes of the meetings as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		
<b>103.</b>	<b>Matters Arising</b>		
<b>a)</b>	<b>Rolling Action List</b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 23/68].</p> <p>The Board were content to accept the recommendation that 3 items were closed.</p> <p>In response to a query regarding primary care reporting to the Board, the Chair highlighted that the Primary Care Strategy was being taken to the upcoming Board Seminar in November for discussion. Ms Lavery also highlighted that the Strategy was expected to come to the Board for approval in April 2024. The Chair also noted that primary care data would be captured through the Assurance Information Framework, noting that information was regularly scrutinised via the Finance Planning and Performance Committee.</p> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>104.</b>	<b>Chair's Report</b>		
	<p>The Chair advised the Board that he had attended and contributed to a wide range of governance meetings since the previous Board Meeting. These included the Acute Services Committee, the Finance Planning and Performance Committee, the Audit &amp; Risk Committee and the Board Seminar on our approach to Delayed Discharge from hospital.</p> <p>Since the last meeting, he had attended a meeting of the Board Chairs Group and a meeting of the West of Scotland Chairs</p>		



			ACTION BY
	<p>Group, as well as joining the Board Chairs in their regular meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care.</p> <p>The Chair also chaired the quarterly meeting of the NHS Scotland Global Citizenship Advisory Board and continued to support the rollout of the NHS Scotland Blueprint for Good Governance. This work included presentations to NHS 24 Board and NHS Orkney Board, and completion of the external governance review of NHS Forth Valley.</p> <p>The Chair took the opportunity to remind Board Members of two important dates in November. The first was the 2023 Ministerial Annual Review with the Cabinet Secretary on 13 November at the Teaching &amp; Learning Centre on the QEUH Campus, and the second was the Board Seminar on 28 November at the NHS Golden Jubilee Conference Centre.</p> <p>The Chair reflected that this would be his last Board Meeting as Chair of NHSGGC and briefly described his plans following the completion of his second term as Board Chair of NHS GGC.</p> <p>The Chair handed over to the Chief Executive for her update following which he advised he would invite any questions or comments from Board Members.</p> <p><b>NOTED</b></p>		
<b>105.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Grant advised that she continued to participate in routine meetings which covered a range of issues and she had also attended the Board's governance committees, as noted by the Chair.</p> <p>Mrs Grant said that she had attended a number of meetings relating to Moving Forward Together and that the Corporate Management Team had a development session dedicated to this subject. Mrs Grant reflected that a key focus remained on finance and unscheduled care as we approach the winter period.</p> <p>Mrs Grant highlighted that it was the 10<sup>th</sup> anniversary of the Apprenticeship Programme, noting that Mrs MacPherson and her team should be proud of their achievements in this space.</p> <p>Mrs Grant assured the Board that there was ongoing communication with the Scottish Government regarding the</p>		

			<b>ACTION BY</b>
	<p>progress of a range of issues within NHSGGC, and feedback to date had been positive.</p> <p>Mrs Grant had also chaired the Best Start Programme Board, and had attended the Scottish Terms and Conditions Committee, the West of Scotland Programme Board and the Chief Executives Group.</p> <p>Mr Cowan took the opportunity to highlight to Board Members that the Board had received a Ministry of Defence Employee Recognition award.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		
<b>106.</b>	<b>Patient Story</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the Hydrotherapy Service. It included comments from a Physiotherapist and two service users regarding the positive impact.</p> <p>The Chair thanked Ms Wallace and her team, and extended his gratitude to those involved in the video</p> <p><b>NOTED</b></p>		
<b>107.</b>	<b>Population Health and Wellbeing Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 17 October 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 17 October 2023' [Paper No. 23/69] presented for assurance by Rev John Matthews, Chair of the Committee.</p> <p>Rev Matthews said the Committee had considered the challenges around the Child Smile programme throughout schools and that communication was on going with Head Teachers to ensure a consistent approach to oral hygiene.</p> <p>The Board were content to note the report.</p> <p><b>NOTED</b></p>		
<b>108.</b>	<b>Approved Minute of Meeting held on 18 April 2023</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Approved Minute of Meeting held on 18 July 2023' [PHWB(M)23/04] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>109.</b>	<b>Acute Services Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 19 September 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 19 September 2023' [Paper No. 23/70] presented for assurance by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie said that the Committee had met with NHS24 and had a constructive discussion about ongoing engagement and partnership working.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 18 July 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 18 July 2023' [ASC(M)23/04] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>110.</b>	<b>Area Clinical Forum</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 12 October 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 12 October 2023' [Paper No. 23/71] presented for assurance by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet said that the Area Clinical Forum (ACF) had received an update from the Area Dental Committee regarding the upcoming changes to dental services. It was agreed that these changes would be monitored via the Public Health and Wellbeing Committee.</p>		

			<b>ACTION BY</b>
	<p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 17 August 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 17 August 2023' [ACF(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>111.</b>	<b>Clinical and Care Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 5 September 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 5 September 2023' [Paper No. 23/72] presented for assurance by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan reflected on the Endoscopy Investigation update received at the Clinical and Care Governance Meeting, noting the positive feedback from the Scottish Government regarding the Board's proactive communication with affected patients and families. Dr Ryan noted that the Committee received a lot of assurance from the update and commended colleagues for the work undertaken with regards to the investigation.</p> <p>The Board were content to note the report.</p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 20 June 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 20 June 2023' [CCG(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p>		
<b>112.</b>	<b>Public Protection Strategy</b>		
	<p>The Board considered the paper 'Public Protection Strategy' [Paper No. 23/73] presented for approval by Professor Angela</p>		



			<b>ACTION BY</b>
	<p>Wallace, Nurse Director. Prof Wallace invited Ms Deirdre McCormick, Chief Nurse, to provide an update.</p> <p>Ms McCormick reported that the Strategy was Board-wide, and reflected on the importance of ensuring this remains a priority. She reminded Board members of the approach to Strategy development provided to the Board at the Seminar in July. Ms McCormick highlighted that a development plan would be rolled out and the strategy was being tested in both Acute and Partnership areas. It was noted that updates on the development plan would be reported through the Clinical and Care Governance Committee.</p> <p>Ms McCormick highlighted that Public Protection service had been subject to internal audit and areas for improvement had been reported around the processes and training available. Ms McCormick assured the Board that work was underway on the recommended actions, and significant work had been carried out to track the completion of staff training.</p> <p>Ms McCormick said that there were levels 1-3 within the Public Protection training, with level 1 being mandatory for all staff. It was recognised that refresher training was also integral and a framework was being developed to capture this information and included deadlines for completion. The Board noted that training compliance information would be reported through the Staff Governance Committee.</p> <p>In response to a question regarding listening to lived experience during the development of the Strategy, Prof Wallace acknowledged the challenges in gaining lived experience in the arena, however assured the Board that the strategy was nationally influenced through stakeholder work, and referenced the About Me Without Me programme.</p> <p>The Board were content to approve the Public Protection Strategy.</p> <p><b><u>APPROVED</u></b></p>		
<b>113.</b>	<b>Winter Plan</b>		
	<p>The Board considered the paper 'Winter Plan' [Paper No. 23/74] presented for approval by Dr Jennifer Armstrong, Medical Director. Dr Armstrong invited Ms Claire McArthur, Interim Director of Planning, to provide an update.</p>		

			ACTION BY
	<p>Ms McArthur highlighted that the development of the Winter Plan had started much earlier this year in order provide maximum time. She described the whole system approach to development highlighting the significant stakeholder involvement. Ms McArthur stressed the importance of balancing scheduled and unscheduled care to minimise cancellations and impacts on waiting lists. In addition focus had been given to reflect the impact of Covid-19 surges and the cost of living crisis, reflecting on the impact on the most vulnerable residents within NHSGGC.</p> <p>Ms McArthur confirmed that the Board had received £2.5 million from the Scottish Government to support the Winter Plan and the series of key actions within the plan would be monitored via the Senior Executive Group (SEG) and the Corporate Management Team (CMT) to allow rapid action to be taken, if required. Board Members were assured that cancer care would remain a priority and that work was underway to review additionality within theatres and across the ambulatory care hospital sites.</p> <p>In response to a question regarding the measurement of success, Ms McArthur explained that there were a series of measures in place and the impact of actions would be monitored via the Programme Management Office (PMO). She also noted the importance of lessons learned from the 2022 Winter Plan, and the data captured within the Assurance Information Framework. It was agreed that a report would come to the April Board outlining the lessons learned from the plan.</p> <p>Dr Crighton highlighted the importance of prevention with the vaccination programme underway. Board Members also reflected on the importance of community support, including pharmacy, and were assured that there had been an increase in patients being referred to their community pharmacist by the Flow Navigation Centre.</p> <p>Mrs Grant reflected on the challenges faced across the system, noting that bed occupancy remains high and the importance of creating flow within the system. It was agreed that the Finance Planning and Performance Committee would receive an update on the Winter Plan at their December and February meetings.</p> <p>The Board were content to approve the Winter Plan.</p> <p><b><u>APPROVED</u></b></p>		Dr Armstrong
114.	<b>Annual Delivery Plan</b>		

			ACTION BY
<b>a)</b>	<b>Annual Delivery Plan</b>		
	<p>The Board considered the paper 'Annual Delivery Plan' [Paper No. 23/75] presented for approval by Dr Jennifer Armstrong, Medical Director. Dr Armstrong invited Ms Claire McArthur, Interim Director of Planning, to provide an update.</p> <p>Ms McArthur explained that the plan was developed in response to guidance issued by the Scottish Government in February 2023 and was approved by the Scottish Government in August 2023. Ms McArthur reported that the plan is aligned to the Board's Corporate Objectives and Operational Priorities as well as being linked to the IJB strategic plans and local strategies.</p> <p>Ms McArthur noted that quarterly progress reports are sent to the Scottish Government regarding the actions and positive feedback has been received regarding the work carried out to date.</p> <p>In response to a query regarding staff engagement and awareness, it was agreed that key messaging would be circulated via the appropriate channels.</p> <p>The Board were content to approve the plan.</p> <p><b><u>APPROVED</u></b></p>		Dr Armstrong/ Ms Bustillo
<b>b)</b>	<b>Medium Term Plan</b>		
	<p>The Board considered the paper 'Medium Term Plan' [Paper No. 23/76] presented for approval by Dr Jennifer Armstrong, Medical Director. Dr Armstrong invited Ms Claire McArthur, Interim Director of Planning, to provide an update.</p> <p>The Board were advised that the Medium Term Plan was a new request from the Scottish Government and was submitted to them in July 2023, with no formal sign of being received. Ms McArthur explained that there had been no feedback from the Scottish Government to date.</p> <p>Ms McArthur explained that the plan brought together all the strategy frameworks and scrutiny would be delegated to the appropriate standing committee as well as via the Assurance Information Framework.</p> <p>In response to a question regarding the approval route of the plans. Mrs Grant explained that the Scottish Government set the requirements of the plan and are required to review and approve</p>		



			<b>ACTION BY</b>
	<p>plans that require multiple inputs from different Health Boards to ensure a consistency of approach nationally.</p> <p>The Chair said that the Winter Plan, Annual Plan and Medium Term Plans were all well developed and coherent documents aligned to the strategic direction of the Board. Prof Brown went on to formally acknowledge the work of Ms Fiona McKay, Director of Planning, highlighting her dedication corporate planning and wished her well in her upcoming retirement.</p> <p>It was agreed that the Strategies referred to within the Medium Term Plan would be included in the Board Member Induction Pack.</p> <p>The Board were content to approve the Medium Term plan.</p> <p><b><u>APPROVED</u></b></p>		Secretary
<b>115.</b>	<b>Clinical and Care Governance Annual Report</b>		
	<p>The Board considered the paper 'Clinical and Care Governance Annual Report' [Paper No. 23/77] presented for approval by Dr Jennifer Armstrong, Medical Director who invited Ms Geraldine Jordan, Director of Clinical Governance, to provide an update.</p> <p>Ms Jordan highlighted that the report highlights some of the achievements and key activities throughout the year, as well as outlining priority areas for the year ahead.</p> <p>In response to a question regarding an increase in the number of Significant Adverse Event Reviews (SAER) since 2022. Ms Jordan noted that the increase is in part attributable to the publication of the Maternity and Neonatal (Perinatal) Adverse Event Review Process for Scotland in September 2021, which outlined those events which now require a Significant Adverse Events Review and also that there has been an improvement focus taken to in the commissioning and completion of SAERs during 22-23. Ms Jordan assured Board Members that all SAERs are monitored closely and key themes were reviewed regularly.</p> <p>Ms Jordan responded to a question with regards the number of breached clinical guidelines. Ms Jordan advised that the Women and Children's Directorate currently has the highest number of clinical guidelines and also the highest number of beached clinical guidelines, which was having an impact on the overall target. Ms Jordan noted that those areas with breached clinical guidelines have been proactively addressing this through additional</p>		



			ACTION BY
	<p>specialist resource; reviewing and re-energising of approving groups for clinical guidelines and the formation of working groups to review guidelines. The Chair advised it was important that the Board had assurance that the appropriate focus and commitment was being given to this work. It was agreed that the Clinical and Care Governance Committee would scrutinise this information.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		
<b>116.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/78] presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the position at August 2023 had been positive overall. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks were on track and exceeding the planned trajectory for the reporting period.</p> <p>Compliance with access to psychological therapies was at 87.4% for August 2023 which was a slight decrease on the previous month, and only slightly below the national target. The number of CAMHS patients appointed within 18 weeks of referral was at 91.1%. Cancer 31 day performance had been at 95.3% which was exceeding the national target, however, 62 day cancer performance remained challenging at 63.9% for August, though had increased from the previously reported position. A&amp;E performance had been 71.9% which was up on the previous month but below target and the overall number of delayed discharges remained challenging.</p> <p>In response to a question regarding the 62 cancer performance, Mr Edwards assured the Board that additionality was being provided to the system, where possible, noting 6 endoscopy lists were now running on a Saturday. Mr Edwards also highlighted that there was ongoing communication with cancer pathway groups as well as the Scottish Government alongside daily capacity conversations regarding additionality and flexibility with a view to improvement. Mr Edwards reflected on the increase in Urgent Suspicion of Cancer (USOC) referrals based on 2019/20 figures, noting engagement with referrers as the increase in referrals does not correlate with an increase in diagnosis.</p>		

			<b>ACTION BY</b>
	<p>Mrs Grant highlighted her responsibility as Chair for the West of Scotland Cancer Group, reporting national difficulties with regards to increased investigations, uptake in the community as well as recruitment difficulties. Mrs Grant advised that a development session with the West of Scotland Cancer Group was being arranged to review the longer term transition of cancer services.</p> <p>In response to a query regarding the A&amp;E 4 hour wait, Mr Edwards reported that each site was monitored daily and that there were a number of actions in place to increase flow.</p> <p>With regards to GP out of hours, it was agreed that the control limit within the report would be reviewed in the new financial year to reflect capacity and demand.</p> <p>The Chair thanked Mr Neil for the update and the Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		Mr Neil
<b>117.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/79], presented for assurance by Professor Angela Wallace, Director of Nursing.</p> <p>Professor Wallace invited Ms Sandra Devine to provide a brief overview of the current position, Ms Devine reported on the Annual Operational Plan targets. She said that Staphylococcus Aureus Bacteraemia (SAB) rates remained within expected limits E.coli Bacteraemia (ECB) rates remained within normal control limits and improvement continued to be supported locally. There had been 26 Clostridium Difficile Infections (CDI) in August, which was above the aim of 17 per month, and this had been closely monitored with no evidence of cross transmission being identified. Clinical Risk Assessment (CRA) compliance had been 92% for CPE and 90% for MRSA.</p> <p>In response to a question regarding data on staff infection rates, Mrs MacPherson explained that there are Occupational Health processes in place and there are strict infection control measures in place for infections on clinical wards.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		

			<b>ACTION BY</b>
<b>118.</b>	<b>Finance Planning and Performance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 3 October 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 3 October 2023' [Paper No. 23/80] presented for assurance by Ms Margaret Kerr, Chair of the Committee.</p> <p>Ms Kerr said that the Committee had agreed the review process for IJB Integration Schemes and these were scheduled into the annual cycle of business.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 1 August 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 1 August 2023' [FPPC(M)23/04] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>119.</b>	<b>Audit and Risk Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 12 September 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 12 September 2023' [Paper No. 23/81] presented for assurance by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes said that the Committee was moving into the planning phase for the next external audit and commended the team on continuing to manage risk during a vacancy within the Corporate Risk Officer role.</p> <p>The Board were content to note the report</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 27 June 2023</b>		

			ACTION BY
	<p>The Board considered the paper 'Approved Minute of Meeting held on 27 June 2023' [ARC(M)23/04] presented for assurance.</p> <p>The Board were content to note the minute.</p>		
<b>120.</b>	<b>IJB Board Reports</b>		
	<p>The Board considered the paper 'IJB Board Reports' [Paper No. 23/82-87] presented for assurance by the Non-Executive Board Member IJB Leads and the Chair invited the Leads to provide a brief highlight from each of the reports.</p>		
	<p>a) <u>East Dunbartonshire HSCP</u></p> <p>Ms Forbes highlighted recent recruitment changes and the appointment of Dr Judith Marshall to the Clinical Director post.</p> <p>Ms Forbes referenced the financial pressures, highlighting a projected deficit after the use of reserves. Ms Forbes noted that the main pressures were within mental health and learning disability services, and that work was underway to try and mitigate the deficit.</p>		
	<p>b) <u>East Renfrewshire HSCP</u></p> <p>Ms Monaghan echoed the financial pressures faced across the IJBs and that they were actively looking at ways to generate income. Ms Monaghan advised that delayed discharges was a standing agenda item, alongside performance monitoring.</p>		
	<p>c) <u>Glasgow City HSCP</u></p> <p>Ms Sweeney reported the opening of the Safer Drug Consumption Facility as well as the first external audit outcome from Ernst and Young (EY). Ms Sweeney was pleased to report all areas were assessed as green apart from financial stability.</p>		
	<p>d) <u>Inverclyde HSCP</u></p> <p>Mr Cowan noted that the IJB external audit report was expected and that they were now beginning the work towards the development of the next strategic plan which is scheduled to be updated in April 2024.</p>		



			<b>ACTION BY</b>
	<p>e) <u>Renfrewshire HSCP</u></p> <p>Rev Matthews also highlighted financial concerns within the IJB, noting that the IJB had 2 financial sessions across January and February 2023 regarding the budget.</p>		
	<p>f) <u>West Dunbartonshire HSCP</u></p> <p>Ms Sweeney advised that they were awaiting their external audit report and an update would be provided to the December Board.</p>		
	<p>The Chair reflected on the financial risk to the Board should the IJBs fail to break even. Mrs Grant advised that she and Mr Neil were in conversation with the Chief Officers and Chief Finance Officers across the IJBs and the risk was being continually assessed.</p> <p>The Board noted the contents of the IJB Reports.</p> <p><b><u>NOTED</u></b></p>		
<b>121.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/88], presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil presented the month 5 position to the end of August 2023. He said that the NHSGGC was reporting an overspend of £41.5 million with the majority of this attributed to unachieved savings which accounted for just over £26 million of the total.</p> <p>In terms of the Savings and Value Programme (SVP) in year, recurring savings of just under £24.5 million had been achieved. The total capital expenditure incurred to the end of June was £31 million which was 32% of the plan.</p> <p>Mr Neil said that overall, at month 5 the forecast deficit had reduced to £41.9 million which was a reduction of £21 million from the original plan.</p> <p>The Board were assured by the content of the report.</p> <p><b><u>ASSURED</u></b></p>		

			ACTION BY
<b>122.</b>	<b>Staff Health Strategy</b>		
	<p>The Board considered the paper ‘Staff Health Strategy’ [Paper No. 23/89], presented for approval by Mrs Anne MacPherson, Director of HR and Organisational Development.</p> <p>Mrs MacPherson explained that the previous Staff Health Strategy had been standalone, however, it was appropriate that Staff Health was now integral to the Workforce Strategy. It was noted that staff wellbeing and mental health remains a priority for the organisation, and was reflected within both the Annual Delivery Plan and the Medium Term Plan.</p> <p>Mrs MacPherson noted that the Strategy identified priorities and key deliverables which will be delivered through an action plan.</p> <p>In response to a question regarding the reliance on funding to support the delivery of the Strategy, Mrs MacPherson assured Board Members that areas requiring funding was met from the NHS Charities Together fund and the NHSGGC Healthcare Charity for 2023-25. Funding for the new Workforce Strategy in 2025 will require to be explored. Many of the actions will utilise internal expertise and skills within Occupational Health, Human Resources and Health Improvement.</p> <p>In response to a question regarding the new NHS England sexual safety charter, Mrs MacPherson highlighted several campaigns within NHSGGC, including the recent Speak Up Campaign, our focus on Hate Crime and the rollout of Once for Scotland policies. She also informed the Board of the information received at the Staff Governance Committee for scrutiny and assurance. Regarding the specific workforce within the NHS England report, Mrs MacPherson also noted that the local BMA through the Medical and Dental Partnership Forum and the Boards 3 Staff Equality Forums will review as appropriate any actions to benefit staff in NHSGGC. It was agreed a further discussion would take place at the Staff Governance Committee.</p> <p>In response to a query regarding the mental health of neurodivergent members of staff, Mrs MacPherson reported active discussions through the Workforce Equality Group and the Disability Forum with a new subgroup established specifically on neurodiversity.</p> <p>Board Members welcomed the Staff Health Strategy and it was agreed that following the completion of an EQIA, the strategy would be returned to the December Board for final approval.</p>		

			<b>ACTION BY</b>
	<b><u>NOT APPROVED</u></b>		Mrs MacPherson
<b>123.</b>	<b>Implementing an Active Governance Approach</b>		
	<p>The Board considered the paper 'Implementing an Active Governance Approach' [Paper No. 23/90] presented for assurance by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reminded Board members of the progress made to date with the Active Governance Action Plan referencing the detail within Appendix 1 on the document. She highlighted that many aspects of the action plan were now business as usual, but where actions was still to be completed, this was clearly noted within the paper. With regards to the action plan, amendments were requested to initials noted as leads Finance Planning and Performance Committee and Audit and Risk Committee Chair details.</p> <p>Ms Vanhegan noted the upcoming Board Self-Assessment and said that the Board Secretary would issue out the relevant guidance and link to the survey which was due to close on 1<sup>st</sup> December 2023. Further details on the Development Session that will consider the findings of the survey would be discussed after the appointment of the new Board Chair. The overall Active Governance Action Plan would be updated thereafter.</p> <p>Ms Vanhegan went onto to highlight the Board Members Responsibility Template noting dates were in place for the Committee Chairs Network and the IJB Leads Network. The Chair highlighted vacancies in the Equality and Diversity Champion and Global Citizen Champion positions and asked that interested members email the Board Secretary.</p> <p>Finally, Ms Vanhegan presented the Board Calendar dates for the forthcoming year.</p> <p>The Board were assured by the contents of the paper and approved the Board Members Responsibility Template and the Calendar of dates.</p> <p><b><u>APPROVED</u></b></p>		Secretary
<b>124.</b>	<b>Assurance Information Framework</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Assurance Information Framework' [Paper No. 23/91] presented for approval by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted the refinements made to the framework since it was last reviewed by the Board in August. He said that the operational priorities and objectives were aligned within the framework and that all measures have been aligned to their lead committees and incorporate the frequency and format of reporting to the Board. With regards to the targets set, Mr Neil highlighted that there were still some areas that required conclusion and that the framework would be brought back to the December Board with this information updated.</p> <p>In response to a question regarding the roll out of the framework, it was agreed that it would be piloted from February 2024 with official roll out taking place in April 2024 to align with the new Board Calendar.</p> <p>The Board were content to approve the framework.</p> <p><b><u>APPROVED</u></b></p>		Mr Neil
<b>125.</b>	<b>Pharmacy Practices Committee - Decision</b>		
	<p>The Board considered the paper 'Pharmacy Practices Committee - Decision' [Paper No. 23/92] presented for awareness by Rev John Matthews, the Chair of the Committee.</p> <p>The Board were content to note the update.</p>		
<b>126.</b>	<b>Date of Next Meeting</b>		
	<p>The next meeting of the Board would be held on Tuesday 19 December 2023 at 9.30 am via MS Teams.</p> <p>The Chair took the opportunity to highlight that it had been a privilege to act as Chair of NHSGGC for the past eight years. He noted that over his two terms in office the organisation had faced so many demands and challenges, which highlighted the dedication of all staff to deliver the best possible service.</p> <p>The Chair thanked the Board Members for their ongoing support, and expressed his gratitude to the support received from Mrs</p>		



			<b>ACTION BY</b>
	Grant, Ms Gillian Duncan, Ms Leanne Law, Ms Elaine Vanhegan and Rev John Matthews.		

DRAFT

NHSGGC (M) 23/06  
Minutes: 127-150

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
NHS Greater Glasgow and 19 December 2023 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Cllr Michelle McGinty
Ms Mehvish Ashraf	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Ms Jacqueline Forbes	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Mr Graham Haddock OBE	Ms Rona Sweeney
Ms Margaret Kerr	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Collette McDiarmid	Professor Angela Wallace
Prof Iain McInnes	

**IN ATTENDANCE**

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacDonald	Business Manager Acute Services
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Linda Morris	Public Health Programme Manager
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	Corporate Services Manager Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance

Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office
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			<b>ACTION BY</b>
<b>127.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the December 2023 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>The Chair suggested that those presenting should assume that Board Members have read the papers, and presentations should be concise with only key issues highlighted.</p> <p>The Chair highlighted that the Digital Strategy Update was on the annual cycle of business to return to the December Board Meeting, however, it had been agreed this would be brought back to the February meeting which would allow a full strategic overview regarding what was achieved throughout the year.</p> <p>Apologies were recorded on behalf of Cllr Jacqueline Cameron and Cllr Martin McCluskey.</p> <p><b><u>NOTED</u></b></p>		
<b>128.</b>	<b>Declarations of Interest</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. No declarations were made.</p> <p><b><u>NOTED</u></b></p>		
<b>129.</b>	<b>Minute of Previous Meeting</b>		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meetings held on 31 October [Paper NHSGGC (M) 23/05] and on the motion of Reverend John Matthews, seconded by Mr Ian Ritchie, the Board were content to accept the minutes of the meetings as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		

			<b>ACTION BY</b>
<b>130.</b>	<b>Matters Arising</b>		
<b>a)</b>	<b>Rolling Action List</b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 23/68].</p> <p>The Board were content to accept the recommendation that 3 items were closed.</p> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>131.</b>	<b>Chair's Report</b>		
	<p>The Chair reminded the Board that she had taken up the role of Board Chair on 1<sup>st</sup> December 2023 and that her primary focus was to ensure a person centred approach across all of our services, alongside effective governance. The Chair reflected that she is new to post and was taking time to get to know the Board, including 1-1 sessions with Board Members and the Executive Team.</p> <p>Throughout the month the Chair had attended the Board Chairs Group, where the Cabinet Secretary was in attendance, and Winter Planning and Performance was discussed. She had also visited the Queen Elizabeth University Hospital and the Royal Hospital for Children, noting that visibility of Board Members to both staff and patients was an important part of the role and focussed visits would be reintroduced when winter pressures had eased across the sites.</p> <p>The Chair highlighted the excellent work undertaken by Dr Alyson Walker, Consultant Paediatric Anaesthetist, in the development of a child friendly pre-theatre area within the Royal Hospital for Children and the difference this had made to children and parents using the site.</p> <p>The Chair closed by thanking both Board Members and the Executive Team for their welcome and support, and handed over to the Chief Executive for her update.</p> <p><b><u>NOTED</u></b></p>		
<b>132.</b>	<b>Chief Executive's Report</b>		

			ACTION BY
	<p>Mrs Grant advised that she continued to participate in routine meetings which covered a range of issues and she had also attended the Board Seminar and Annual Review, both of which took place in November. She also chaired the West of Scotland Programme Board, Regional Cancer Advisory Board, as well as the Best Start and Perinatal Network. Mrs Grant reported an emerging approach to planned care and guidance was anticipated to be circulated for 2024/25.</p> <p>Mrs Grant also reflected on the importance of the Strategic Executive Group (SEG) which was held weekly and oversaw key issues emerging across the winter months. Mrs Grant assured the Board that this meeting was attended by a wide range of stakeholders and enabled swift action to be taken.</p> <p>Mrs Grant and Mr Neil, Director of Finance, had also attended a range of meetings with the Chief Finance Officers across the IJBs regarding budget challenges.</p> <p>Mrs Grant had attended the West Dunbartonshire Staff Awards and was pleased to see a range of staff being recognised for their work across health and social care. She had also attended the Quality Strategy Event as well as the Leadership Programme with senior corporate managers and highlighted the evident enthusiasm and commitment of staff.</p> <p>Mrs Grant and Dr Armstrong, Medical Director, had attended the West of Scotland Trauma Network Peer Review which demonstrated progress since its inception in 2021.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>133.</b>	<b>Patient Story</b>		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described Unpaid Carers, reflecting on the important role provided by Unpaid Carers in supporting healthcare services.</p> <p>The Chair thanked Prof Wallace and her team, and extended her gratitude to those involved in the video.</p> <p><b><u>NOTED</u></b></p>		

			ACTION BY
<b>134.</b>	<b>Obesity Prevention and Early Intervention to Type 2 Diabetes</b>		
	<p>The Board considered the paper 'Obesity Prevention and Early Intervention to Type 2 Diabetes' [Paper No. 23/94] presented for awareness by Dr Emilia Crighton, Director of Public Health.</p> <p>The Board also received a presentation from Ms Linda Morris, Public Health Programme Manager.</p> <p>The Board reflected on the impact of obesity on healthcare, which had surpassed smoking, with 10% of the population estimated to have Type 2 Diabetes, with 5.5% diagnosed.</p> <p>Ms Morris discussed the HENRY programme which had provided positive results in Leeds, and focussed on early years up to 12 years, delivering key messages to parents on activity, sleep and a healthy diet. The Board acknowledged the period of time required to see change, and that it would likely be evidenced through the next generation of the population. The Board also discussed the need for a whole system approach and were pleased to note support from children's services and health visitors.</p> <p>In response to a question regarding the investment and offset in terms of savings, Ms Morris explained that the Healthy Future policy drivers are set by the Scottish Government and a condition of grants being issued is meeting the markers of success.</p> <p>In response to a question regarding the measures reporting of BAME communities, Ms Morris assured the Board that the BAME community were targeted as it was recognised that individuals are more predisposed to developing Type 2 Diabetes at a lower BMI. Ms Morris also noted that there was the Community Champions Programme which was run within the BAME community.</p> <p>The Board discussed the impact of the pandemic on the HENRY programme, but were assured that ongoing training was underway, alongside regular evaluation of data in measuring the impact of the programme. Ms Morris also reported a revised 'Your Body Matters' curriculum pack available for schools, though reminded the Board that schools were not statutorily required to use the pack.</p> <p>In response to a query regarding psychological support for pupils measured as being overweight, Ms Morris highlighted that children up to Primary 1 were measured and a carefully worded letter would be issued to parents from the school nurse. Ms</p>		

			<b>ACTION BY</b>
	<p>Morris also highlighted that Glasgow City Council had invested in school counsellors and adolescents could self-refer to youth health services.</p> <p>The Chair thanked Dr Crighton and Ms Morris for the update and highlighted the importance of linking with key partners to advocate for the Board's priorities.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>135.</b>	<b>Acute Services Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 21 November 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 21 November 2023' [Paper No. 23/95] presented for assurance by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie highlighted the work of the Organ Donation Committee and the early evidence available regarding the recent change in legislation and the impact that this was having on relatives considering organ donation.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 19 September 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 19 September 2023' [ASC(M)23/05] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>136.</b>	<b>Area Clinical Forum</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 14 December 2023</b>		

			<b>ACTION BY</b>
	<p>The Board considered the paper 'Chair's Report of Meeting held on 14 December 2023' [Paper No. 23/96] presented for assurance by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet reflected on the Annual Review and assured the Board of the Forum's ongoing focus to support delivery within the Board.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 12 October 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 12 October 2023' [ACF(M)23/04] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>137.</b>	<b>Clinical and Care Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 5 December 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 5 December 2023' [Paper No. 23/97] presented for assurance by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan highlighted the update received by the Committee regarding the Best Start Programme, including the Alongside Midwifery Unit (AMU) and confirmation of the Tier 3 Neonatal Service.</p> <p>The Board were content to note the report.</p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 5 September 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 5 September 2023' [CCG(M)23/04] presented for assurance.</p>		



			ACTION BY
	The Board were content to note the minute.		
<b>138.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/98] presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the position at October 2023 had been positive. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks were within the planned position and had seen a significant reduction in overall number within the reporting period.</p> <p>Compliance with access to psychological therapies was at 90.5% for October 2023. The number of CAMHS patients appointed within 18 weeks of referral was at 97.4%. Cancer 31 day performance had been at 91.4%, however, 62 day cancer performance remained challenging at 66.4% for October, though had increased from the previously reported position. A&amp;E performance had been 69% which was below target and the overall number of delayed discharges remained challenging. Mr Edwards highlighted that the pressures across the sites were largely driven by flow, and work was underway on alternative pathways such as the Hospital at Home, Virtual Beds and Outpatient Parenteral Antimicrobial Therapy (OPAT). Mr Edwards noted that these initiatives were regularly monitored to measure the impact on reducing pressures across the sites.</p> <p>In response to a query regarding the increase in urgent suspicion of cancer referrals, it was noted that referrals had increased by 54% with significant increase reported within colorectal and breast. The Board were assured that the increase in referrals did not actually reflect an increase in those diagnosed with cancer. It was noted that work was underway with primary care colleagues to try to review the referral increase. Mr Edwards highlighted the challenges regarding demand, and that Health Boards across Scotland were in communication to share best practice in optimising pathways.</p> <p>In respect of urgent care, Mr Edwards also highlighted the ongoing work of the Flow Navigation Centre in diverting patients to the correct pathway for care and managing demand at the front door. He reported that the FNC see, on average, 550 patients per week.</p>		

			<b>ACTION BY</b>
	In respect of delayed discharges it was noted that the number remained stubbornly high and a question was posed whether this should be accepted. Mrs Grant advised that the delayed discharge numbers across both Acute and Mental Health were too high and further action was needed. It was important to focus on individual numbers to ensure our patients were in the right place getting the right care.		
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>139.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/99], presented for assurance by Professor Angela Wallace, Director of Nursing.</p> <p>Professor Wallace invited Ms Sandra Devine to provide a brief overview of the current position, Ms Devine reported on the Annual Operational Plan targets. She said that Staphylococcus Aureus Bacteraemia (SAB) rates remained within expected limits E.coli Bacteraemia (ECB) rates remained within normal control limits and improvement continued to be supported locally. There had been 17 Clostridium Difficile Infections (CDI) in October 2023, which was in line with the aim of 17 per month. Clinical Risk Assessment (CRA) compliance had been 92% for CPE and 90% for MRSA.</p> <p>Prof Wallace also noted that the Board's Internal Audit Plan was scrutinised at the December Audit and Risk Committee, and the 3 management actions from the audit were all complete. The Annual Infection Prevention and Control Report was scheduled in the cycle of business for the Clinical and Care Governance Committee. Prof Wallace highlighted that reducing infections was a main focus for the organisation, and there were local action plans in place across the sites.</p> <p>In response to a question regarding the impact of infection control on bed days, Ms Devine noted the challenges faced within the complexity and vulnerability of the Glasgow population, as well as the increased number of High Risk Units within the QEUH, making it difficult to compare the data with other Health Boards. Ms Devine assured the Board that infection prevention and control is consistently monitored and lab results updated every 15 minutes, with key indicators being regularly reported. She also highlighted that a dashboard had been developed to allow 'real</p>		

			<b>ACTION BY</b>
	time' updates to be shared with front line staff and for appropriate action to be taken swiftly.		
	The Board were content to note the report.		
	<b><u>NOTED</u></b>		
<b>140.</b>	<b>Finance Planning and Performance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 5 December 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 5 December 2023' [Paper No. 23/100] presented for assurance by Ms Margaret Kerr, Chair of the Committee.</p> <p>Ms Kerr said that the Committee had scrutinised the implementation of the Digital Strategy and had also received an update regarding the RAAC audit.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 3 October 2023</b>		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 3 October 2023' [FPPC(M)23/05] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>141.</b>	<b>Audit and Risk Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 12 December 2023</b>		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 12 September 2023' [Paper No. 23/101] presented for assurance by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes noted that the internal audit plan had been reviewed alongside the Risk Appetite Statement which had been scrutinised and endorsed by the Committee.</p>		

			<b>ACTION BY</b>
	The Board were content to note the report		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>Approved Minute of Meeting held on 12 September 2023</b>		
	The Board considered the paper 'Approved Minute of Meeting held on 12 September 2023' [ARC(M)23/04] presented for assurance.		
	The Board were content to note the minute.		
<b>142.</b>	<b>IJB Board Reports</b>		
	The Board considered the paper 'IJB Board Reports' [Paper No. 23/102-107] presented for assurance by the Non-Executive Board Member IJB Leads and the Chair invited the Leads to provide a brief highlight from each of the reports.		
	a) <u>East Dunbartonshire</u>  Ms Forbes highlighted the proactive winter planning approach undertaken by the IJB. She also noted that there was a joint inspection of adult support and protection arrangements happening over winter, but this would not impact on day to day business. Ms Forbes reported a finance deficit over £500k and work was ongoing to mitigate the challenges.		
	b) <u>East Renfrewshire</u>  Ms Monaghan highlighted the budget position and noted issues around prescribing costs. Ms Monaghan also reported the eligibility thresholds for accessing social care services, and the impact this may have on health care in the future. Ms Monaghan also noted that delayed discharges remain a standing agenda item and are regularly reviewed.		
	c) <u>Glasgow City</u>  Ms Sweeney noted concerns regarding the impact of the Home Office decision to streamline the asylum process and how this would impact an already challenged Homelessness Service. She noted that there was regular communication with both the Scottish and UK government regarding funding.		

			<b>ACTION BY</b>
	<p>d) <u>Inverclyde</u></p> <p>Mr Cowan advised that there were ongoing discussions within the IJB regarding supporting carers and the challenges regarding delayed discharges. Mr Cowan highlighted that they were developing a pilot study regarding access to resources to support carers, and the positive impact that this would have on discharge figures.</p>		
	<p>e) <u>Renfrewshire</u></p> <p>Rev Matthews highlighted the financial challenges faced by the IJB.</p>		
	<p>f) <u>West Dunbartonshire</u></p> <p>Ms Sweeney reported on the recovery planning budget, and noted that the accounts had been signed off later than the deadline due to issues with the auditors. Ms Sweeney also noted the ongoing work regarding carers, and said that work was underway regarding a 'Short Breaks' initiative.</p>		
	<p>The Board noted the contents of the IJB Reports.</p> <p><b><u>NOTED</u></b></p>		
<b>143.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/108], presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil presented the month 7 position to the end of October 2023. He said that the NHSGGC was reporting an overspend of £37.9 million with the majority of this attributed to unachieved savings which accounted for just over £31.4 million of the total. Mr Neil noted that the IJBs were breaking even, but this was with the use of reserves and ongoing discussions were taking place.</p> <p>In terms of the Savings and Value Programme (SVP) in year, recurring savings of just under £29.7 million had been achieved.</p>		

			ACTION BY
	<p>The total capital expenditure incurred to the end of October was £45.2 million which was 46% of the plan.</p> <p>Mr Neil said that overall, at month 7 the forecast deficit had reduced to £38.2 million which was a reduction of £32.9 million from the original plan.</p> <p>In response to a query regarding the impact of increasing independent prescribers on prescribing costs, Mr Neil advised that forecasting would be difficult due to the collation of data across the various systems within primary care and independent pharmacies. Dr Armstrong advised that this would not be a significant driver in costs as the drugs would have been prescribed anyway. She noted the main challenges were access to high cost/short supply drugs as well as polypharmacy.</p> <p>The Board were assured by the content of the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>144.</b>	<b>Risk Appetite Statement</b>		
	<p>The Board considered the paper 'Risk Appetite Statement' [Paper No. 23/109], presented for approval by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil explained that the Risk Appetite Statement was last approved in October 2022 and was due an annual refresh. As a result of the Chair coming into post in December 2023, and a new Chief Risk Officer starting post in November 2023, it was agreed that the Risk Appetite Statement would not change and would be reviewed again in the next financial year.</p> <p>The Board were content with this approach and approved the Risk Appetite Statement.</p> <p><b><u>APPROVED</u></b></p>		
<b>145.</b>	<b>Corporate Risk Register</b>		
	<p>The Board considered the paper 'Risk Appetite Statement' [Paper No. 23/110], presented for approval by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil explained that the Corporate Risk Register was maintained monthly via the appropriate risk owner and reported via the</p>		

			<b>ACTION BY</b>
	Corporate Management Team and relevant Standing Committees. The Corporate Risk Register submitted to the Board had been scrutinised and endorsed by the Audit and Risk Committee.  Mr Neil highlighted that 4 of the 20 risks had been reduced, and a further scrutiny of the existing risk profiles would be considered by the Chief Risk Officer in the coming months.  The Board were content to approve the Corporate Risk Register.  <b><u>APPROVED</u></b>		
<b>146.</b>	<b>Staff Governance Committee</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 12 December 2023</b>		
	The Board considered the paper 'Chair's Report of Meeting held on 7 November 2023' [Paper No. 23/111] presented for assurance by Ms Ketki Miles, Co-Chair of the Committee.  Ms Miles highlighted the reinvigoration of the Health and Safety Updates following the pandemic, alongside the appraisal processes for medical revalidation.  The Board were content to note the report  <b><u>NOTED</u></b>		
<b>b)</b>	<b>Approved Minute of Meeting held on 12 September 2023</b>		
	The Board considered the paper 'Approved Minute of Meeting held on 22 August 2023' [SGC(M)23/02] presented for assurance.  The Board were content to note the minute.  <b><u>NOTED</u></b>		
<b>147.</b>	<b>Staff Health Strategy</b>		
	The Board considered the paper 'Staff Health Strategy' [Paper No. 23/112], presented for approval by Mrs Anne MacPherson, Director of Human Resources and Organisational Development.  Mrs MacPherson explained that the Strategy had been reviewed at the October Board Meeting, however, it was agreed it would be		

			<b>ACTION BY</b>
	<p>returned to the Board following completion of the EQIA. Mrs MacPherson confirmed that the EQIA was concluded in November 2023 with no actions or changes to the Strategy required. Mrs MacPherson highlighted that, when approved, the Strategy would be delivered through an action plan that would include focussed work across the priority areas including supporting stress, staff absence, staff engagement and awareness.</p> <p>In response to a question regarding collaboration with Environment and Sustainability programmes , it was agreed that the Board Champion would link with the sustainability teams to ensure the Strategy is incorporated and fed through workstreams. A MacPherson advised there was linkage around green spaces and staff travel already in place.</p> <p>The Board were content to approve the Strategy.</p> <p><b><u>APPROVED</u></b></p>		
<b>148.</b>	<b>Active Governance Update</b>		
	<p>The Board considered the paper ‘Active Governance Update’ [Paper No. 23/113] presented for assurance by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reminded Board members of the progress made to date with the Active Governance Action Plan, noting that updates take place at each meeting. She highlighted the upcoming Board self-assessment and development session that would allow the Board to reflect on the Active Governance Programme in line with the Blueprint for Good Governance and confirmed that dates for the session would be circulated to the Board in due course.</p> <p>Ms Vanhegan went onto to highlight the Board Members Responsibility Template had been amended to reflect that Ms Mehvish Ashraf had taken up the role of Equality and Diversity Champion. The Global Citizen Champion position remains vacant and Ms Vanhegan asked that interested members email the Board Secretary.</p> <p>The Board were assured by the contents of the paper and approved the Board Members Responsibility Template.</p> <p><b><u>APPROVED</u></b></p>		Secretary
<b>149.</b>	<b>Assurance Information Framework</b>		



			ACTION BY
	<p>The Board considered the paper 'Assurance Information Framework' [Paper No. 23/114] presented for approval by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted that the Assurance Information Framework had been further developed and included targets for the majority of measures in place; these had also been aligned through the framework to the lead committees. Mr Neil also confirmed that the strategy updates had been reviewed and aligned to ensure they correlate with the schedule of business for the Board.</p> <p>Turning to Primary Care measures, Mr Neil explained that not all GP activity is recorded in a collectable way, however, Public Health Scotland were carrying out work around the information that can be captured and reported upon. Mr Neil assured the Board that 60% of the practices within NHSGGC have provided information which had been fed through the framework. Mr Neil also reflected on similar challenges within dental, noting that they are independent contractors; however, Public Health Scotland were also reviewing this information with a view to publishing data annually.</p> <p>Mr Neil noted that unscheduled care was now included and the Unscheduled Care Programme Board was reviewing and developing a further suite of measures that would be fed through the framework in due course.</p> <p>It was agreed that the Assurance Information Framework would be piloted in its current format and would be regularly reviewed. This would be synchronised with Board business.</p> <p>The Board were content to approve the framework.</p> <p><b><u>APPROVED</u></b></p>		Elaine Vanhegan/Colin Neil
<b>150.</b>	<b>Date of Next Meeting</b>		
	The next meeting of the Board would be held on Tuesday 27 February 2024 at 9.30 am via MS Teams.		

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NHSGGC (M) 24/01

Minutes: 1-25

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board Meeting held on 27 February 2024 at 9.30 am via Microsoft Teams

#### PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Cllr Michelle McGinty
Ms Mehvish Ashraf	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Ms Jacqueline Forbes	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Mr Graham Haddock OBE	Ms Rona Sweeney
Ms Margaret Kerr	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Collette McDiarmid	Professor Angela Wallace
Prof Iain McInnes	

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacDonald	Business Manager Acute Services
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Linda Morris	Public Health Programme Manager
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	Corporate Services Manager Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP

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Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			<b>ACTION BY</b>
<b>1.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the February 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Ms Ketki Miles.</p> <p><b><u>NOTED</u></b></p>		
<b>2.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>3.</b>	<b>Minute of meeting held on 19 December 2023</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 19 December 2023 [Paper No. NHSGGC(M)23/07] and on the motion of Rev John Matthews, seconded by Mr Graham Haddock, the Board were content to accept the minute of the meeting as a complete and accurate record of the meeting.</p> <p><b><u>APPROVED</u></b></p>		
<b>4.</b>	<b>Matters Arising</b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 24/01].</p>		

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			<b>ACTION BY</b>
	<p>The Board were content to accept the recommendation that two items were closed.</p> <p>The Director of Corporate Services and Governance, Ms Elaine Vanhegan, provided the following updates:</p> <ul style="list-style-type: none"> <li>- The first Board Self-Assessment event had taken place on 22 February 2024 with the second event taking place on 5 March 2024. The Chair added that the second event would focus on issues of improvement and would finish at 1.15 pm.</li> <li>- The Assurance Information Framework was a dynamic document that continued to be updated and was likely to change regularly.</li> </ul> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>5.</b>	<b>Chair's Report</b>		
	<p>The Chair reported that since the last Board meeting she had met with the new Cabinet Secretary who had visited the Flow Navigation Centre (FNC) and Major Trauma Unit in his first week in office, and had been particularly interested in the use of digital technology in the FNC. Since the previous Board, the Audit Scotland report had been received which highlighted many issues that were discussed in Committee as well as the Board itself.</p> <p>The Chair reported that she had now completed 1-1 meetings with Board Members and had gained a huge amount of helpful information.</p> <p>The Chair had visited the Renal unit at the QEUH, following a visit to the Beacon Arts Centre in Greenock to see pictures painted by patients on dialysis. She said that this was a hugely effective professional and person centred service, and recorded her thanks to the Renal Consultants who facilitated the visit.</p> <p>The Chair had attended a number of meetings with other Board Chairs with the main topics being the financial position and pressure in the NHS. She said she was aware there was significant pressure at frontline and wished to record her thanks to</p>		

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			<b>ACTION BY</b>
	<p>staff in NHSGGC for ensuring that, despite challenges, our patients always come first.</p> <p>The Chair advised that the next Board Seminar at the end of March would focus on Public Health and Prevention.</p> <p>The Board was content to note the update.</p> <p><b>NOTED</b></p>		
<b>6.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Grant advised that she continued to participate in routine meetings which covered a range of issues and she had also attended the first of two Board Self-Assessment days, the Sustainability and Value Board, the Executive Oversight Group for the Public Inquiry and the Area Partnership Forum.</p> <p>Mrs Grant reported that she continued to attend a range of meetings with the Director of Finance, Chief Officers and Chief Finance Officers in relation to the IJB financial position to ensure a whole system approach to emerging challenges. Mrs Grant also noted that there continued to be weekly meetings of the Senior Executive Group who continued to monitor the winter position and the winter plan implementation, as well as the 2023/24 Annual Delivery Plan.</p> <p>Mrs Grant advised that considerable work has been undertaken in the last couple of months, both locally and nationally, to understand and address the financial position and there have been a series of meetings internally and with colleagues in Scottish Government to this effect.</p> <p>A series of regional meetings continued to take place including the West of Scotland Programme Board, the West of Scotland Chief Executives meeting and the Chairs Group. Both Mrs Grant and the Chair attended a meeting of the Glasgow Health Sciences partnership with the University of Glasgow. She also met with the Director of the Glasgow Centre for Population Health, along with the Director of Public Health, to review their work plan and progress to date.</p> <p>Mrs Grant advised that she also attended a national update meeting with senior executive, and non-executive, colleagues with regards to the implementation of the Health and Care Staffing Act which is due to be implemented on 1<sup>st</sup> April 2024.</p>		

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			<b>ACTION BY</b>
	<p>Nationally, Mrs Grant continued the work on the implementation of the Best Start Programme, and attended a further meeting of the Planning and Delivery Board that the Scottish Government have established to focus on the key priorities over the coming period.</p> <p>The Board were content to note the update.</p>		
<b>7.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video which highlighted the orthotics service and its work with patients to achieve their goals.</p> <p>The Chair thanked everyone involved in the service which showed patient centred care at its best.</p> <p>The Board were assured by the video presentation.</p> <p><b><u>ASSURED</u></b></p>		
<b>8.</b>	<b>Communications and Public Engagement Update – February 2024</b>		
	<p>The Board considered the Communications and Public Engagement Update – February 2024 [Paper 24/02] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for awareness.</p> <p>The Chair highlighted the importance of ensuring communication and engagement is at the heart of what we do as a Board, noting that this was a new standing item for Board Meetings moving forward.</p> <p>Ms Bustillo presented the report to the Board which summarised that 2000 stories had been published through Care Opinion which had been an overall increase since the site was first introduced. She noted that feedback is always shared with the relevant service, with more services being trained to author direct responses.</p> <p>Ms Bustillo highlighted the engagement piece surrounding the Quality Strategy, noting patients and the public were involved in</p>		

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	the strategy development, including a survey which yielded 1500 responses.		
	<p>Ms Bustillo advised that communication activity has most recently focussed around the winter, highlighting the launch of the ABC Winter Campaign around the routes into unscheduled and urgent care. She highlighted that, following surveys, male service users seemed to have less awareness of the services available, and a targeted campaign was launched linking in with various men's groups within the community.</p> <p>In response to a query regarding low engagement numbers, Mr Connolly, Deputy Director of Public Engagement, highlighted that the varying numbers reflect the mix and range of approach to engagement, with smaller numbers indicating more in depth pieces of work.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>9.</b>	<b>Population Health and Wellbeing Committee</b>		
	a) <u>Chair's Report of the meeting held on 23 January 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 23 January 2024 [Paper 24/03] presented by the Chair of the Committee, Rev John Matthews, for assurance.</p> <p>Rev Matthews highlighted that it was at this meeting where it was agreed that the 26<sup>th</sup> March 2024 Board Seminar slot would be dedication to Public Health and Prevention. He advised that this would be an open discussion, with a view to capturing key actions.</p> <p>The Chair advised that everyone would be accommodated at the Seminar, whether hybrid or in person, reflecting the importance that all voices are heard and contribute towards the agreed actions.</p> <p>Cllr McCluskey noted the Health and Wellbeing survey presented to the Committee and requested this be circulated around all Board Members.</p> <p>The Board were assured by the report.</p>		Secretary

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	<b><u>ASSURED</u></b>		
	b) <u>Approved Minute of the meeting held on 17 October 2023</u>		
	<p>The Board considered the approved minute of the meeting held on 17 October 2023 [PHWB(M)23/04] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>10.</b>	<b>Acute Services Committee</b>		
	a) <u>Chair's Report of the meeting held on 16 January 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 16 January 2024 [Paper 24/04] presented by the Committee Chair, Mr Ian Ritchie, for assurance.</p> <p>Mr Ritchie highlighted the amount of work being done to ensure the actions within the Winter Plan are progressed.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of the meeting held on 21 November 2023</u>		
	<p>The Board considered the approved minute of the meeting held on 21 November 2023 ASC(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>11.</b>	<b>Area Clinical Forum</b>		
	a) <u>Chair's Report of the meeting held on 8 February 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 8 February 2024 [Paper 24/05] presented by the Nurse Director, Professor Angela Wallace, for assurance.</p>		



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	<p>Prof Wallace noted the broad range of discussions that were held within the Forum.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of the meeting held on 14 December 2023</u>		
	<p>The Board considered the approved minute of the meeting held on 14 December 2023 [ACF(M)23/05] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>12.</b>	<b>NHSGGC Draft Proposed Board Performance Report</b>		
	<p>The Board considered the NHSGGC Draft Proposed Board Performance Report [Paper 24/06] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil advised that the report had been updated following the approval of the Assurance Information Framework.</p> <p>Mr Neil reported that the position at December 2023 had been positive. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks were within the planned position and had seen a significant reduction in overall number within the reporting period.</p> <p>Compliance with access to psychological therapies was at 91.6% for December 2023. The number of CAMHS patients appointed within 18 weeks of referral was at 97.8%. Cancer 31 day performance had been at 91.4%, however, 62 day cancer performance remained challenging at 64.4% for December. A&amp;E performance had been 66.4% which was below target and the overall number of delayed discharges remained challenging. MSK performance remained under target, however, it was noted that the focus was on the longest waits.</p> <p>In response to a question regarding the delayed discharges target, it was noted that, although this was not a statutory target, due to the impact on flow the Board focusses on this area with a view to reducing the overall number. Ms Millar highlighted that</p>		

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	<p>there was a dashboard available to colleagues showing the number of delayed discharges per area. Mrs Grant reinforced the importance of whole system working to ensure our patients are in the right place at the right time.</p> <p>In response to a concern regarding the 62 cancer referral rate increasing and whether this was correlated to the number of diagnoses, Mr Edwards assured the Board that the Acute Services Committee had done a number of deep dives into the issue, and advised that there was no evidence to suggest that the increase in urgent suspicion of cancer referrals resulted in a higher number of people diagnosed. With regards to the increasing numbers of referrals, Prof Wallace highlighted that there are regular meetings at a tactical and operational level, with a short life working group in place to review the areas under challenge and the referral patterns of each cancer type. Mr Edwards advised that a letter had also be issued to each GP Practice regarding the increase and work was underway to standardise referral pathways.</p> <p>The Board discussed the improvements in clinic waiting times, however, it was noted that the A&amp;E performance remained challenging across the larger sites, with smaller sites such as the Royal Hospital for Children excelling in this area. Mr Edwards highlighted that there was a national standard based approach regarding the overall board performance, but there were local action plans attached to each site.</p> <p>In response to a query regarding celebrating success and shared learning, Mrs Grant highlighted that the importance of recognising the large and complex landscape; however, advised that there are benchmarking exercises to share intelligence across teams.</p> <p>With regards to staff sickness absence, Mrs MacPherson highlighted a seasonal upwards trend through December/January with reductions from January.. She advised that stress and anxiety are the most common reasons for absence across NHS Scotland, noting this is not necessarily work related but a mixture including personal circumstances. She assured the Board that there were a range of support services in place, including Counselling, Psychology and CBT and self-help resources.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		

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			<b>ACTION BY</b>
<b>13.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/07] presented by the Nurse Director, Professor Angela Wallace, for assurance.</p> <p>Prof Wallace presented the report which covered the period from November to December 2023. Professor Wallace invited Ms Sandra Devine to provide a brief overview of the current position, Ms Devine reported on the Annual Operational Plan targets. She said that Staphylococcus Aureus Bacteraemia (SAB) rates remained within expected limits E.coli Bacteraemia (ECB) rates remained within normal control limits and improvement continued to be supported locally. There had been 17 Clostridium Difficile Infections (CDI) in November 2023 and 16 in December 2023, which was in line with the aim of 17 per month. Clinical Risk Assessment (CRA) compliance had been 96% for CPE and 94% for MRSA.</p> <p>Prof Wallace assured the Board that the teams focussed on engaging with the public regarding normal winter viruses with a view to reducing the numbers attending hospital during this period.</p> <p>In response to a query regarding the CPE and MRSA percentage dipping in Quarter 4, Prof Wallace highlighted that a risk assessment had been carried out and evidenced the numbers were correlated to pressures on the system at the time.</p> <p>With regards to SAB cases, Prof Wallace assured the Board that the numbers have reduced but each sector now has a dedicated SAB Improvement Group in place to support staff adherence to process.</p> <p>In response to a question about the number of Covid-19 outbreaks within the period, Prof Wallace explained that there is a proactive approach to mitigating spread, including closing down wards to avoid hospital transmission. It was agreed that the numbers of closed wards would be included in future reports.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		Prof Wallace
<b>14.</b>	<b>GP Out of Hours Engagement Update</b>		

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			<b>ACTION BY</b>
	<p>The Board considered the GP Out of Hours Engagement Update [Paper 24/08] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The report presented highlighted the engagement work undertaken by the Board and the collaborative working in place with Health Improvement Scotland (HIS) throughout the process. Ms Bustillo advised that HIS have confirmed that NHSGGC have met the 3 recommendations made and the final report would be brought to the April Board for approval.</p> <p>In response to a question regarding HIS assurance from the results of the engagement work, Ms Bustillo explained that the work was not considered a major service change meaning HIS would not give a view, but they have been assured that a detail report would be shared with the Board with the outcome of the engagement process.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>15.</b>	<b>NHSGGC Digital Strategy - Annual Update</b>		
	<p>The Board considered the NHSGGC Digital Strategy - Annual Update [Paper 24/09] presented by the Director of Digital Services, Ms Denise Brown, for assurance.</p> <p>Ms Brown reminded the Board that the first annual report was approved at the December 2022 Board Meeting. The report presented provided information and assurance that we continue to adhere to the strategy in terms of our major deliverables. Ms Brown assured the Board that citizen engagement was extensive.</p> <p>Ms Brown highlighted the outcome of two important external audits, Digital Maturity Assessment scoring 83% and Cyber and IT Security (NIS) scoring 93%.</p> <p>Ms Brown noted that there had been an increasing rollout of virtual consultations and remote monitoring which had been a key priority for 2024.</p> <p>In response to a query regards the trajectory of work against the overall budget, it was agreed that further detail would be provided in future reports.</p>		

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			<b>ACTION BY</b>
	<p>In response to a question regarding the risks of relying on technology, Ms Brown assured the Board that Business Continuity plans had been extensively tested and were in place.</p> <p>With regards to virtual consultations and reliance on technology, Ms Brown noted the importance of ensuring that patients are not left behind and that there are contingencies in the process, e.g. if a patient has not responded to the online prompt for an appointment the letter based process would be initiated.</p> <p>With regards to Safe Haven and data sharing, Dr Armstrong advised that the Research and Innovation team were developing a Safe Haven across Health and Social Care, noting the need for partnership working across the system and with universities.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>16.</b>	<b>Finance, Planning and Performance Committee</b>		
	a) <u>Chair's Report of the meeting held on 6 February 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 6 February 2024 [Paper 24/10] presented by the Committee Chair, Ms Margaret Kerr, for assurance.</p> <p>Ms Kerr highlighted that a Committee visit to MSK had been arranged and an update would be provided at the next meeting.</p> <p>The Board were assured by the Chair's report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of the meeting held on 5 December 2023</u>		
	<p>The Board considered the approved minute of the meeting held on 5 December 2023 [FPPC(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		

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			<b>ACTION BY</b>
<b>17.</b>	<b>IJB Leads Reports</b>		
	The Chair invited the IJB Leads to present their update reports for assurance.		
	a) <u>East Dunbartonshire</u>		
	<p>The Committee considered the East Dunbartonshire report [Paper 24/11] presented by the IJB Lead, Ms Jacqueline Forbes.</p> <p>Ms Forbes advised that the current financial challenges remained a focus at the meeting, with the impact on cut backs on community services under constant review. She also noted the discussion around delayed discharges, and an update from the Community Payback Order Annual Report.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>East Renfrewshire</u>		
	<p>The Committee considered the East Renfrewshire report [Paper 24/12] presented by the IJB Lead, Ms Anne-Marie Monaghan.</p> <p>Ms Monaghan noted challenges in the staff uptake of Covid and Flu vaccinations. She also noted the discussion regarding the financial challenges faced across the IJBs, reflecting on the work underway including reducing the fleet of NHS vehicles.</p> <p>Ms Monaghan discussed the delayed discharges which were a standing agenda item at the IJB and confirmed the Adult Carers Strategy had been approved.</p> <p>Resettlement at Netheron was on track but reliant on the completion of building works and recruitment of staff from the Richmond Fellowship.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	c) <u>Glasgow City</u>		

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			<b>ACTION BY</b>
	<p>The Committee considered the Glasgow City report [Paper 24/13] presented by the IJB Lead, Ms Rona Sweeney.</p> <p>Ms Sweeney noted the IJB reviewed the delayed discharges, pressures on care at home, challenges with asylum seekers and impact on homelessness numbers, as well as the financial challenges and recovery plans in place.</p> <p>Ms Sweeney also noted that they had received an update on the Safer Drug Consumption Facility, and a video was available from the link to the minutes which was informative.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	d) <u>Inverclyde</u>		
	<p>The Committee considered the Inverclyde report [Paper 24/14] presented by the Chief Officer, Inverclyde HSCP, Ms Kate Rocks.</p> <p>Ms Rocks highlighted similar financial challenges. She noted a deep dive into the Mental Health Strategy and whole system working with the engagement and approach.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	e) <u>Renfrewshire</u>		
	<p>The Committee considered the Renfrewshire report [Paper 24/15] presented by the IJB Lead, Rev John Matthews.</p> <p>Rev Matthews highlighted the Sustainable Futures Programme which was reviewing the gap in funding. Three development sessions had been held, and had been extended to including those who will experience change.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	f) <u>West Dunbartonshire</u>		

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			<b>ACTION BY</b>
	<p>The Committee considered the West Dunbartonshire report [Paper 24/16] presented by the IJB Lead, Ms Rona Sweeney.</p> <p>Ms Sweeney highlighted issues with hybrid working as a result of IT and the future venue was under review. She noted focus on financial planning and concerns about the uncertainty in budget. She reported specific pressures on Care at Home which had attracted local media attention due to the proposals made.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>18.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 24/17] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil presented the month 9 position to the end of December 2023. He said that the NHSGGC was reporting an overspend of £27.62 million with the majority of this attributed to unachieved savings which accounted for just over £30.49 million. Mr Neil noted that the IJBs were breaking even, but this was with the use of reserves and ongoing discussions were taking place.</p> <p>In terms of the Savings and Value Programme (SVP) in year, recurring savings of just under £32.2 million had been achieved. The total capital expenditure incurred to the end of December was £62 million which was 63% of the plan.</p> <p>Mr Neil said that overall, at month 9 the forecast deficit had reduced to £25.6 million which was a reduction of £45.5 million from the original plan.</p> <p>In response to a query regarding the pay award, Mr Neil advised that the indication is that the 2024/25 pay award will be supported.</p> <p>With regards to capital projects, Mr Neil advised that there are ongoing discussions with the Scottish Government in this regard and the Capital Plan is due to be brought to the April Board.</p> <p>The Board were assured by the information presented in the report.</p>		



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			<b>ACTION BY</b>
	<b><u>ASSURED</u></b>		
<b>19.</b>	<b>Staff Governance Committee</b>		
	a) <u>Chair's Report of meeting held on 20 February 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 20 February 2024 [Paper 24/18] presented by the Committee Co-Chair, Ms Ann Cameron-Burns, for assurance.</p> <p>Ms Cameron-Burns highlighted that medical education within Inverclyde Royal Hospital had been de-escalated for Psychological Services.</p> <p>The Board were assured by the report</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of meeting held on 7 November 2023 SGC(M)23/04 Assurance</u>		
	<p>The Board considered the approved minute of the meeting held on 7 November 2023 [SGC(M)23/04] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>20.</b>	<b>Internal Communications and Employee Engagement Strategy Review</b>		
	<p>The Board considered the Internal Communications and Employee Engagement Strategy Review [Paper 24/19] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, and the Director of Human Resources and Organisational Development, Mrs Anne MacPherson, for assurance.</p> <p>Ms Bustillo reported that the new StaffNet had been delivered and work was underway with regards to the full utilisation of Microsoft 365 across the services. She also noted that the Core Brief had been refreshed and now included updates from the Area Partnership Forum and Area Clinical Forums.</p>		

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	<p>Mrs MacPherson advised that the iMatter return score had improved and there was a focus on local action planning. She highlighted the work of the Investors in People programme, with Corporate and Inverclyde achieving standard. She noted the introduction of videos to the Staff Governance Committee, with the most recent meeting receiving a video on Speak Up!. Mrs MacPherson reflected on the balance of traditional methods of communication alongside technology, and that this was lined through the Workforce Strategy which would be reviewed at the April Board.</p> <p>Ms Bustillo highlighted the collaborative approach of the strategy, with both teams driving this forward.</p> <p>In response to a question regarding equality, Mrs MacPherson assured the Board that there were a range of avenues for staff to raise issues and concerns. The Chair also highlighted the importance of promoting NHSGGC vision and values, ensuring colleagues feel safe to speak up.</p> <p>In response to a query regarding the Palestine conflict, the Chair reinforced that NHSGGC is not a political organisation but communication of the support available to all of our staff was paramount. It was agreed that a recent Core Brief regarding the support available would be circulated to staff highlighted the support services on offer.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		Ms Bustillo
<b>21.</b>	<b>Staff Health Strategy 2023/25 Review</b>		
	<p>The Board considered the Staff Health Strategy 2023/25 Review [Paper 24/20] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson, for assurance.</p> <p>Ms Macpherson explained that the Staff Health Strategy was approved at the December Board for a 2 year period and would then sit within the new Workforce Strategy which will be introduced from April 2025.. Mrs MacPherson was keen to demonstrate that the issues raised previously had been reviewed and were being delivered through an action plan, focussing on</p>		

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	<p>areas like mental health support, Fair Work principles, in work poverty and managing attendance.</p> <p>In response to a query regarding the awareness of the Strategy, Mrs MacPherson assured Board Members that she worked closely with the Communications Team and information was shared through the Core Brief, StaffNet and HR Connect. An action from the action plan was to ensure resources were available in the same place for staff easy access.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>22.</b>	<b>Stakeholder Communications and Engagement Strategy 2020-23 Progress Report</b>		
	<p>The Board considered the Stakeholder Communications and Engagement Strategy 2020-23 Progress Report [Paper 24/21] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>Ms Bustillo highlighted that the strategy had been approved in December 2020 but this was set within the context of the pandemic and recovery period, meaning there was no formal requirement to engage and consult; however, NHSGGC made the decision to continue to engage. This was delivered by a series of implementation plans that were taken through a Board Seminar in November 2023. Ms Bustillo highlighted achievements through the new website, enhanced community accessibility and significant growth across social media platforms.</p> <p>Ms Bustillo reported a range of engagement programmes, including GP OOH and Near Me. Ms Bustillo highlighted that evaluation of impact was ongoing.</p> <p>The Chair asked that the strategy report against each of the strategic aims to provide clarity on the actions required moving forward.</p> <p><b><u>ASSURED</u></b></p>		Ms Bustillo
<b>23.</b>	<b>Board Annual Cycle of Business 2024/25</b>		

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			<b>ACTION BY</b>
	<p>The Board considered the Board Annual Cycle of Business (ACOB)2024/25 [Paper 24/22] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>Ms Vanhegan advised that the ACOB was presented to the Board routinely and had been cross-checked against the Assurance Information Framework. She further advised that any changes to the ACOB would be annotated going forward to ensure these were appropriately tracked, noting that this was a flexible document and would continue to be updated as required. The Chair of the ARC asked for this to be amended to reflect that the ARC only reported to the Board four times a year and Ms Vanhegan would amend appropriately.</p> <p>The Board were content to approve the annual cycle of business subject to the minor change outlined above.</p> <p><b><u>APPROVED</u></b></p>		Ms Vanhegan
<b>24.</b>	<b>Ministerial Annual Review</b>		
	<p>The Board considered the Ministerial Annual Review [Paper 24/23] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for assurance.</p> <p>Ms Vanhegan said that the letter received covered the wide range of discussions that had taken place that day and an action plan had been developed. She also provided assurance that all individuals who had asked questions had been responded to.</p> <p>The Chair highlighted the final sentence of the letter which offered the Cabinet Secretary's sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unrelenting pressures, for the benefit of local people and asked for that appreciation to be recorded publicly.</p> <p>The Board were assured by the outcome of the Annual Review and the action plan would take forward any specific actions required.</p> <p><b><u>ASSURED</u></b></p>		
<b>25.</b>	<b>Date and Time of Next Scheduled Meeting</b>		

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			<b>ACTION BY</b>
	The next NHS Board meeting would be held on Tuesday 30 April 2024 at 9.30 am via MS Teams.		

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NHSGGC (M) 24/02

Minutes: 26-60

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board Meeting held on 30 April 2024 at 9.30 am via Microsoft Teams

#### PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Dr Becky Metcalfe
Cllr Jacqueline Cameron	Ms Ketki Miles
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Ms Jacqueline Forbes	Mr Colin Neil
Ms Dianne Foy	Cllr Katie Pragnell
Mr David Gould	Mr Ian Ritchie
Mrs Jane Grant	Dr Lesley Rousselet
Mr Graham Haddock OBE	Dr Paul Ryan
Ms Margaret Kerr	Mr Francis Shennan
Rev John Matthews OBE	Ms Rona Sweeney
Cllr Martin McCluskey	Mr Charles Vincent
Cllr Collette McDiarmid	Ms Michelle Wailes
Cllr Michelle McGinty	Professor Angela Wallace

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Professor Julie Brittenden	Director of Research and Innovation (for Item 18)
Ms Sandra Bustillo	Director of Communications and Public Engagement
Mr David Coyle	Senior Communications Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Wendy McDougall	Strategic Engagement Lead (West Region), Healthcare Improvement Scotland
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Dr Kerri Neylon	Deputy Medical Director, Primary Care
Mr Iain Paterson	Corporate Services Manager, Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP

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Mrs Louise Russell		Secretariat Manager (Minutes)
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Mr Liam Spence		Head of Staff Experience (for Item 6)
Professor Tom Steele		Director of Estates and Facilities
Mr Allen Stevenson		Interim Director of Primary Care/GPOOH (for Items 19 and 21)
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Dr Beatrix Von Wissmann		Consultant in Public Health
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			<b>ACTION BY</b>
<b>26.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the April 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Mehvish Ashraf, Alan Cowan, Dr Emilia Crighton, Cllr Chris Cunningham and Prof Iain McInnes.</p> <p><b><u>NOTED</u></b></p>		
<b>27.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>28.</b>	<b>Minute of meeting held on 27 February 2024</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27 February 2024 [Paper No. NHSGGC(M)24/01] and were content to accept the minute of the meeting as a complete and accurate record of the meeting pending the following minor amendment;</p>		

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			<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>Cllr Martin McCluskey and Cllr Jacqueline Cameron to be added to attendance list</li> </ul> <p><b><u>APPROVED</u></b></p>		Secretary
<b>29.</b>	<b>Matters Arising</b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 24/24].</p> <p>The Board were content to accept the recommendation that five items were closed.</p> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>30.</b>	<b>Chair's Report</b>		
	<p>The Chair reported that, since the last Board meeting, a number of visits had taken place which included visits to the Minor Injuries Unit at Stobhill Hospital, Clydebank Health Centre and Queens Quay House Care Home, Clydebank. The Chair had also carried out a second visit to the Flow Navigation Centre (FNC) and Major Trauma Unit. A number of positive engagements with elected representatives had taken place, including a visit hosted at Cranhill Community Centre attended by Jenni Minto, MSP.</p> <p>The Chair carried out a number of other activities, including attending the Realistic Medicines Conference and attending regular meetings with other Board Chairs and Vice Chairs.</p> <p>The Chair, along with the Chief Executive, attended the launch of a new Podcast series called 'Radio Therapy' which had been created by nine young female cancer patients. The podcast looked at the impact of a cancer diagnosis and showed their fascinating account of how they felt about the Health Service. The Chair commended the young women on their bravery and candour, noting the podcast was currently trending at number one in the Medical Podcast charts.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		



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			<b>ACTION BY</b>
<b>31.</b>	<b>Anti-Sexual Harassment Programme - Overview</b>		
	<p>The Board considered the Anti-Sexual Harassment Programme – Overview [Paper 24/25] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson, for approval.</p> <p>The paper highlighted the work that had taken place to promote a culture of zero tolerance to sexual harassment within NHS Greater Glasgow and Clyde (NHSGGC). The Board noted that a Short Life Working Group had been established to develop and promote a range of resources to support staff and managers across the organisation. A significant range of activity was taking place, with a key focus on ensuring there was a culture of zero tolerance for sexual harassment.</p> <p>The Board were asked to support the programme, which aimed to be fully rolled out by November 2024 and would be launched with a communications campaign titled ‘Cut it Out’.</p> <p>The Board were content to approve the programme.</p> <p><b><u>APPROVED</u></b></p>		
<b>32.</b>	<b>Chief Executive’s Report</b>		
	<p>Mrs Grant advised that she continued to participate in routine internal and external meetings, including meetings with Chief Officers and HSCP’s, which focussed on the financial position and plan.</p> <p>Mrs Grant continued to be involved in a varied range of activities. This included the Senior Management Development Programme, with Clinical Director and Lead Nurse sessions. Mrs Grant reported that the sessions went well with positive feedback received. Mrs Grant also attended meetings and engaged with Chief Executives and Chairs from other Boards to ensure that cross Board learning was in place. She attended meetings in relation to the implementation of the National Best Start Implementation Strategy and meetings in relation to the Innovation Design Authority (IDA) and the work of the Accelerated Innovation and Adoption Pathway. Mrs Grant continued to attend the Regional Cancer Advisory Group West of Scotland Chair’s and Chief Executive meetings.</p>		

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	<p>Mrs Grant reported that work continuing in relation to the national pay agenda. She attended meetings to discuss the National Pay Agenda, reduction to the working day and protected learning. Mrs Grant attended the launch of the 'Radio Therapy' podcast with the Chair, which Mrs Grant found very inspiring.</p> <p>The Board noted that the Annual Review would take place on 25<sup>th</sup> November 2024 and further information would be provided to members in due course.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>33.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video which highlighted the work that had been carried out with the Defence Medical Welfare Service.</p> <p>The Board were assured by the video presentation.</p> <p><b><u>ASSURED</u></b></p>		
<b>34.</b>	<b>Communications and Public Engagement Update – April 2024</b>		
	<p>The Board considered the Communications and Public Engagement Update – April 2024 [Paper 24/26] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for awareness.</p> <p>Ms Bustillo reported that Care Opinion was the key feedback tool for the organisation and highlighted that, in 2023/24, NHS Greater Glasgow and Clyde received 2,345 stories on the platform. She noted that 78% of the stories were positive, with the remaining 22% of the feedback having some level of criticality, which had been acted upon within the relevant service.</p> <p>Ms Bustillo highlighted that a series of Moving Forward Together Clinical Strategy Focus Groups had taken place in March 2024 in order to understand the barriers and concerns. Ms Bustillo also informed the Board that the lunchtime learning sessions continued to be popular and well attended. The aim of the sessions was to build capacity across the organisation to equip</p>		

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	<p>staff with knowledge and tools to engage with patients, families and carers.</p> <p>Ms Bustillo provided an update on work that had been progressed in relation to sustainability, including the waste management initiative 'Watch your Waste', to ensure that clinical waste was being disposed of correctly.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>35.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Board Activity Update [Paper 24/27] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for awareness.</p> <p>Ms Vanhegan reported that the paper provided an update on the activities since the last Board meeting.</p> <p>Ms Vanhegan reported that the Board Seminar in March, entitled '<i>Population Health in GGC. Whose job is it? How can the Board make a difference?</i>' was well received.</p> <p>Ms Vanhegan reported that the Non-Executive Board Champions had met with the Chair alongside the programme of Committee member visits.</p> <p>The Board noted formal thanks to the staff for accommodating Board visits.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>36.</b>	<b>Population Health and Wellbeing Committee</b>		
	a) <u>Chair's Report of the meeting held on 16 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 16 April 2024 [Paper 24/28] presented by the Chair of the Committee, Rev John Matthews, for assurance.</p> <p>The Board were assured by the report.</p>		

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	<b><u>ASSURED</u></b>		
	b) <u>Approved Minute of the meeting held on 23 January 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 23 January 2024 [PHWB(M)24/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>37.</b>	<b>Public Health Strategy 2018-2028: Turning the Tide through Prevention Review</b>		
	<p>The Board considered the Public Health Strategy 2018-2028: Turning the Tide through Prevention Review [Paper 24/29] presented by Consultant in Public Health, Dr Beatrix Von Wissmann, for awareness.</p> <p>Dr Von Wissmann reported that the 10 year Public Health Strategy set out a long term Framework. The Director of Public Health (DPH) report published in 2024 set out the contemporary Public Health challenge, recognising the impact of the pandemic and general reduction in standards of living as a result of increased cost of living. The DPH 2024 report identified a number of priorities for action. These were endorsed by NHSGGC Population Health and Wellbeing Committee.</p> <p>Dr Von Wissmann provided an update against the approved Public Health priorities. This included:</p> <ul style="list-style-type: none"> <li>- Ensuring the best start for life, focussing on building a good foundation</li> <li>- Enabling healthy weight through healthy eating and active living</li> <li>- Boosting mental health and mental wellbeing</li> <li>- Concerted action to reduce drug harms</li> <li>- Building financial security for better health</li> <li>- Broadening access to digital health</li> <li>- Connecting people and health: affordable, accessible and sustainable transport</li> <li>- Strengthening communities and places</li> <li>- Trauma informed services</li> </ul>		

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			<b>ACTION BY</b>
	<p>In response to a question regarding the Child Smile uptake, currently 71%, Dr Von Wissmann noted that the pandemic and restrictions had an impact. Dr Von Wissmann assured the Board that work was actively taking place to improve uptake.</p> <p>In response to a question regarding child tooth extractions in Hospital, Dr Von Wissmann reported that decay and extractions remained the primary reason to undergo treatment under general anaesthetic and that this continued to be a priority area.</p> <p>With regards to the Start for Children programme, and whether there was a focus on specific groups, Dr Von Wissmann reported that there had been a concerted effort in relation to the Health Visiting target.</p> <p>A concern was raised regarding digital health access, particularly in areas of poverty, and Dr Von Wissmann reported that there were a broad range of barriers in relation to digital access. This included financial challenges, IT literacy and awareness of what was available. Dr Von Wissmann reported that a Digital Health Public Health Group had been established who amongst other actions had taken forward work to assist Librarians to signpost to health advice.</p> <p>The Board acknowledged the work that had been carried out, particularly with supporting and enabling communities to take control and build their capabilities.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>38.</b>	<b>A Fairer NHSGGC – Equalities Scheme 2024-2025</b>		
	<p>The Board considered A Fairer NHSGGC – Equalities Scheme 2024-2025 [Paper 24/30] presented by Consultant in Public Health, Dr Beatrix Von Wissmann, for approval.</p> <p>Dr Von Wissmann presented the scheme for the forthcoming year and noted that the Scottish Government were in the process of reviewing the Public Sector Equality Duty (PSED). As a result, NHSGGC would deliver a one year set of actions and prepare evidence for the new PSED launch in April 2025.</p> <p>Dr Von Wissmann provided a presentation to the Board and highlighted that there were two outcomes. The first outcome relates to ageism, with a focus on involvement in discharge planning, and was rolled over from the previous scheme. The</p>		

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	second outcome relates to the Frontline Equality Assessment Tool (FEAT) for translating policies into practice and sharing learning from challenges and best practice across the service.		
	The Board noted the intention to establish an Equality, Diversity and Inclusion Committee.		
	The Board were content to approve the paper.		
	<b><u>APPROVED</u></b>		
<b>39.</b>	<b>Acute Services Committee</b>		
	a) <u>Chair's Report of the meeting held on 19 March 2024</u>		
	The Board considered the Chair's Report of the meeting held on 19 March 2024 [Paper 24/31] introduced by the Committee Chair, Mr Ian Ritchie, and presented by the Committee Vice Chair, Dr Paul Ryan, for assurance.		
	Dr Ryan reported that the Committee had received a presentation on the Corporate Risk Register to provide a stronger understanding of how risks were calculated and registered. The Committee found the presentation interesting and helpful.		
	The Board were assured by the report.		
	<b><u>ASSURED</u></b>		
	b) <u>Approved Minute of the meeting held on 16 January 2024</u>		
	The Board considered the approved minute of the meeting held on 16 January 2024 ASC(M)24/01] presented for assurance.		
	The Board were assured by the minute.		
	<b><u>ASSURED</u></b>		
<b>40.</b>	<b>Area Clinical Forum</b>		
	a) <u>Chair's Report of the meeting held on 11 April 2024</u>		

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	<p>The Board considered the Chair's Report of the meeting held on 11 April 2024 [Paper 24/32] presented by the Chair, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of the meeting held on 8 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 8 February 2024 [ACF(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>41.</b>	<b>NHSGGC Draft Proposed Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/33] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of the key highlights. The number of Child and Adolescent Mental Health Services (CAMHS) patients appointed within 18 weeks of referral was 98.7%, therefore this continued to exceed the national target of 90%. He reported that Acute activity in relation to new outpatients, endoscopies and inpatient/day cases remained on track and currently exceeded the Year to Date planned trajectory. Mr Neil reported that there had been significant improvement in the number of new outpatients waiting over 78 weeks in February 2024. Performance in relation to patients accessing Podiatry Services less than 4 weeks, (92%) saw a further increase on the previous months' position.</p> <p>Mr Neil reported that there was an improvement on the previous months' position in relation to Cancer 31 Day Waiting Times, increasing to 94.1% in February 2024. Mr Neil reported that performance in relation to the Cancer 62 Day Waiting Times reported an improvement on the previous month's position, however, performance, particularly in the context of the significant increase in Urgent Suspicion of Cancer referrals, remained a challenge. Mr Edwards noted that there had been a steady improvement in the Cancer 31 Day Wait Times and Cancer 62 Day Wait Times. He assured the Board that a number of actions</p>		



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	<p>were ongoing, including weekly meetings to review the measures and compressing pathways.</p> <p>Overall compliance with the A&amp;E four hour waits was 68.9%. This was an increase on the previous months' position, however, performance remained significantly below the 95% target. Mr Neil noted that performance was in line with the overall national trend. The Delayed Discharges performance in Acute and Mental Health remained an ongoing challenge. Whilst there was an increase in the MSK Physiotherapy waiting times performance in terms of percentage of patients seen in under 4 weeks compared to the previous months' position, performance remained significantly below target as focus continued on reducing the longest waiting times.</p> <p>In response to a question regarding maximising the Minor Injuries Unit (MIU) and whether there was unused capacity, Mr Edwards, noted that the MIU capacity continued to be monitored and reviewed on an ongoing basis.</p> <p>A query was raised regarding an increase in complex care needs, and the Board were advised that there had been an increase. A breakdown of the data in relation to complex care themes would be reviewed and included in further iterations of the performance report, along with detail regarding the impact.</p> <p>In response to a question regarding Treatment Time Guarantee (TTG) patients and the actions that had been taken to address performance that was under the trajectory, Mr Edwards reported that overall capacity was reviewed on a daily basis. The Board recognised the complexity and balance that was required regarding funding of initiatives. It was noted that future reports would indicate that the target was based on anticipated resource.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		<p>Mr Neil</p> <p>Mr Neil/Mr Edwards</p>
<b>42.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/34] presented by the Nurse Director, Professor Angela Wallace, for assurance.</p> <p>Professor Wallace presented the summary report which covered the period from January 2024 to February 2024 and reported that</p>		



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	<p>performance remained stable. The Healthcare Associated Infection Staphylococcus Aureus Bacterium (SAB) rate for NHSGGC was 20.3, which was within the control limits though slightly above the national rate of 19.2.</p> <p>Prof Wallace provided an update on the number of closed wards. As at 30<sup>th</sup> April 2024, five wards were closed across the system. The report provided detail on outbreaks and the actions that had been taken to manage infection.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>43.</b>	<b>Research and Innovation Annual Report</b>		
	<p>The Board considered the Research and Innovation Annual Report [Paper 24/35] presented by the Medical Director, Dr Jennifer Armstrong, and the Director of Research and Innovation, Professor Julie Brittenden, for assurance.</p> <p>Professor Julie Brittenden delivered a presentation to provide an overview of Research and Innovation within NHSGGC. She highlighted that over 1000 studies directly involving patients had been supported. A number of projects were carried out working closely with the West of Scotland Innovation Hub and in collaboration with eHealth.</p> <p>Professor Brittenden highlighted some of the key achievements for 2023, which included a number of new studies that were underway. The report highlighted the ongoing recovery plan for the delivery of trials following the pandemic.</p> <p>In response to a question regarding the sustainability of the workforce, Professor Brittenden noted that a sustainable model had been created, which included establishing protected time for training. With regards to commercial space, Professor Brittenden reported that this was an issue being experienced across the United Kingdom. She noted that there would be a focus on generating income via increasing space and staff. This included the development of a centre that dealt with commercial trials.</p> <p>In response to a question regarding the governance for Artificial Intelligence projects, Professor Brittenden reported that projects would run in conjunction with normal service pathways at the moment.</p>		

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	<p>The Board were assured by the update.</p> <p>The Chair informed the Board that Professor Brittenden was stepping down from her role as Director of Research and Innovation after 8 years to take up a new role at the Queen Elizabeth University Hospital. On behalf of the Board, the Chair thanked Professor Brittenden for her experience, leadership and contribution to Research and Development and wished her well in her new role.</p> <p><b><u>ASSURED</u></b></p>		
<b>44.</b>	<b>Draft Primary Care Strategy</b>		
	<p>The Board considered the Draft Primary Care Strategy [Paper 24/36] presented by the Chief Officer, Renfrewshire HSCP, Ms Christine Laverty, for approval.</p> <p>Ms Laverty informed the Board that significant participation had been carried out with a range of colleagues on development of the Draft Primary Care Strategy in order to strengthen the interface between Primary Care and Acute.</p> <p>In response to a question regarding cost pressures and how feasible implementation would be, the Board received assurance that there was a significant amount of resources that could be maximised. This included ongoing discussion with colleagues and GP Practices regarding property.</p> <p>With regards to the reporting and measurement of data, the Board noted that Public Health Scotland continued to develop a dashboard which would allow for information to be drilled down in relation to each Health and Social Care Partnership or Board.</p> <p>The Board noted that monitoring would be carried out to gain assurance of how the Strategy was developing in a community setting. The Board noted that a Clinical Vision Model was being developed for consultation, which would include public engagement. It was agreed that the Clinical Vision Model/Moving Forward Together would be added as an item to the Agenda for the August Board meeting.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		Secretary

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<b>45.</b>	<b>Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde</b>		
	<p>The Board considered the Draft Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde [Paper 24/37] presented by the Chief Officer, Renfrewshire HSCP, Ms Christine Lavery, and the Deputy Medical Director, Primary Care, Dr Kerri Neylon, for approval.</p> <p>The Board were asked to consider moving the GP Out of Hours Service from business continuity to a permanent model. This included an increase in service in the Inverclyde area. The Board noted that detailed discussions regarding the proposal had been held through various forums, including at MSP and MP meetings.</p> <p>Dr Neylon provided background for the proposed service improvements. She reported that the GP Out of Hours service had been placed into business continuity arrangements since in February 2020. This was due to an uncontrolled workload, which often led to last minute closures of sites. Since then, steps had been taken to improve the service. This included introducing a telephone first model and also an appointment system ensuring clinical prioritisation, in order to manage workload and patient flow to ensure safer practice for staff and patients. Improvements had also been made to the transport service. This was a service offered to all patients across the whole Board area and was provided free of charge. A system had been introduced through eHealth for email prescriptions in order to reduce the need for patients to go to any OoH site. In addition, she reported that based on the telephone first model, video consultations had also been introduced.</p> <p>It was noted that there had been an increase in the number of salaried GP's and Nursing Staff within the service and Dr Neylon highlighted that the changes introduced offered greater stability, performance had improved, the shift fill rate had increased and overall it was a safer model for staff and patients. It was highlighted that the proposal also included an expansion of the service within Inverclyde to deliver a service on Sundays and Public Holidays, in addition to Saturdays.</p> <p>Ms Bustillo reported that formal engagement had been carried out, supported by Healthcare Improvement Scotland (HIS). In order to take account of public views, an eight week engagement exercise had been undertaken within all areas of the Board</p>		

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	<p>including both online engagement and face to face activities. The Board noted that the response rate had been excellent.</p> <p>Ms Bustillo reported that although this hadn't been classed as a change to service, HIS had asked to continue their involvement, which had offered independent assurance throughout the process.</p> <p>The Board reflected on the previous GP Out of Hours service model and noted that it was one of the reasons for the Board being escalated to level 4.</p> <p>Lengthy discussion took place with a number of areas considered. Some significant concerns were raised by some Board members, particularly in relation to the residents of Inverclyde and the potential short and long term impact. One area of concern highlighted was in relation to the distance of travel, particularly for patients who were very unwell. In response to this, Board members were advised that due to the clinical prioritisation, a number of options were available including remote consultation. The clinical consultation was described as key to ensuring that the patient was seen at the right time in the right place. In response to concerns raised regarding patient transport being untested, it was highlighted that patient transport was currently being delivered in NHSGGC and was working well in all areas.</p> <p>In order to ensure all patients were offered the correct support, a change in process had been instigated whereby a clinician is unable to close a call without discussing with a patient their need for transport. The Board noted that the start and end of the care episode was recorded on the system, however work was taking place with eHealth to look at recording data on the wait times for transport. The Board noted that transport had been upgraded and included fully accessible with room for additional passengers.</p> <p>In response to a question regarding the removal of overnight arrangements in Inverclyde, it was highlighted that the demand had been examined and there was no demand for an overnight service. The Board noted that previously the service had been spread too thin, which resulted in closure at short notice, which had an impact to patients having to travel much further and had a detrimental impact to the Board's reputation.</p> <p>The Board received assurance that the wider impact on Inverclyde has been fully considered and the issues and concerns highlighted had been recognised. A review of the busiest times in</p>		

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	<p>Inverclyde had been carried out and the results showed that Saturday and Sunday daytime were the busiest times.</p> <p>The Board noted that in response to a significant number of staff highlighting safety concerns of lone working or an unmanageable workload, an independent Organisational Development Advisor met with every member of staff either on a one to one basis or in a group setting. As a result, an action plan had been developed and there was now a stable staff group that were content.</p> <p>Acknowledging that some Board members remained opposed to the proposals, in line with the Boards Standing Orders, the Chair called a vote. Members were asked to approve or reject the proposal. Following a vote, a majority of Board members were in agreement to move GP Out of Hours Service from business continuity to a permanent model.</p> <p>The Board approved the paper.</p> <p>Please refer to Appendix 1 for comprehensive list of vote, noting NA code for those not in attendance for the vote.</p> <p><b><u>APPROVED</u></b></p>		
<b>46.</b>	<b>Draft Stakeholder Communication and Engagement Strategy 2024-2027</b>		
	<p>The Board considered the Draft Stakeholder Communication and Engagement Strategy 2024-2027 [Paper 24/38] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for approval.</p> <p>Ms Bustillo highlighted that the Draft Stakeholder Communication and Engagement Strategy 2024-2027 provided an update to the previous Strategy produced in 2020 to support the delivery from 2020-2023. The draft Strategy had been presented to the Area Partnership Forum, the Corporate Management Team and the Finance, Planning and Performance Committee and had incorporated the comments and feedback received. It had also been informed by the views of the public and through consultation with Healthcare Improvement Scotland (HIS).</p> <p>Ms Bustillo reported that there would be ongoing monitoring and evaluation. Progress reports on the Strategy and Delivery Plans would be presented on an annual basis.</p>		

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	<p>The Board was content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>47.</b>	<b>NHSGGC Access and Waiting Times Policy</b>		
	<p>The Board considered the NHSGGC Access and Waiting Times Policy [Paper 24/39] presented by the Chief Operating Officer, Mr William Edwards, for approval.</p> <p>Mr Edwards presented the paper to seek approval for the changes to the NHS Greater Glasgow and Clyde Access and Waiting Times Policy in line with the updated National Waiting Times Changes 2023, which included revised National guidance and National Policy.</p> <p>Mr Edwards summarised some of the key changes to the policy, which included a reasonable offer of appointment would now require patients to be given 10 calendar days' notice, previously 7 calendar days. He also noted that a reasonable offer of appointment would now be at any appointment across NHSGGC, Golden Jubilee National Hospital (GJNH) and NHS Forth Valley National Treatment Centres.</p> <p>In response to a question regarding communication and assurance that those involved in the care of a patient, for example a carer or advocate, would be involved, Mr Edwards assured the Board that existing processes would remain in place.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>48.</b>	<b>Finance, Planning and Performance Committee</b>		
	a) <u>Chair's Report of the meeting held on 9 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 9 April 2024 [Paper 24/40] presented by the Committee Chair, Ms Margaret Kerr, for assurance.</p> <p>The Board were assured by the Chair's report.</p> <p><b><u>ASSURED</u></b></p>		

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	b) <u>Approved Minute of the meeting held on 6 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 6 February 2024 [FPPC(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>49.</b>	<b>Audit and Risk Committee</b>		
	a) <u>Chair's Report of the meeting held on 9 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 12 March 2024 [Paper 24/41] presented by the Committee Chair, Ms Michelle Wailes, for assurance.</p> <p>Ms Wailes highlighted the Internal Audit Report on managing attendance and hospital discharges. An update report would be submitted to the Committee in due course.</p> <p>The Board were assured by the Chair's report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>Approved Minute of the meeting held on 6 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 12 December 2023 [ARC(M)23/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>50.</b>	<b>IJB Leads Reports</b>		
	The Chair invited the IJB Leads to present their update reports for assurance.		
	a) <u>East Dunbartonshire</u>		



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	<p>The Committee considered the East Dunbartonshire report [Paper 24/42] presented by the IJB Lead, Ms Jacqueline Forbes.</p> <p>Ms Forbes congratulated Mr Douglas Bell, Advanced Nurse Practitioner, who received an award for Innovation at the HSCP 2023/24 Staff Awards.</p> <p>Ms Forbes advised that the current financial challenges remained the main focus of the meeting. A balanced budget was able to be set for 2024/25, however, Ms Forbes highlighted that it was not an easy process. Ms Forbes highlighted that, although work would continue to identify further options for budget reductions, concern was noted regarding the implication for future funding and sustainability, and the impact and risk this could have to services.</p> <p>Ms Forbes reported that Board members were presented with a report on the outcome and publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire. An Action Plan in response to the inspection findings had been put in place to address the recommendations.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	b) <u>East Renfrewshire</u>		
	<p>The Committee considered the East Renfrewshire report [Paper 24/43] presented by the IJB Lead, Ms Anne-Marie Monaghan.</p> <p>Ms Monaghan reported that the IJB was able to set a balanced budget for 2024/25, which took into account the cost pressures, however, Ms Monaghan noted that this had been a challenge. Ms Monaghan highlighted that as East Renfrewshire was an area with an elderly population, the main cost pressures were in relation to Care at Home, special observations and prescribing.</p> <p>Ms Monaghan reported that the IJB approved the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027 and the East Renfrewshire Alcohol and Drugs</p>		



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	<p>Strategy 2024-2027. There had been discussion regarding including gambling addiction.</p> <p>Ms Monaghan highlighted that the Delayed Discharge position was being monitored following a slight decrease in performance.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	c) <u>Glasgow City</u>		
	<p>The Committee considered the Glasgow City report [Paper 24/44] presented by the IJB Lead, Ms Rona Sweeney.</p> <p>Ms Sweeney reported that the main focus of the meeting was setting the financial budget for 2024/25. Following debate and discussion, the IJB agreed a balanced budget, however, concern regarding the ability to provide services within the budget were highlighted.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	d) <u>Inverclyde</u>		
	<p>The Committee considered the Inverclyde report [Paper 24/45] presented by the Chief Officer, Inverclyde HSCP, Ms Kate Rocks.</p> <p>Ms Rocks reported that the IJB was by consensus able to approve a 2 year budget for 2024/25 and 2025/26. Ms Rocks reported that a Programme Board led by the Chief Officer had been established to provide oversight of this work and the IJB would receive reports and exercise scrutiny of this activity. The Board received two reports for assurance; the 'Vaccination Transformation Programme' and 'Improving the Cancer Journey'. The Chief Officer provided updates on ongoing activity.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		

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	e) <u>Renfrewshire</u>		
	<p>The Committee considered the Renfrewshire report [Paper 24/46] presented by the IJB Lead, Rev John Matthews.</p> <p>Rev Matthews highlighted the key items of discussion at the recent meeting of the IJB. He reported that a balanced budget had been agreed.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	f) <u>West Dunbartonshire</u>		
	<p>The Committee considered the West Dunbartonshire report [Paper 24/47] presented by the Vice Chair, Ms Rona Sweeney.</p> <p>Ms Sweeney reported that setting the budget for 2024/25 was the main focus of the meeting. Ms Sweeney reported that following deputations from three services providers that were going to be affected by proposed cuts to their funding, the Board agreed to amend reductions to the services after taking account of the concerns highlighted.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>51.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 24/48] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil presented the month 11 position at 29<sup>th</sup> February 2024. He reported an overspend of £8.36 million with the majority of this attributed to unachieved savings of £17.98m and a pay and non-pay underspend of £9.62m. Mr Neil reported that Acute was overspent by £30.52m and Corporate areas were underspent by £39.92m for pay and non-pay. Mr Neil noted that the IJBs were breaking even, however reported that utilisation of reserves was required to achieve this position.</p>		

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	<p>In terms of the Savings and Value Programme (SVP) in year, recurring savings of just under £51.5 million had been achieved. On an in year basis (recurring and non-recurring) £171.4m had been achieved for the first eleven months of the year. As at month 11, there were forecast savings of £52m (69%) against the £75m recurring target and £172.8m (91%) against the full £190.9m.</p> <p>Mr Neil reported that the total capital expenditure incurred to 29<sup>th</sup> February 2024 was £79.9m. This amounted to 81% of the plan of £98.8m, leaving a balance of £18.9m to be incurred by 31st March 2024. At month 11, 97% of the total capital allocation had firm orders or incurred spend. Mr Neil assured the Board that this would be under close review over the final month of the year.</p> <p>Mr Neil reported that overall, at month 11 the forecast deficit had reduced from £71.1m to a break even position.</p> <p>The Board were assured by the information presented in the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>52.</b>	<b>Financial Plan 2024/25</b>		
	<p>The Board considered the Financial Plan 2024/25 – 2026/27 [Paper 24/50] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil reported that the Financial Plan highlighted a deficit of £48.3m for 2024/25 and a deficit of £37.9m and £7.2m for the subsequent years. This was on the assumption that recurring savings of £128.6m were achieved in 2024/25 and £82m in each of the subsequent years. It was imperative that the recurring savings were achieved in order to reduce the recurring deficit going forward as outlined in the 3 year plan.</p> <p>Mr Neil reported that the financial plan included an element of the pressures associated with winter capacity costs and other system pressures. These areas would be subject to rolling review throughout the year. However, there were still significant non-recurring pressures that needed to be considered beyond the baseline financial plan and work would be required to mitigate these during the financial year.</p>		

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	<p>The Board noted that the draft plan had been submitted to the Corporate Management Team and Finance Planning and Performance Committee in February 2024.</p> <p>In response to a question regarding the prescribing budget and determining how it was spent, the Board noted that there were a number of measures in place. This included reviewing repeat prescribing to ensure there was no wastage, considering a change to biosimilar drugs if they were more cost effective and reviewing drugs that were coming off patent.</p> <p>In response to a question regarding a review of the workforce, the Board noted that agency spend had reduced, however, remained an area of substantial spend. Mr Neil advised that each service would be reviewed incrementally to consider if further savings could be made.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>53.</b>	<b>Capital Plan 2024/25 – 2026/27</b>		
	<p>The Board considered the Capital Plan 2024/25 – 2026/27 [Paper 24/50] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>The paper informed the Board of the estimated available capital resources for the period 2024/25 - 2026/27, and informed on the allocation of capital in the initial 3-year plan.</p> <p>Mr Neil reported that core capital levels were protected and NHSGGC had a number of additional schemes which would continue to be supported by additional funding from the Scottish Government. Mr Neil highlighted that all major NHSGGC projects in construction would continue to be funded, namely the NE Hub/Parkhead, Queen Elizabeth University Hospital Rectification Programme, Radiotherapy Equipment Replacement Programme (RERP) and the National Laboratory Information Management System Project (LIMS).</p> <p>Mr Neil reported that a Full Business Case was currently being completed for the relocation of the Radionuclide Dispensary. Dialogue with the Scottish Government and an update on the Full Business Case would be submitted to the Board at the next meeting.</p>		Mr Neil

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	<p>Mr Neil reported that a paper was submitted to CMT in May 2024 to inform prioritisation and allocations against the current level of available funds. Mr Neil highlighted that the initial capital plan would have a level uncommitted for prioritisation in year and for 2024/25, which amounted to £7m at this stage.</p> <p>The Board were content to approve the Capital Plan.</p> <p><b><u>APPROVED</u></b></p>		
<b>54.</b>	<b>Patient Private Funds Accounts 2022/23</b>		
	<p>The Board considered the Patient Private Funds Accounts 2022/23 [Paper 24/51] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil reported that there had been a delay in finalisation due to legacy issues. Mr Neil informed the Board that the Audit &amp; Risk Committee reviewed the 2022-23 Annual Accounts and Audit report on 12 March 2024. He highlighted that it was a clean audit with minor recommendations to take forward.</p> <p>The Board were content to approve the recommendations.</p> <p><b><u>APPROVED</u></b></p>		
<b>55.</b>	<b>Workforce Strategy 2021-2025 Review</b>		
	<p>The Board considered the Workforce Strategy 2021-2025 Review [Paper 24/52] presented by the Director of Human Resources and Organisational Development, Ms Anne MacPherson, for assurance.</p> <p>The Board noted that the Workforce Strategy 2021-2025 had entered phase four, which was its concluding phase. Ms MacPherson reported that there were eight commitments still in progress.</p> <p>Ms MacPherson provided an update on some of the main highlights, which included:</p> <ul style="list-style-type: none"> <li>- Delivery of the Health Strategy 2023-2025 and roll out of Investors in People standards across NHSGGC.</li> <li>- iMatter</li> <li>- Embed a sustainable Safety Health and Wellbeing Culture</li> </ul>		

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			<b>ACTION BY</b>
	<p>- Civility Saves Lives</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>56.</b>	<b>Corporate Risk Register</b>		
	<p>The Board considered the Corporate Risk Register [Paper 24/53] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil reported that the full Corporate Risk Register had been reported to the Board in December 2023. Mr Neil reported that from April 2024, the Corporate Risk Register paper would include a performance metric with a target of 100% Corporate Risks reviewed each month. Engagement has been held through the Risk Champions and Risk Management Steering Group to support this.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>57.</b>	<b>Blueprint for Good Governance – Board Development Action Plan</b>		
	<p>The Board considered the Board Development Action Plan [Paper 24/54] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The paper reflected the discussion points and the work that had been undertaken from both development days to ensure completeness in terms of issues raised and the development of actions.</p> <p>Ms Vanhegan reported that actions had been considered under headings of Focused Actions, against some broad themes, and actions which would be described as Business as Usual, but would also support the broader themed actions.</p> <p>Ms Vanhegan reported that a number of actions were underway, including discussion regarding establishing an Equality, Diversity and Inclusion Committee. The Board were assured that work would continue to be monitored throughout the coming year.</p>		

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			<b>ACTION BY</b>
	<p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>58.</b>	<b>Board Member Responsibilities</b>		
	<p>The Board considered the Board Member Responsibilities [Paper 24/55] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>Ms Vanhegan highlighted that there were six Board Members who were nearing the end of their tenure at 30 June 2024, and provided assurance to the Board that recruitment was underway. Ms Vanhegan reported that the Non-Executive responsibilities in terms of Chairs on the Board's Standing Committees and IJBs had been reviewed and the paper detailed the proposals effective from 1 July 2024.</p> <p>Ms Vanhegan reported that a further update would be brought to the Board in June, which would include new board members, subsequent to the Non-Executive recruitment process.</p> <p>The Board were content to approve the proposals included in the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>59.</b>	<b>Board Annual Cycle of Business 2024/25</b>		
	<p>The Board considered the Board Annual Cycle of Business (ACOB)2024/25 [Paper 24/56] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>Ms Vanhegan advised that the Annual Cycle Of Business was presented to the Board routinely and continued to be updated regularly.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><b><u>APPROVED</u></b></p>		

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			<b>ACTION BY</b>
<b>60.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	The next NHS Board meeting would be held on Tuesday 25 June 2024 at 9.30 am via MS Teams.		

## APPENDIX 1

**Vote for the motion to approve the Draft Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde.**

**NA – Not in attendance**

<b>Name</b>	<b>Vote</b>
Dr Jennifer Armstrong	Yes



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<del>Ms Mehvish Ashraf</del>	NA
<del>Cllr Jacqueline Cameron</del>	NA
Ms Ann Cameron-Burns	Yes
<del>Mr Alan Cowan</del>	NA
<del>Dr Emilia Grighton</del>	NA
<del>Cllr Chris Cunningham</del>	NA
Ms Jacqueline Forbes	Yes
Ms Dianne Foy	Yes
Mr David Gould	Yes
Mrs Jane Grant	Yes
Mr Graham Haddock OBE	No
Ms Margaret Kerr	Yes
Rev John Matthews OBE	Yes
Dr Rebecca Metcalfe	Yes
Cllr Colette McDiarmid	No
Cllr Michelle McGinty	No
Cllr Martin McCluskey	No
<del>Professor Iain McInnes</del>	NA
Ms Ketki Miles	Yes
Ms Anne Marie Monaghan	Yes
Mr Colin Neil	Yes
Cllr Katie Pragnell	No
Mr Ian Ritchie	Yes
Dr Lesley Rousselet	Yes
Dr Paul Ryan	Yes
Mr Francis Shennan	Yes
Dr Lesley Thomson KC	Yes
Mr Charles Vincent	Yes
Ms Michelle Wailes	Yes
Professor Angela Wallace	Yes

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NHSGGC (M) 24/03  
Minutes: 61-91



## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 25 June 2024 at 10.00 am via Microsoft Teams

#### PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Professor Iain McInnes
Ms Mehvish Ashraf	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Cllr Katie Pragnell
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Ms Rona Sweeney
Mr Graham Haddock OBE	Mr Charles Vincent
Ms Margaret Kerr	Ms Michelle Wailes
Rev John Matthews OBE	Professor Angela Wallace
Cllr Collette McDiarmid	

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Marion O'Neill	General Manager, Public Health
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Ms Claire MacArthur	Director of Planning
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson	Deputy Medical Director, Corporate
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Jacqueline Kerr	Interim Chief Officer, Glasgow City HSCP
Ms Natalie Kerr	Secretariat Officer
Ms Claire Macdonald	Business Manager, Acute Services
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP

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Ms Katrina Philips		Head of Adult Services, South, Glasgow City HSCP
Ms Jennifer Rodgers		Deputy Nurse Director, Corporate and Community
Mr Michael Sheils		Head of Financial Services
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Mr John Thomson		Assistant Director of Finance – Financial Services, Capital and Payroll Services
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			Action
<b>61.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the June 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>There were also a number of new Non Executive Board Members commencing on 1 July 2024 and the Chair welcomed those that were observing today's meeting - Mr Brian Auld, Ms Libby Cairns, Mr Martin Cawley, Ms Cath Cooney and Ms Lesley McDonald.</p> <p>Apologies were recorded on behalf of Ms Dianne Foy, Ms Anne-Marie Monaghan, Cllr Jacqueline Cameron and Cllr Michelle McGinty.</p> <p><b><u>NOTED</u></b></p>		
<b>62.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>63.</b>	<b>Minute of Meeting held on 30 April 2024</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 30 April 2024 [Paper No. NHSGGC(M)24/02] presented for approval on the motion of Mr Graham Haddock seconded by David Gould, the Board were content</p>		

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			Action
	to accept the minutes of the meeting as a complete and accurate record.		
	<b><u>APPROVED</u></b>		
<b>64.</b>	<b>Matters Arising</b>		
	<p>The Board considered the 'Rolling Action List' [Paper No. 24/57] presented for approval. The following was noted:</p> <ul style="list-style-type: none"> <li>- <u>Minute No 41</u>. The work to review data and reporting options was ongoing and would be taken through the governance structures before being presented to the Board in October 2024.</li> <li>- <u>Minute No 44</u>. The Medium Term Plan was on the agenda for the August Board meeting.</li> <li>- <u>Minute No 53</u>. The date for the Full Business Case for the relocation of the Radionuclide Dispensary to be submitted had still to be confirmed.</li> </ul> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>65.</b>	<b>Chair's Report</b>		
	<p>The Chair reported that she had attended all of the Board's governance committees and two meetings with Board Chairs. She said that she had also attended an MSP/MP briefing session, met with Healthcare Improvement Scotland and visited Glasgow Royal Infirmary's museum. She had also taken the opportunity to see the garden that was in development and had sponsored a bee as part of their fundraising.</p> <p>The Chair had attended a community event as part of Armed Forces week and had the opportunity to meet with staff members who were also members of the armed forces. A badge had been produced to signify this commitment. The Chair had also attended the LGBTQ+ Allies' event and highlighted the importance of eradicating all forms of discrimination. She said that a programme of work around anti-harassment, and in particular anti-sexual harassment, had been launched across the Board.</p> <p>The Chair advised that Councillor Martin McCluskey had resigned from the Board following the previous meeting and she had written to thank him on behalf of the Board for his contribution over the past few</p>		

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	<p>years. Ms Sinclair, Chief Officer of East Dunbartonshire HSCP, was leaving to take on the role of Chief Executive of Stirling Council and the Chair, on behalf of the Board, wished her the very best in her new role.</p> <p>The Chair also extended her thanks to the six Board Members whose terms were coming to an end on 30 June 2024 after eight years; Mr Alan Cowan, Ms Jacqueline Forbes, Rev John Matthews, Ms Anne-Marie Monaghan, Mr Ian Ritchie and Ms Rona Sweeney for their service and the Board recorded their appreciation for the significant contribution and support they had provided.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>66.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Jane Grant advised that she had attended a number of internal meetings since the previous meeting of the Board, including the weekly Sustainability and Value Group, the Executive Oversight Group and the Strategic Executive Group which was monitoring the Annual Delivery Plan. She had also attended a number of national meetings including the National Delivery Board, the regular Board Chief Executive meetings as well as meetings to discuss the maternity and neonatal strategy and a workshop arranged by the Chief Scientist's Office on technology and innovation. Along with Ms Beth Culshaw, Chief Officer of West Dunbartonshire HSCP, Mrs Grant had attended a meeting with the Scottish Government's Permanent Secretary which had included a visit to Dumbarton Joint Hospital. As the Regional Lead in the West of Scotland, Mrs Grant had also attended a workshop assessing areas of priorities across the region.</p> <p>Finally, Mrs Grant reported that NHSGGC had been awarded Investors in People accreditation for acute and corporate services. This was an extremely positive achievement and a significant amount of effort had been undertaken to achieve this and she paid tribute to Mrs MacPherson and her team. The Chair agreed and said that this achievement could not be underestimated and also extended her appreciation to everyone involved.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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			<b>Action</b>
<b>67.</b>	<b>Patient Story</b>		
	The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Prison Healthcare.		
	<b><u>NOTED</u></b>		
<b>68.</b>	<b>Communications and Public Engagement Update May 2024</b>		
	The Board considered the Communications and Public Engagement Update May 2024 [Paper 24/58] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.		
	Ms Bustillo said that the third annual Engagement and Involvement Overview Report had been published by the Patient Experience Public Involvement (PEPI) Team. The report contained good evidence of NHSGGC involving patients and the public in our services and this was an area where we continued to develop and grow as an organisation. Ms Bustillo said that the annual Celebrating Success event had been held recently with a number of Board Members able to attend on the night. She said that this was a very positive event for staff and planning was already underway for next year.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>69.</b>	<b>Board Activity Update</b>		
	The Board considered the Board Activity Update [Paper 24/59] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.		
	Ms Vanhegan said that the report outlined the work undertaken by the Board since the previous Board meeting and the intention was to build on this in the next few months and include the significant work that Non Executives were undertaking in IJBs. Ms Vanhegan highlighted that there had been a change to the report as the visit to Leverndale Hospital on 18 June 2024 had been to Campsie Ward, not Bute Ward, and this had been updated on the website.		
	The Chair said that it was an extremely important part of all Board Members work to ensure Board visibility to both patients and staff and there would be further consideration during the summer on the best way to increase that visibility.		

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	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>70.</b>	<b>NHSGGC Public Health Screening Annual Report 2023</b>		
	<p>The Board considered the NHSGGC Public Health Screening Annual Report 2023 [Paper 24/60] presented by Dr Emilia Crighton, Director of Public Health, for assurance. The Chair advised that this had previously been considered by a number of groups including the Population Health and Wellbeing Committee in January 2024.</p> <p>Dr Crighton said that the report illustrated the significant amount of screening work carried out in NHSGGC. She said that a key focus was on inequalities and there were a range of activities underway to ensure that everyone had the opportunity to engage with the screening programmes.</p> <p>In response to a query about whether new screening methods could be used to improve uptake, Dr Crighton said that screening programmes had to ensure evidence of effectiveness before implementing change, but there was always ongoing research underway nationally.</p> <p>Dr Crighton provided assurance that action and progress was monitored through the Population Health and Wellbeing Committee.</p> <p>In response to a query about the recent cervical screening national coding issue, Dr Crighton advised that there was a significant exercise underway Scotland-wide to ensure to ensure that any woman that had been erroneously removed was reinstated.</p> <p>In relation to lower uptake in certain areas and within certain ethnic groups, Dr Crighton provided assurance that there was ongoing engagement with communities to understand barriers and change attitudes. There was also a Scotland wide screening and equalities learning network which shared learning. It was agreed that the report would be updated to reflect progress against actions.</p> <p>It was agreed that the 2024 annual report would be brought forward to the February meeting.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		<p>Dr Crighton</p> <p>Secretary</p>

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<b>71.</b>	<b>Public Health Seminar – Outcome and Actions</b>		
	<p>The Board considered the Public Health Seminar – Outcome and Actions [Paper 24/61] presented by Dr Emilia Crighton, Director of Public Health, for approval.</p> <p>Mr Ritchie, Vice Chair of the Population Health and Wellbeing Committee, explained that the report was a summary of the March Seminar which focussed on Public Health; actions had been collated in collaboration with both Non-Executive Board Members and the Executive Team.</p> <p>In response to a query, the Chair said that, if the recommendations were accepted, then an action plan would be developed through the Population Health and Wellbeing Committee before being presented to the Board.</p> <p>The Chair said that the event had been important in refocusing the public health agenda and widening the Board's understanding and influence while ensuring that the impact of actions were measured.</p> <p>The Board were content to approve the six recommendations set out in the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>72.</b>	<b>Acute Services Committee</b>		
	<p>a) <u>Chair's Report of meeting held on 7 May 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 7 May 2024 [Paper 24/62] presented by the Chair of the Committee, Ian Ritchie, for assurance.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<p>b) <u>Approved Minute of meeting held on 19 March 2024</u></p> <p>The Board considered the approved minute of the meeting held on 19 March 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		



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<b>73.</b>	<b>Area Clinical Forum</b>		
	<p>a) <u>Chair's Report of meeting held on 13 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 13 June 2024 [Paper 24/63] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<p>b) <u>Approved Minute of meeting held on 11 April 2024</u></p> <p>The Board considered the approved minute of the meeting held on 11 April 2024 [ACF(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>74.</b>	<b>Clinical and Care Governance Committee</b>		
	<p>a) <u>Chair's Report of meeting held on 4 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 4 June 2024 [Paper 24/65] presented by the Vice Chair of the Committee, Mr Ian Ritchie, for assurance.</p> <p>In response to a query about the work underway to reduce the number of overdue Significant Adverse Event Reviews (SAERs), Mr Ritchie advised that the figures were reported to the Committee and significant effort was underway to reduce these. Dr Armstrong added that Key Performance Indicators (KPIs) were in place for all Directorates and identify where improvements could be made at all stages of the process.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<p>b) <u>Approved Minute of meeting held on 12 March 2024</u></p> <p>The Board considered the approved minute of the meeting held on 12 March 2024 [CCG(M)24/01] presented for assurance.</p>		

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	The Board were assured by the minute.		
	<b><u>ASSURED</u></b>		
<b>75.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/65] presented by Mr Colin Neil, Director of Finance, for assurance. This report had been considered by the Finance, Planning and Performance Committee.</p> <p>Mr Neil reported that performance in relation to the number of CAMHS patients seen within 18 weeks of referral and in relation to starting a Psychological Therapy within 18 weeks of referral both continued to exceed the national target for April 2024. The number of GP Out of Hours scheduled shifts that remained open had been 99.6% during April 2024 and continued to exceed the planned position. Acute activity in relation to new outpatients, endoscopies and inpatient/day cases remained on track and had exceeded the trajectory for April 2024. The number of new outpatients waiting over 52 weeks had also reduced, exceeding the target for April 2024. Mr Neil also outlined the key areas for improvement. The 31 day cancer performance had reduced to 94.7% which was marginally below the target of 95%. 62 day cancer had also reduced slightly and was significantly below target 64.6%, however, Mr Neil said that the 60% increase in Urgent Suspicion of Cancer (USOC) referrals from pre-pandemic levels should be noted. There had been a slight increase in ED four hour waits to 70.1% but this remained significantly below the target of 95%. Delayed discharges for both acute and mental health remained high and performance in MSK physiotherapy waiting time had remained relatively static.</p> <p>Mr Neil was asked about the new dental metrics that had been included in the report. Ms Sinclair said that the increased focus on dental performance and availability had led to the new metrics and said that this was useful introductory data, however, work to refine these further would continue. She acknowledged that there was variation across NHSGGC in the number of dentists per 10,000 population, and provided assurance that the Oral Health Directorate engaged with dental practices to support and help practices maintain NHS provision. A key action in the Annual Delivery Plan was to improve dental care in children and Dr Crighton added that engagement was underway with eHealth colleagues on the provision of more meaningful data in this area.</p>		

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	<p>Mr Edwards said that there had been significant progress made against the 31 day cancer target and provisional data for the months ahead should continue to maintain that. He said that the increase in USOC referrals was causing a significant challenge to the 62 day position and work was underway with regards to referral criteria.</p> <p>In response to a query about the difference between targets and trajectories, Mr Neil would consider how projections versus targets could be presented more clearly in the report.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>76.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/66] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>Ms Devine outlined performance against the three Healthcare Associated Infection (HCAI) surveillance standards, Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB) and said these all remained within control limits. There had been a slight increase in SAB and CDI in April and while SAB had reduced in May, CDI had increased in June, however, this remained within control limits and Ms Devine provided assurance that all cases had been reviewed and no particular pattern had been identified.</p> <p>Compliance with completing a risk assessment for MRSA and CPE was above the national average with MRSA meeting that national target of 90% and CPE just below target at 87%. There had been one HIIAT incident recorded where 8 wards had been closed due to a combination of COVID and norovirus and this had been assessed as amber due to impact on services. This incident had been closed on 11 April 2024.</p> <p>Ms Devine also introduced the first Infection Prevention and Control Annual Report 2022/23 which demonstrated the broad scope of the work across NHSGGC on Infection Prevention and Control. She said that the next step would to be develop a three year IPC Strategy.</p>		

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	<p>In response to a query about national surveillance, Ms Devine said that SSI surveillance had been paused at the beginning of pandemic but NHSGGC had continued to do this using a light methodology. She said that there were discussions ongoing nationally about the development of a wider strategy.</p> <p>Ms Devine acknowledged that there were aspirations for the SSI work to be more flexible covering more surgical specialties and with the ability to respond to specific concerns and work was ongoing nationally on eHealth solutions to assist with this.</p> <p>In relation to a query about COVID, Ms Devine said there were currently over 300 inpatients testing positive and a number of ward closures, however, national reports were reflecting what was occurring locally, i.e., that the trend in the severity of disease was decreasing.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>77.</b>	<b>NHSGGC Quality Strategy: Quality Everyone, Everywhere</b>		
	<p>The Board considered the NHSGGC Quality Strategy: Quality Everyone, Everywhere [Paper 24/67] presented by Professor Angela Wallace, Nurse Director, for approval</p> <p>Professor Wallace said that work on the strategy had commenced late last year and looked across the range of sectors, both nationally and internationally. She reported the high level of engagement work that had been undertaken, with positive feedback being received.</p> <p>In response to a query about how success would be measured, Professor Wallace said that an implementation plan would be developed through the Clinical and Care Governance Committee which would include some short timescales for reporting.</p> <p>Professor Wallace said that thought would be given about how we capture kindness. Ms Rodgers added that people's experience stayed with them and kindness was central to that. She said that the team had connected to a UK wide group looking at kindness and how to measure that was being pursued as part of implementation phase. She said the patient experience report would continue and there were existing measures in that which would be connected into the work of the strategy and the implementation in terms of outcomes. She said it</p>		

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			Action
	<p>was important to that ensuring kindness and experience was woven into all our structures and became “business as usual”.</p> <p>In relation to a comment about the development events, Professor Wallace said that the accelerated design event model had been a new tool and agreed that these had been very positive and hoped that this model could be used in other areas moving forward.</p> <p>The Board were content to approve the Strategy noting that the implementation plan would now be developed and taken through appropriate governance structures.</p> <p><b><u>APPROVED</u></b></p>		
<b>78.</b>	<b>Delivery Plan 2024/25</b>		
	<p>The Board considered the Delivery Plan 2024/25 [Paper 24/68] presented by Dr Jennifer Armstrong, Medical Director, for approval.</p> <p>Dr Armstrong said that the plan had been developed by staff across NHSGGC facilitated by the Corporate Planning Team. She said that this built on the Medium Term Plan with high level deliverables included at the end of each driver aligned to the 10 recovery drivers outlined by the Scottish Government. The Annual Delivery Plan (ADP) was also aligned with the financial plan, the workforce plan as well as each of the Board’s operational priorities. A set of 20 whole system indicators had been developed with the Scottish Government who would monitor the Board on that. Dr Armstrong said that positive feedback had been received from the Scottish Government who had welcomed the approach.</p> <p>In response to a query about Hospital at Home, Mrs Grant said that work was ongoing with HSCP colleagues to look at the future model of this. Mr Edwards said that in terms of interface care, each of the initiatives was being reviewed and would continue to be reviewed as part of the overall approach to winter.</p> <p>The Board were content to approve the Plan.</p> <p><b><u>APPROVED</u></b></p>		
<b>79.</b>	<b>Corporate Objectives 2024-27 and Operational Priorities 2024-25</b>		
	The Board considered the Corporate Objectives 2024-27 and Operational Priorities 2024-25 [Paper 24/69] presented by Ms Elaine		

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			Action
	<p>Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan said that these had been considered previously at the recent Board briefing session where it was proposed that two additional Corporate Objectives were added – “to promote Equality, Diversity and Inclusion across the healthcare system” under Better Health and “to ensure NHS GGC provides services that are environmentally sustainable meeting targets and legislative policy to work towards achieving net zero by 2045” under Better Value. Ms Vanhegan said that the Operational Priorities for 2024/25 had been developed in line with ongoing pressures and linked to the development of the Annual Delivery Plan for 2024-2025</p> <p>In response to a query about the new equality, diversity and inclusion statement being under the Better Health corporate aim, Ms Vanhegan said that as this was about wider stakeholders. Similarly, in relation to the new environmental statement, Ms Vanhegan said that there had been a number of discussions on this and Best Value had been considered most appropriate.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>80.</b>	<b>Finance, Planning and Performance Committee</b>		
	<p>a) <u>Chair’s Report of meeting held on 11 June 2024</u></p> <p>The Board considered the Chair’s Report of the meeting held on 11 June 2024 [Paper 24/70] presented by the Chair of the Committee, Ms Margaret Kerr, for assurance.</p> <p>Ms Kerr reported that the Committee had been due to discuss the IJB Integration Schemes but this had been postponed as a late question had been raised on hosted services and it was expected these would now be discussed by the Committee later in the summer.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		

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	<p>b) <u>Approved Minute of meeting held on 9 April 2024</u></p> <p>The Board considered the approved minute of the meeting held on 9 April 2024 [FPPC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>81.</b>	<b>Audit and Risk Committee</b>		
	<p>a) <u>Chair's Report of meeting held on 18 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 18 June 2024 [Paper 24/71] presented by the Chair of the Committee, Ms Michelle Wailes, for assurance.</p> <p>Ms Wailes highlighted the internal audit reports that had taken place on areas of significant focus. She said the meeting on 18 June had received the final documentation and assurance that was required round external audit and some information to provide final report and ARC support to this.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<p>b) <u>Approved Minute of meetings held on 12 March 2024 and 4 June 2024</u></p> <p>The Board considered the approved minutes of the meetings held on 12 March 2024 and 4 June 2024 [ARC(M)24/01 and ARC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minutes.</p> <p><b><u>ASSURED</u></b></p>		
<b>82.</b>	<b>IJB Leads Reports</b>		
	<p>a) <u>Glasgow City</u></p> <p>The Board considered the Glasgow City IJB Report [Paper 24/72] presented by Ms Rona Sweeney, Non-Executive Lead, for assurance. Ms Sweeney advised that Ms Jackie Kerr had been appointed Interim Chief Officer of Glasgow City HSCP and the</p>		



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	process for filling the vacancy was underway. She also reported that an Acute Services representative had now been identified for the IJB. The Board were assured by the update.  <b><u>ASSURED</u></b>		
	b) <u>Inverclyde</u>  The Board considered the Inverclyde IJB Report [Paper 24/73] presented by Mr Alan Cowan, Non-Executive Lead, for assurance. Mr Cowan advised that the projected overspend had been discussed and amended. The Board were assured by the update.  <b><u>ASSURED</u></b>		
	c) <u>Renfrewshire</u>  The Board considered the Renfrewshire IJB Report [Paper 24/74] presented by Rev John Matthews, Non-Executive Lead, for assurance. Rev Matthews said that the main topic of discussion had been the financial position. The Board were assured by the update.  <b><u>ASSURED</u></b>		
	d) <u>West Dunbartonshire Assurance</u>  The Board considered the West Dunbartonshire IJB Report [Paper 24/75] presented by Ms Rona Sweeney, Non-Executive Lead, for assurance. Ms Sweeney advised that the meeting would be taking place later in the week and the report contained the agenda for that meeting. A full report on that meeting would be provided to the August Board.  <b><u>ASSURED</u></b>		
<b>83.</b>	<b>NHSGGC Finance Report</b>		
	The Board considered the NHSGGC Finance report [Paper 24/76] presented by Mr Colin Neil, Director of Finance, for assurance.  Mr Neil said that in terms of the Sustainability and Value Programme (SVP), £52 million had been achieved on a full year recurring basis and £190.9 million (recurring and non-recurring) had been achieved in year which was in line with the forecast and there was therefore no increase to the recurring deficit carried forward into 2024/25. The		



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	<p>initial SVP plans for 2024/25 submitted at month one totalled just over £100 million and significant work would be required to mitigate the full year financial challenge of over £226 million</p> <p>The total capital expenditure incurred in 2023/24 was £93.7 million which was in line with the agreed capital plan and the Board had fully achieved the Capital Resource Limit.</p> <p>There had been sustained financial improvement throughout the year and the NHSGGC position had reduced from a deficit of £71.1 million outlined in the financial plan approved by the Board in April 2023 to a provisional surplus of £0.48m at year end subject to audit. Additional funding from UK consequential, and a reduction in the CNORIS contribution, had assisted with this. The HSCPs had also reported a breakeven position, however, this had required the significant use of reserves and East Renfrewshire HSCP had required additional support from NHSGGC and the Local Authority.</p> <p>In closing, Mr Neil said that while the breakeven position in 2023/24 had been a significant achievement, the financial landscape and position for 2024/25 remained particularly challenging.</p> <p>The Chair thanked Mr Neil for the update. She agreed that the breakeven position had not been easily achieved and the Board was facing a difficult set of circumstances moving forward where all decisions would need to be carefully considered to ensure balancing the financial position with the health of the population. Mrs Grant added that it would be important for everyone to work together and recognise that the financial challenges affected everyone.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>84.</b>	<b>Governance Statement 2023/24</b>		
	<p>The Board noted that this item had been included in the Annual Report and Consolidated Accounts 2023/24 [Paper 24/78] and was considered as part of that discussion.</p> <p><b><u>NOTED</u></b></p>		

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<b>85.</b>	<b>Annual Report and Consolidated Accounts 2023/2</b>		
	<p>The Board considered the Annual Report and Consolidated Accounts 2023/24 [Paper 24/78] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil reported that the Board had achieved its three statutory financial requirements in 2023/24 – the revenue resource limit had achieved breakeven with a small surplus; the capital resource limit was in balance; and the cash requirement that had been agreed with the Scottish Government. Mr Neil provided a brief overview of the key points within the Annual Report and Consolidated Accounts for the year ended 31 March 2024 and the EY Annual Audit Report 2023/24 which had considered the Board's financial sustainability, financial management and vision, leadership and governance. These had been fully scrutinised by the Audit and Risk Committee at its meeting on 18 June 2024, and the Committee had agreed to recommend to the Board that the Annual Report and Accounts be adopted by the NHS Board, signed by the Chief Executive and Director of Finance and submitted to the Scottish Government Health Directorate. Mr Neil extended his appreciation for all involved in production of respective elements and thanked the internal and external auditors for the significant work undertaken.</p> <p>The Board noted that this was helpful in drawing out the challenges that the Board was facing both currently moment and into next year.</p> <p>The Board were content that the annual audit report and annual accounts could be adopted by the Board and authorised these to be formally signed and submitted to the Scottish Government</p> <p><b><u>APPROVED</u></b></p>		
<b>86.</b>	<b>Staff Governance Committee</b>		
	<p>a) <u>Chair's Report of meeting held on 21 May 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 21 May 2024 [Paper 24/79] presented by the Co-Chair of the Committee, Ms Ketki Miles, for assurance.</p> <p>In response to a query about the reduction in the working week for Agenda for Change Staff, Mrs Grant said that significant work was being undertaken in NHSGGC to ensure implementation while taking on board any issues raised by staff side colleagues.</p>		

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	<p>She said that there was also work underway focusing on the other non-pay elements of Agenda for Change.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<p>b) <u>Approved Minute of meeting held on 20 February 2024</u></p> <p>The Board considered the approved minute of the meeting held on 20 February 2024 [SGC(M)24/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>87.</b>	<b>Corporate Risk Register</b>		
	<p>The Board considered the Corporate Risk Register [Paper 24/80] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil advised that the Corporate Risk Register was for the period January – May 2024. There were five changes proposed to risk scores – three increases and two decreases - these were set out in the paper and had been reviewed by the relevant Committees and the ARC. Additionally, a new risk in relation to Public Inquiries, Police Investigations, Fatal Accident Inquiries and Other Reviews and Inspections was proposed. This had been discussed at the Audit and Risk Committee on 18 June 2024 and would be reviewed through the Finance, Planning and Performance Committee going forward.</p> <p>The Chair said that the new risk reflected NHSGGC's statutory duty in servicing both public inquiries and the importance and significant work required to ensure all information requested was provided. She said that recognising the significant pressures on the senior team it was proposed to stand down two governance Committees over the summer – Acute Services Committee on 9 July 2024 and Population Health and Wellbeing Committee on 16 July 2024, and to review the agenda for the Finance, Planning and Performance Committee on 6 August 2024 to ensure this focused on urgent business.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		

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			<b>Action</b>
<b>88.</b>	<b>Annual Review of Governance – Operating Requirements</b>		
	<p>The Board considered the Annual Review of Governance – Operating Requirements [Paper 24/81] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan reported that this was the annual review of the Board's operating requirements and the paper had been reviewed and endorsed by the Audit and Risk Committee on 18 June 2024. She reported that there had been minimal changes to the Model Code of Conduct, the NHS Board Standing Orders, the Standing Financial Instructions and the Scheme of Delegation. Since last year, work had been undertaken to update the Standards of Business Conduct for Staff and would form part of the annual governance review going forward. Ms Vanhegan said that the Scheme of Delegation may be updated later in the year if there were changes made to any of the Standing Committees. Finally, Ms Vanhegan advised that this would form part of the induction pack for those new members joining the Board.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>89.</b>	<b>Board Member Responsibilities</b>		
	<p>The Board considered the Board Member Responsibilities [Paper 24/82] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that the update set out the proposed allocation of Members to the Board's Standing Committees and the six Integration Joint Boards. Following consideration of the time commitments of individuals, the number of members of the Standing Committees had been reduced to six with a quorate of three, with the exception of the Staff Governance Committee which had seven members to reflect the fact that it had two Co-Chairs. Given this, the importance of members timeously advising of apologies for these Committees was noted. Ms Vanhegan also advised that it was proposed that the Chairs of the Standing Committees would agree the Vice Chair of each Committee with their Non Executive colleagues. It was also noted that a fourth member for Renfrewshire IJB had still to be confirmed.</p>		

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	<p>Ms Vanhegan reported that six new Board Members had now been appointed and would commence on 1 July 2024. The replacement Member from Inverclyde Council following the resignation of Councillor McCluskey was currently going through the Public Appointments process and should be notified shortly</p> <p>Ms Vanhegan advised that Ms Margaret Kerr had been appointed interim Vice Chair for a period of six months, although Ms Kerr would not undertake the full role this would ensure that robust governance was in place. Finally, Ms Vanhegan advised that membership of the Pharmacy Practices Committee and the outstanding roles of Board Champions would be considered as the new members joined the Board.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>90.</b>	<b>Board Annual Cycle of Business 2024/25</b>		
	<p>The Board considered the Board Annual Cycle of Business 2024/25 [Paper 24/83] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that this set out the timeline of business items for discussion by the Board and their alignment against the corporate aims and objectives. Ms Vanhegan advised that this was a dynamic document that may require to be updated throughout the year and any changes would be notified to Members.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><b><u>APPROVED</u></b></p>		
<b>91.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	<p>The next meeting would be held on Tuesday 27 August 2024 at 9.30 am via MS Teams.</p>		



<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 24/81</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2024</b>
<b>Title:</b>	<b>Annual Review of Governance – Operating Requirements</b>
<b>Sponsoring Director/Manager</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>
<b>Report Author:</b>	<b>Ms Kim Donald, Corporate Services Manager – Governance</b>

## 1. Purpose

The purpose of this is paper is to present the annual review of the Governance Framework - Operating Requirements 2024- 2025 to the NHS Board. This includes:

- The Model Code of Conduct for members of NHS Greater Glasgow and Clyde;
- The NHS Board Standing Orders, including Decisions Reserved for the NHS Board;
- The Standing Financial Instructions;
- The Scheme of Delegation drawn from the Standing Financial Instructions and other Board requirements in respect of specific roles and functions e.g. Clinical and Staff Governance;
- The Standing Committee Terms of Reference (ToRs);
- The Standards of Business Conduct for Staff (NEW)
- The Standing Committee Annual Reports.

## 2. Executive Summary

Activity remains underway to ensure that the Board's active governance programme continues to reflect the guidelines within the Blueprint for Good Governance (2<sup>nd</sup> edition). Following the implementation of the Assurance Information Framework, and the Blueprint Board Development Days, the majority of the activity now falls under business as usual, with the Board receiving updates through the Standing Committees feeding up to the Board through committee updates. The Board will also receive updates from the Action Plan developed subsequent to the Blueprint Board Development Days which was approved at the April 2024 Board meeting.

**The following are key issues for noting and consideration:**

### **Code of Conduct**

The Standards Commission Scotland circulated updates to the national guidance which can be found via the link below, and were previously circulated to Board Members for their information. These amendments do not impact on the agreed Model Code of Conduct for public bodies, (the Code) which was agreed and published on the NHSGGC website in June 2022 and remains unchanged.

<https://www.standardscommissionscotland.org.uk/guidance/guidance-notes>.

<https://www.nhsggc.scot/wp-content/uploads/2022/06/Code-of-Conduct-NHSGGC-31-May-2022.pdf>

### **Standing Orders**

The Standing Orders largely remain unchanged from June 2023, with a slight amendment being made to reflect the Medium Term Plan.

### **Standing Financial Instructions**

The Standing Financial Instructions have been reviewed and amendments made, where required.

The principal change has been provide up to date DLs across the SFIs.

### **Scheme of Delegation – including Matters reserved for the NHS Board**

The Scheme of Delegation was reviewed and approved at the NHS Board meeting in June 2023. Minor amendments have been made to ensure clarity of roles.

### **Committee Terms of Reference**

Minimal changes have occurred since June 2023 other than to reflect changes within the Scheme of Delegation, as appropriate.

All Standing Committees have reviewed and ratified their respective ToRs.

### **The Standards of Business Conduct for Staff**

This new insertion updates the Code of Conduct for Employees and is the primary mechanism by which the ethical standards of business conduct expected of Board Members are also embedded throughout the organisation. A user-friendly Fact Sheet raising awareness of the requirement for all staff to comply with the Bribery Act (2010) has also been developed for dissemination. This section of the Framework document has been approved through partnership and by the Corporate Management Team. Work is underway to support further implementation moving forward.

### **Governance Committee Annual Reports**

The NHS Board will be aware of the requirement that Governance Committees provide an Annual Report for assurance purposes. These Reports are included within this paper.



### 3. Recommendations

The Board is asked to consider the following recommendations:

- Note the work undertaken to review the Governance Framework – Operating Requirements across NHSGGC ensuring an annual update is presented.
- Be assured that the key elements are in place and that each Committee has had the opportunity to scrutinise their terms of reference, annual reports and the Scheme of Delegation.

### 4. Response Required

This paper is presented for approval.

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

### 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- Standing Committees reviewed and agreed updated TOR and Annual Reports.

### 7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The Scheme of Delegation and Standing Financial Instructions have been approved by the CMT.
- The Standards of Business Conduct for Staff have been approved by the APF and CMT.
- All Standing Committees have reviewed their respective ToRs and relevant sections of the Scheme of Delegation and approved their Annual Reports.
- The Audit and Risk Committee on 18 June 2024.

### 8. Date Prepared & Issued

Prepared and issued on 18 June 2024.





# **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

<b>Version Control</b>	25 June 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Corporate Services and Governance
Approved by:	NHSGGC Board
Approved date:	June 2024
Date for review:	June 2025
Replaces previous version:	June 2023

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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.

**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

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.



- 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.

- 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.

- 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

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

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.

**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.

## BOARD OFFICIAL

- 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



## BOARD OFFICIAL

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.



**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.

**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.

- 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 \(www.gov.scot\)](https://www.gov.scot/publications/blueprint-for-good-governance/second-edition/pages/10.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;

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:

- 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 NHSGGC. 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.

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 NHSGGC Scheme of Delegation: [Financial Governance \(sharepoint.com\)](https://sharepoint.com)

## 10. Secondary Employment

Before taking up an offer of secondary employment outside of their NHSGGC 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.

NHSGGC 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 NHSGGC

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 NHSGGC



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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.

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

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.

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](mailto: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.

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 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- Familiarise yourself with the Association of British Pharmaceutical Industry (ABPI) Code if you work with suppliers of clinical products: [Code \(pmcpa.org.uk\)](https://www.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](mailto: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;



- 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.

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.

Within these SFIs it is acknowledged that the Chief Executive is personally responsible for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under section 15 of the Public Finance and Accountability (Scotland) Act 2000.

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control.

Without prejudice to the functioning of any other officer of NHSGGC, the Director of Finance will ensure:

1. the design, implementation and supervision of systems of financial control including the adoption of Standing Financial Instructions and the maintenance of effective internal audit arrangements;
2. the preparation, documentation, implementation and maintenance of NHSGGC's financial policies, procedures and systems in support of a comprehensive control environment;
3. the co-ordination of any corrective action necessary to further these policies, procedures and systems;
4. the preparation and maintenance of such accounts, costs, estimates etc. for the purposes of carrying out NHSGGC's duties and establishing with reasonable accuracy NHSGGC's financial position;
5. the provision of financial advice to NHSGGC's Board and its officers;
6. the accurate and timely submission to the Scottish Government Health and Social Care Directorates of Annual Accounts and such other reports, returns and monitoring information as may be required to allow the SGHSCD to discharge its responsibilities.

## **1.5 MODIFICATION AND INTERPRETATION**

The Director of Finance may make minor changes to terminology contained in, or presentation of, these SFIs as required, without seeking approval. Any such changes will be reported to the NHS Board at the time of the annual review of these Instructions.

Wherever the title of Chief Executive or Chief Officer is used in these Instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent them.

Whenever the term "employee" is used it shall be deemed to include directors or employees of third parties contracted to NHSGGC when acting on behalf of NHSGGC.

All references in these Instructions to the singular form will be read as equally applicable to the plural.

NHSGGC has adopted use of the non-gendered pronoun 'they' and this shall be read as being applicable and inclusive of all gender identities.

Any reference to any legislation, provision or guidance should be construed as applying equally to any amendment or later publication of that legislation, provision or guidance.

Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board without further intimation or action by the Board.

**SECTION 2****ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING****2.1 INTRODUCTION**

NHSGGC will perform its functions within the total of funds allocated by Scottish Ministers and any other source of recognised income. All plans, financial approvals and control systems will be designed to meet this obligation.

**2.2 ALLOCATIONS AND REVENUE PLAN**

The Director of Finance will:

1. at least once per year, review the bases and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure NHSGGC's entitlement to funds;
2. submit Financial Plans to the Board for approval, for both revenue and capital expenditure, detailing sources of income and the proposed application of those funds, including any sums to be held in reserve;
3. ensure that the proposed application of funds reconciles to the allocations received and other sources of income;
4. ensure that the Financial Plan states clearly the significant assumptions on which it is based and details any major changes in activity, delivery of service or resources required to achieve the Plan;
5. ensure that the financial contribution to the Health and Social Care Partnership (HSCP) integrated budget is in accordance with the Integration Plan;
6. ensure that the Financial Plan reflects the objectives set out in the 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;

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

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 NHSGGC to expenditure must have authority to do so in the Scheme of Delegation. Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive, or the Director of Finance or the Board as appropriate in accordance with the Scheme of Delegation.

## **2.5 BUDGETARY CONTROL AND REPORTING**

The Director of Finance will devise and maintain systems of budgetary control. These will include:

1. financial reports available to the Board, in a form approved by the Board, containing:
  - income and expenditure to date showing trends and forecast year-end position;
  - movements in working capital materially affecting resource limits;
  - capital project spend and projected out-turn against plan;
  - explanations of any material variances from plan;
  - details of any corrective action where necessary;
  - an assessment of financial risk.



2. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering areas for which they are responsible;
3. investigation and reporting of variances from financial, workload and manpower budgets;
4. monitoring of management action to correct variances; and
5. arrangements for the authorisation of in-year budget transfers.

All budget holders are accountable for their budgetary performance. Budget Holders must ensure there is available budget in place before taking any decisions in line with their delegated authority. Each budget holder is responsible for ensuring that:

1. any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent as outlined in section 2.4 above;
2. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement.

The Chief Executive is responsible for identifying and implementing efficiency and rationalisation programmes together with income initiatives in accordance with the requirements of the Financial Plan and any other guidance received from the SGHSCD from time to time and to thereby ensure a balanced budget.

Chief Officers/Directors of each Division/HSCP must ensure that these budgetary control and reporting disciplines operate in their Division/HSCP. This supports NHSGGC's overarching budgetary control environment.

## **2.6 MONITORING RETURNS**

The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the SGHSCD and any other statutory organisation as required.

## **2.7 CAPITAL EXPENDITURE**

The general rules applying to delegation and reporting shall also apply to capital expenditure including the requirement to stay within the Capital Resource limit [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:

- 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.

- 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;

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

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.



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

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;



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 NHS GGC 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.

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
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

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

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.

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

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)<sup>40</sup>. 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)<sup>02</sup> 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:

- 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

Construction Procurement Policy. The Project Director will provide progress reports to the Board on a regular basis.

## **12.7 REGIONAL PLANNING**

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure included in any regional planning business case where it will become a Board asset.

## **12.8 PRIVATE FINANCE**

Where any additional capital works are considered as a variation to an existing PPP/PFI contract the capital investment process detailed above should be applied.

## **12.9 THIRD PARTY DEVELOPER SCHEMES /HUB**

Third party developer schemes such as hub are used to support infrastructure developments particularly within primary care settings. All projects funded by third party developers and other ways of providing new premises for independent contractors such as GPs and GDPs are subject to the same business case approvals process as any other proposed development.

The Director of Finance shall demonstrate that the capital procurement route represents value for money and genuinely transfers risk to the private sector.

The PASG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

## **12.10 HSCP CAPITAL PLANNING**

Each HSCP will prepare a 3 year capital plan in tandem with the annual capital planning process operated by each parent organisation. This will be submitted to a HSCP Steering Group for review by senior HSCP, Board and Local Authority officers. Following this review it will be taken forward within the Board or Local Authority planning process as appropriate.

Each HSCP will update and formally approve its 3 year capital plan annually.

The nominated HSCP Chief Officer and Chief Financial Officer will be a full member of the PASG.

## **12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS**

Where a joint project is led by a Local Authority or other partner the Board must seek to ensure that NHSGGC contributions to such schemes represent value for money and are affordable. The approvals process detailed above should be applied to such schemes.

## **12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA

ensures that subcontractors get paid promptly for work done and that those payments are ring fenced if the main contractor ceases trading. A PBA will be a condition of tender for all such projects.

A PBA operates as a legal trust and a trust deed must be agreed for each project that uses a PBA. A template is provided in the SG guidance on Implementing Project Bank Accounts in Construction Projects. Any arrangement for a trust deed to cover more than one main contract, from the commissioning body's perspective, is not recommended. Further information on PBAs is provided in the SG guidance Implementing Project Bank Accounts in Construction Projects.

**SECTION 13****ASSETS****13.1 ASSETS**

Assets include all property of NHSGGC including physical assets, such as buildings, equipment, vehicles, stores, cash, and intangibles such as intellectual property or goodwill. All staff have a duty to protect and safeguard the assets of NHSGGC in the performance of their duties and it is the responsibility of the Chief Executive to ensure that there are adequate systems in place to maintain satisfactory control of fixed assets. All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Investment.

**13.2 ASSET REGISTERS**

For the purposes of these Instructions, Fixed Assets will be defined in accordance with the guidance contained in the Capital Accounting Manual produced by the SGHSCD.

The Director of Finance will ensure that an Asset Register is maintained, and that all Fixed Assets are accurately and timeously recorded in the Register in accordance with the guidance contained in the Capital Accounting Manual.

The Director of Finance will ensure that procedural instructions are prepared and implemented to ensure that:-

1. additions to the fixed asset register are clearly identified to an appropriate budget holder and validated by reference to:
  - a. properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
  - b. stores, requisitions and wages records for own materials and labour including appropriate overheads; and
  - c. lease agreements in respect of capitalised assets;
2. where capital assets are sold, scrapped, lost or otherwise disposed of, their value is removed from the accounting records and each disposal validated by reference to authorisation documents and invoices (where appropriate);
3. balances on fixed assets accounts in ledgers are reconciled to balances on the fixed asset register;
4. the value of each asset is indexed to current values in accordance with methods as specified in the Capital Accounting Manual;

5. the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of NHSGGC; and
6. capital charges are calculated and paid as specified in the Capital Accounting Manual.

A joint operational sub-group representing each HSCP will be responsible for maintaining:

1. a joint property database incorporating all local authority and NHS Community properties., and
2. a register of jointly occupied properties recording details of joint funding agreements.

### **13.3 SECURITY OF ASSETS**

The Director of Finance will ensure that procedures for the control of assets are prepared and implemented. These procedures will make provision for the:

1. recording of managerial responsibility for each asset;
2. identification of additions and disposals;
3. identification of all repairs and maintenance expenses;
4. physical security of assets;
5. periodic verification of the existence of, condition of, and title to, assets recorded; and
6. identification and reporting of all costs associated with the retention of an asset.

The Director of Finance will ensure all discrepancies revealed by verification of physical assets to the fixed asset register are investigated in accordance with the procedures set out in Section 18 of these Instructions.

Whilst each employee has a responsibility for the security of property of NHSGGC, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to NHSGGC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses (Section 18 of these Instructions).

Where practical, assets should be marked as NHSGGC property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal.

(See Section 6 of these Instructions for security of cash cheques and other negotiable instruments)

### **13.4 DISPOSAL OF ASSETS**

All disposals of assets should secure maximum income for NHSGGC (or minimise the cost where the disposal has no proceeds) other than when donated to a charitable organisation (refer to section 13.5). Assets with an estimated value greater than £1,000 should be disposed of on the open market with arrangements commensurate with the value of the disposal. Under this level, the responsible manager must record and demonstrate that the best outcome for NHSGGC has been obtained. Where the disposal incurs a cost to NHSGGC, it should be dealt with in accordance with SFI 10 Orders Quotations and Tenders.

Where a disposal is made to a related party (i.e. other than at “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).

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:

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.

- 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;



- (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



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

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.

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;



## BOARD OFFICIAL

- 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
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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

## BOARD OFFICIAL

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	

## BOARD OFFICIAL

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

## BOARD OFFICIAL

**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

## BOARD OFFICIAL

**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



## BOARD OFFICIAL

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	

## BOARD OFFICIAL

Table 4.8 Orders, Quotations and Tenders

7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>• IJB - Chief Officer</li> <li>• Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>• Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>• Waivers which are urgent or have no competition and are in excess of £250k</li> <li>• (Waivers where the tender process was not followed the threshold for DOF approval is over £50k)</li> </ul>
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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

## BOARD OFFICIAL

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 £3-£5m  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
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



## BOARD OFFICIAL

Table 4.10 Capital Investment

3	Property acquisitions/disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated</p> <p>Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board)</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>
4	Property Lease/rental agreements	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	<p>The values below relate to value for the full period of the lease not just the annual value</p> <p>FP&amp;P over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board)</p> <p>CMT between £3m and £5m</p> <p>PASG between the lesser of £1.5m <u>per annum</u> and £5m <u>in total over entire lease term</u></p> <p>Prop Mgmt Group up to the lesser of £150k per annum or £1.5m <u>in total over entire lease term</u></p>
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

## BOARD OFFICIAL

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	

## BOARD OFFICIAL

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

## BOARD OFFICIAL

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

## BOARD OFFICIAL

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"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
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



## BOARD OFFICIAL

**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

**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 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

## BOARD OFFICIAL

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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



## BOARD OFFICIAL

<b>Table 5.3 Risk Management</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Risk 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

<b>Table 5.4 Strategic Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

## BOARD OFFICIAL

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

## BOARD OFFICIAL

<b>Table 5.8 Emergency and Continuity Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan(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

<b>Table 5.9 Public Health</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Table 5.10 Other Key Areas</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

## BOARD OFFICIAL

**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.



## BOARD OFFICIAL

**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.

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
	<b>Better Health</b>	
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
	<b>Better Care</b>	
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
	<b>Better Value</b>	
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

## BOARD OFFICIAL

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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## NHS Greater Glasgow and Clyde Area Clinical Forum

### Terms of Reference

#### 1. Introduction

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Area Clinical Forum is constituted under "Rebuilding our National Health Service" - A Change Programme for Implementing "Our National Health, Plan for Action, A Plan for Change", which emphasised that NHS Boards should both:-
  - Draw on the full range of professional skills and expertise in their area for advice on clinical matters both locally and on national policy issues;
  - Promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process to support the NHS Board in the conduct of its business.
- 1.3 The Forum will be called NHS Greater Glasgow and Clyde Area Clinical Forum.

#### 2. Membership

- 2.1 The Area Clinical Forum will comprise the Chairs and Vice Chairs (or relevant Deputy) of the *statutory* Area Professional Committees as follows:-
  - Medical
  - Dental
  - Nursing and Midwifery
  - Pharmaceutical
  - Optometric
  - Area Allied Professionals and Healthcare Scientists
  - 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.

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

(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.

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## APPENDIX 1

**Corporate Objectives Approved June 2023**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and 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

## BOARD OFFICIAL

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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## 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



## BOARD OFFICIAL

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"> <li>IJB - Chief Officer</li> <li>Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>Waivers which are urgent or have no competition and are in excess of £250k</li> <li>(Waivers where the tender process was not followed the threshold for DOF approval is over £50k)</li> </ul>

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"> <li>Stores/ Procurement</li> <li>Fixed Assets (other than losses due to fraud/ theft)</li> <li>Abandoned Road Traffic Accident claims</li> </ul>
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 -



## BOARD OFFICIAL

				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

## BOARD OFFICIAL

<b>Table 5.6 Information Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Table 5.8 Emergency and Continuity Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan(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

<b>Table 5.10 Other Key Areas</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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.

### 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.

## BOARD OFFICIAL

- 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.

## BOARD OFFICIAL

- 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

<b>Version Control</b>	<b>March 2024</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	March 2024
Date for review:	March 2025
Replaces previous version:	June 2023



## APPENDIX 1

**Corporate Objectives Approved June 2023**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and 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

## BOARD OFFICIAL

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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## 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.

## BOARD OFFICIAL

- 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,

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 21<sup>st</sup>

## BOARD OFFICIAL

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.

## BOARD OFFICIAL

- 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.

<b>Version Control</b>	<b>11 June 2024</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	June 2024
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Replaces previous version:	June 2023

## APPENDIX 1

**Corporate Objectives Approved June 2023**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and 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

## BOARD OFFICIAL

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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## 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 Resource
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

## BOARD OFFICIAL

Table 4.5 Contracts/Service Level Agreements

				<u>Substantive Changes</u> CMT and as appropriate Finance, Planning and Performance Committee
2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	<u>Financial Changes</u> Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m

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.

## BOARD OFFICIAL

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 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 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



## BOARD OFFICIAL

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	<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>
3	Property acquisitions/disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated</p> <p>Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board)</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>

## BOARD OFFICIAL

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.

- 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.

## BOARD OFFICIAL

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.



## BOARD OFFICIAL

<b>Version Control</b>	
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	June 2024
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Replaces previous version:	June 2023

## APPENDIX 1

**Corporate Objectives Approved June 2023**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and 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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2

## Scheme of Delegation

Table 5.2 Staff Governance

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

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 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.



## BOARD OFFICIAL

- 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
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Replaces previous version:	June 2023 (Board Approved)

**APPENDIX 1****Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde**

<b>Table 4.6 Pay expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	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.

- 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.

<b>Version Control</b>	<b>Approved May 2024</b>
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**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that 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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and 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
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## 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

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**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>16-May-23</b>	<b>18-Jul-23</b>	<b>19-Sep-23</b>	<b>21-Nov-23</b>	<b>16-Jan-24</b>	<b>19-Mar-24</b>
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**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
16 May 2023	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Continuous Flow Model Update</li> <li>• Alternatives to Emergency Department Attendance</li> <li>• Financial Monitoring Report</li> <li>• Terms of Reference Review</li> <li>• Extract from Corporate Risk Register</li> </ul>
18 July 2023	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Patient Experience Report – Annual and Quarterly</li> <li>• Acute Services Integrated Performance Report</li> <li>• Cancer Performance Update</li> <li>• Financial Monitoring Report</li> <li>• Extract from Corporate Risk Register</li> </ul>
19 September 2023	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• NHS 24 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Planned Care Update</li> <li>• Financial Monitoring Report</li> <li>• Overview of Medical and Nursing Financial Controls</li> <li>• Overview of Nursing Workforce and Quality</li> <li>• Extract from the Corporate Risk Register</li> </ul>
21 November 2023	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Junior Doctor Workforce/ Educational Review</li> <li>• Financial Monitoring Report</li> <li>• Organ Donation Update</li> <li>• Transnasal Endoscopy Update</li> <li>• Extract from the Corporate Risk Register</li> </ul>
16 January 2024	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Winter Update and Comms Campaign</li> <li>• Theatres Update</li> <li>• Extract from the Corporate Risk Register</li> </ul>
19 March 2024	<ul style="list-style-type: none"> <li>• Acute/Winter Update</li> <li>• Report on Visit to Neurorehabilitation Unit</li> <li>• Patient Experience Report</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Update on the Corporate Risk Register and Review of Acute Services Risks</li> <li>• Committee Terms of Reference</li> </ul>

## BOARD OFFICIAL

<b>Version Control</b>	<b>April 2024</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer, Acute Services
Approved by:	Acute Services Committee
Approved date:	June 2024
Date for review:	April 2025
Replaces previous version:	June 2023



## 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

## BOARD OFFICIAL

- 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

## BOARD OFFICIAL

- 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

- 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.

## BOARD OFFICIAL

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**

**Appendix 1****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

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

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

**Appendix 2****Area Clinical Forum  
Schedule of Business Considered 2023-24**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
08 June 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting on 09 February 2023</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• Public Protection Update</li> <li>• Sustainability Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Area Clinical Forum Annual Report</li> <li>• Appointment of New Chair</li> <li>• Review of Terms of Reference</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
17 August 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting on 08 June 2023</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• Winter Planning Update</li> <li>• Flu Vaccination Update</li> <li>• Care Homes Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Vice Chair Nominations</li> <li>• Staffing Programme Board Update</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
12 October 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 17 August 2023</li> <li>• Matters Arising</li> <li>• Executive Update on On-going Board Business</li> <li>• Staff Wellbeing Update</li> <li>• CAHMS Update</li> <li>• Public Protection Update</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Annual Review 2022/2023</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
14 December 2023	<ul style="list-style-type: none"> <li>• Minutes of previous meeting of 12 October 2023</li> <li>• Matters Arising</li> <li>• Executive Update on On-going Board Business</li> <li>• Healthcare Staffing Act Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• OD Session</li> </ul>

## BOARD OFFICIAL

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>Closing Remarks and Key Messages for the Board</li> </ul>
08 February 2024	<ul style="list-style-type: none"> <li>Minutes of the previous meeting of 14 December 2023</li> <li>Matters Arising</li> <li>Executive Update on Ongoing Board Business</li> <li>Realistic Medicine Update</li> <li>Digital Strategy Update</li> <li>Winter Communications Update</li> <li>Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>Closing Remarks and Key Messages to the Board</li> </ul>

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:

## BOARD OFFICIAL

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 Lavery, 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

## BOARD OFFICIAL

- 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

## BOARD OFFICIAL

- 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

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 (2<sup>nd</sup> 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

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**



**Appendix 1****Attendance at Audit and Risk Committee 2023/24****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>06-Jun-23</b>	<b>20-Jun-23</b>	<b>27-Jun-23</b>	<b>12-Sep-23</b>	<b>12-Dec-23</b>	<b>12-Mar-24</b>
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

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>06-Jun-23</b>	<b>20-Jun-23</b>	<b>27-Jun-23</b>	<b>12-Sep-23</b>	<b>12-Dec-23</b>	<b>12-Mar-24</b>
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	-	-

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

**Appendix 2**
**Audit and Risk Committee**  
**Schedule of Business Considered 2023/24**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
6 June 2023	<ul style="list-style-type: none"> <li>• Annual Fraud Report</li> <li>• Losses and Compensation Payments</li> <li>• NSI and NSS Service Audits</li> <li>• Draft Governance Statement</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Report - Management Action Follow-up - Q1 2023/24</li> <li>- Internal Audit Moving Forward Together Implementation Report</li> <li>- Internal Audit Use of Agency Staff Report</li> <li>- Internal Audit Annual Report</li> </ul> </li> <li>• NIS Audit Report and Action Plan</li> <li>• Corporate Risk Register</li> <li>• Legal Update 2022/23 - Year End Report</li> <li>• Whistleblowing Quarter 4 Update and Annual Report</li> <li>• Freedom of Information Annual Monitoring Report 2022/23</li> <li>• Information Governance Steering Group Approved Minutes of meeting held on 22 February 2023</li> <li>• Audit and Risk Committee Terms of Reference</li> </ul>
20 June 2023	<ul style="list-style-type: none"> <li>• Update from Endowments Management Committee</li> <li>• Patient Private Funds Annual Accounts 2021-22</li> <li>• 2022/23 Annual Consolidated Accounts</li> <li>• 2022/23 Annual Audit Report from Ernst &amp; Young</li> <li>• Best Value Statement</li> <li>• Annual Review of Governance - Operating Requirements</li> </ul>
27 June 2023	<ul style="list-style-type: none"> <li>• Annual Audit and Consolidated Accounts for 2022/23</li> <li>• 2022/23 Annual Consolidated Accounts</li> <li>• 2022/23 Annual Audit Report from Ernst &amp; Young</li> </ul>
12 September 2023	<ul style="list-style-type: none"> <li>• Information Governance Steering Group – Approved Minutes of the meeting held on 17 May 2023</li> <li>• Fraud Report</li> <li>• External Audit Update</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Report – Public Protection Arrangements</li> <li>- Internal Audit Report – Workforce Planning</li> <li>- Internal Audit Report – Property Transactions Report</li> <li>- Management Action Follow Up Q2 2023/24</li> </ul> </li> <li>• Corporate Risk Register</li> <li>• Whistleblowing Quarter 1 Report</li> </ul>

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
12 December 2023	<ul style="list-style-type: none"> <li>• Information Governance Steering Group – Approved Minutes of the meeting held on 16 August 2023</li> <li>• Fraud Report</li> <li>• External Audit Plan</li> <li>• 2022-23 External Audit Actions Progress Update</li> <li>• NIS Audit Report</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Report – Consultant Job Planning</li> <li>- Internal Audit Report – Infection Prevention and Control</li> <li>- Internal Audit Report – eHealth Application Access Management</li> <li>- Management Action Follow Up</li> </ul> </li> <li>• Risk Appetite Statement</li> <li>• Corporate Risk Register</li> <li>• Whistleblowing Quarter 2 Report</li> <li>• Legal Claims Quarter 2 Report</li> </ul>
12 March 2024	<ul style="list-style-type: none"> <li>• Patient Private Funds</li> <li>a) Information Governance Steering Group – Approved Minutes of the meeting held on 14 February 2024</li> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• Bad Debt Write Off</li> <li>• External Audit Update</li> <li>• External Audit Actions Progress Update</li> <li>• Strategic Internal Audit Annual Plan 2024/25</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Report – Public Health Screening</li> <li>- Internal Audit Report – Managing Attendance</li> <li>- Management Action Follow Up</li> </ul> </li> <li>• Corporate Risk Register</li> <li>• Whistleblowing Quarter 3 Report</li> <li>• Legal Claims Quarter 3 Report</li> <li>• Committee Terms of Reference</li> <li>• Committee Annual Cycle of Business 2024/25</li> </ul>

<b>Version Control</b>	<b>27 May 2024</b>
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



- 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

- 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 NHSGGC, 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**



**Appendix 1****Attendance at Clinical and Care Governance Committee 2023/24****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>20-Jun-23</b>	<b>05-Sep-23</b>	<b>05-Dec-23</b>	<b>12-Mar-24</b>
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

**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

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"> <li>• Best Start Maternity &amp; Neonatal Care</li> <li>• HSMR</li> <li>• Learning from Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</li> <li>• Infection Prevention and Control Updates               <ul style="list-style-type: none"> <li>- HAIRT</li> <li>- HIS QEUH Inspection action plan</li> <li>- Board Infection Control Committee Minutes of Meeting of 22 February 2023</li> </ul> </li> <li>• Clinical Risk Management Report</li> <li>• Public Protection Report</li> <li>• Public Protection Forum Minutes of Meeting of 9 February 2023</li> <li>• Medicines and Pharmacy Update               <ul style="list-style-type: none"> <li>- Controlled Drugs Annual Report</li> </ul> </li> <li>• Prison Healthcare Update</li> <li>• Extract from Corporate Risk Register</li> <li>• Terms of Reference</li> <li>• Board Clinical Governance Forum - Minutes of Meetings held on 13th February 2023 and 17 April 2023</li> <li>• Independent Review of Audiology in Scotland Letter</li> </ul>
5 September 2023	<ul style="list-style-type: none"> <li>• Endoscopy Investigation</li> <li>• Primary Care and Community Care</li> <li>• Infection Prevention and Control               <ul style="list-style-type: none"> <li>- Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>- Board Infection Control Committee Minutes of Meeting held on 20 April 2023</li> </ul> </li> <li>• Public Protection Strategy</li> <li>• KPIs for Clinical and Care Governance</li> <li>• Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme and Annual Report</li> <li>• Clinical Governance Annual Report</li> <li>• Duty of Candour Annual Report</li> <li>• Quality Strategy Annual Report</li> <li>• Extract from the Corporate Risk Register</li> </ul>
5 December 2023	<ul style="list-style-type: none"> <li>• Gynaecology Oncology Update</li> <li>• Best Start Maternity and Neonatal Care</li> <li>• Mental Health Clinical Governance Report</li> <li>• Medicines and Pharmacy Report</li> <li>• Infection Prevention and Control               <ul style="list-style-type: none"> <li>- Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>- Annual Infection Prevention and Control Report</li> <li>- Board Infection Control Committee Approved Minutes of Meeting held on 24 August 2023</li> </ul> </li> <li>• HSMR</li> </ul>

## BOARD OFFICIAL

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>• Clinical Risk Report</li> <li>• SNAP Report</li> <li>• Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</li> <li>• Research Ethics Committee Annual Report</li> <li>• West of Scotland Cancer Network QPI Report</li> <li>• Duty of Candour Annual Report Addendum</li> <li>• Extract from the Corporate Risk Register</li> </ul>
12 March 2024	<ul style="list-style-type: none"> <li>• Acute Services Clinical Governance Report</li> <li>• Women and Children Breached Guideline Report</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</li> <li>• Health and Care Staffing Programme (HCSSA)</li> <li>• Clinical and Care Governance KPIs Update</li> <li>• Department of Research and Innovation Annual Report 2023</li> <li>• Extract from Corporate Risk Register</li> <li>• Committee Terms of Reference</li> <li>• Committee Annual Cycle of Business 2024/25</li> </ul>

<b>Version Control</b>	<b>28 May 2024</b>
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



## BOARD OFFICIAL

- 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 Lavery, 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



## BOARD OFFICIAL

- 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

## BOARD OFFICIAL

- 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**

## Appendix 1

## 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



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	-	-	-	-



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 Lavery	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

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"> <li>• Laboratory Managed Service Contract</li> <li>• Financial Monitoring Report</li> <li>• Finance Plan 2023-24 Update</li> <li>• Performance Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Finance, Planning and Performance Committee Annual Report 2022-23</li> <li>• Finance, Planning and Performance Committee Terms of Reference</li> </ul>
13 June 2023	<ul style="list-style-type: none"> <li>• Public Inquiry Update</li> <li>• Primary Care Improvement Plans</li> <li>• Laboratory Information Management System Update</li> <li>• IJB Strategic Plan - Inverclyde HSCP</li> <li>• A Refresh of the Strategy for Mental Health Services in Greater Glasgow &amp; Clyde: 2023-2028</li> <li>• Sustainability Strategy</li> <li>• Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register</li> <li>• Finance, Planning and Performance Committee Terms of Reference</li> </ul>
1 August 2023	<ul style="list-style-type: none"> <li>• Annual Delivery Plan and Medium Term Plan</li> <li>• IJB Strategic Plan - Glasgow City</li> <li>• Capital Plan 2023/24 - 2025/26</li> <li>• Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Laboratory Managed Service Procurement Briefing</li> <li>• Assurance Information Framework</li> <li>• Corporate Risk Register</li> </ul>
3 October 2023	<ul style="list-style-type: none"> <li>• Winter Plan</li> <li>• Reinforced Autoclaved Aerated Concrete (RAAC) – Update</li> <li>• Financial Monitoring               <ul style="list-style-type: none"> <li>a) Financial Monitoring Report</li> <li>b) Impact of IJB Budget Position</li> </ul> </li> <li>• Performance Report</li> <li>• IJB Annual Performance Reports               <ul style="list-style-type: none"> <li>a) Glasgow City</li> <li>b) West Dunbartonshire</li> </ul> </li> <li>• Review of IJB Integration Schemes – Consultation</li> <li>• Corporate Risk Register</li> </ul>

## BOARD OFFICIAL

5 December 2023	<ul style="list-style-type: none"> <li>• Digital Strategy Implementation Plan</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• IJB Annual Performance Reports               <ul style="list-style-type: none"> <li>a) Inverclyde</li> <li>b) Renfrewshire</li> </ul> </li> <li>• RAAC – Update</li> <li>• Corporate Risk Register</li> </ul>
6 February 2024	<ul style="list-style-type: none"> <li>• General Practice and Primary Care Improvement Plan Update Report</li> <li>• GP Out of Hours Engagement Update</li> <li>• Pharmaceutical Care Services Plan 2024/2027</li> <li>• Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility</li> <li>• Bishopton Health and Care Satellite Centre – Standard Business Case Update</li> <li>• Financial Monitoring Report</li> <li>• Draft Financial Plan 2024/25</li> <li>• Draft Capital Plan 2024/25</li> <li>• Performance Report</li> <li>• IJB Annual Performance Reports               <ul style="list-style-type: none"> <li>a) East Dunbartonshire</li> <li>b) East Renfrewshire</li> </ul> </li> <li>• NHSGGC Digital Maturity Assessment</li> <li>• Corporate Risk Register</li> </ul>

Version Control	
Author:	Director of Corporate Services and Governance
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## **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

## BOARD OFFICIAL

- 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 Flanagan, 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

- 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 NHSGGC and across Scotland and were advised that drug deaths remained a priority in NHSGGC 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 NHSGGC 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 HSCTs 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

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**

## Appendix 1

## 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 Lavery	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

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>18-Apr-23</b>	<b>04-Jul-23</b>	<b>17-Oct-23</b>	<b>23-Jan-24</b>
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



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



**Appendix 2****Population Health and Wellbeing Committee  
Schedule of Business Considered 2023/24**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
18 April 2023	<ul style="list-style-type: none"> <li>• Joint Health Protection Plan 2023-25</li> <li>• Winter Epidemiology Update</li> <li>• Vaccination Programme</li> <li>• A Fairer NHSGGC - Snapshot Report 2022 - 2023</li> </ul>
4 July 2023	<ul style="list-style-type: none"> <li>• Harm Reduction Strategy</li> <li>• Drug Related Deaths – Service Update</li> <li>• Assurance Information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> </ul>
17 October 2023	<ul style="list-style-type: none"> <li>• Urgent Items of Business               <ul style="list-style-type: none"> <li>a) Safe Injections Facilities</li> </ul> </li> <li>• Obesity and Prevention and Early Intervention for Type 2 Diabetes Update</li> <li>• Epidemiology update</li> <li>• NHSGGC Vaccination Programme: Progress Report</li> <li>• Local Child Poverty Action Plans:               <ul style="list-style-type: none"> <li>a) West Dunbartonshire</li> </ul> </li> </ul>
23 January 2024	<ul style="list-style-type: none"> <li>• Urgent Items of Business - Verbal update by the Director of Public Health</li> <li>• Child Health:</li> <li>• Revised Universal Pathways</li> <li>• Children and Young People Mental Health</li> <li>• Child Oral Health Indicators: Update following publication of National Dental Inspection Programme report for 2022/23</li> <li>• Epidemiology Update</li> </ul>

<b>Version Control</b>	<b>April 2024</b>
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Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
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## 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.

## BOARD OFFICIAL

- 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 NHS GGC.
- 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.

## BOARD OFFICIAL

- 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**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
28 June 2023	<p><b>Minutes of Meeting held on 07 March 2023</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Performance Appraisal</b> Chief Executive Direct Reports Performance Outcomes Remaining Executive Cohort Performance Outcomes Senior Manager Performance Outcomes</p> <p><b>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</b></p> <p><b>Employee Director's Report of Staff Governance Committee</b></p> <p><b>AOB</b></p>
31 July 2023	<p><b>Minutes of Meeting held on 28 June 2023</b></p> <p><b>Performance Appraisal</b> 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><b>Remuneration Committee: Annual Report 2022/23</b></p>
13 February 2024	<p><b>Minutes of Meeting held on 28 June 2023</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</b></p> <p><b>Update on Executive and Senior Manager Pay Arrangements</b></p> <p><b>Consultants' Discretionary Points Process and Outcomes</b></p>



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Date of meeting	Title of Business Discussed
	<p><b>Remuneration Arrangements for Non-Executive Members of the NHS Board Update</b></p> <p><b>Performance Appraisal 2022/23</b> (One outstanding ESM Grade A not completed for inclusion at 28 June 2023 meeting, due to staff absence)</p> <p><b>Remuneration Committee Terms of Reference</b></p> <p><b>Remuneration Committee Cycle of Business 2024/2025</b></p> <p><b>Employee Director's Report of Staff Governance Committee</b></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**.

- 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"> <li>• Webpage in place with connectors to People Management Guide and Equalities Manager Guide.</li> <li>• 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.</li> </ul>
Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.	<ul style="list-style-type: none"> <li>• Delivery of Black History Month, Disability History Month, Pride, Speak Up! week.</li> <li>• Launch of Anti-racism campaign in March 2024.</li> <li>• 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.</li> <li>• Equality, Diversity and Inclusion (EDI) Conference delivered with positive feedback from attendees.</li> <li>• EDI Follow on programme completed, with final session taking place in December 2023.</li> </ul>
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"> <li>• MS Teams form created with options for deployment being developed. Current approach needs to be reviewed to be compliant with DPIA/ Information Governance guidelines.</li> <li>• Automated digital staff engagement form being developed by NSS for integration into recruitment process.</li> </ul>
Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

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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"> <li>• Recruitment and Selection Policy drafted in partnership and approved by HRSMT in December 2023. Aiming to launch in April following APF approval.</li> <li>• Pilot training module launched in October 2023 with full roll out to be implemented.</li> <li>• BME Leadership Programme in place. 30 applicants invited to be part of the programme.</li> </ul>
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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**

## 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

## BOARD OFFICIAL

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	-

## BOARD OFFICIAL

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

## Appendix 2

**Staff Governance Committee**  
**Schedule of Business Considered 2023/24**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
23 May 2023	<p><b>Minutes of Meeting held on 21 February 2023</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>○ West Dunbartonshire Health and Social Care Partnership</li> <li>○ Public Health Directorate</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Equality Update</li> <li>• Staff Governance Committee Annual Report 2022/23</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Medical Revalidation</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Human Resources Risk Register</li> <li>• Annual Review of Terms of Reference</li> <li>• Remuneration Committee Update</li> </ul>
22 August 2023	<p><b>Minutes of Meeting held on 23 May 2024</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>○ East Dunbartonshire Renfrewshire Health and Social Care Partnership</li> <li>○ Digital Services / eHealth Directorate</li> </ul> </li> <li>• Staff Health Strategy</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p>



DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Widening Access to Employment Update</li> <li>• Nursing and Midwifery Council Referrals and Assurance (Annual Report)</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Medical Education Governance</li> <li>• Workforce Plan Action Plan Update</li> <li>• Audit Plan Update</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Whistleblowing Annual Report</li> <li>• Human Resources Risk Register</li> <li>• Remuneration Committee Update</li> </ul>
7 November 2023	<p><b>Minutes of Meeting held on 22 August 2023</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• Sexual Harassment</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation: <ul style="list-style-type: none"> <li>○ Glasgow City Health and Social Care Partnership</li> <li>○ Nursing Directorate</li> </ul> </li> <li>• Safety, Health and Wellbeing</li> <li>• Staff Governance Annual Monitoring Return 2022/23</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Leadership and Culture Update</li> <li>• Health and Care Staffing Scotland Act Programme</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Medical Revalidation</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> </ul>
20 February 2024	<p><b>Minutes of Meeting held on 7 November 2023</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>

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DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation: <ul style="list-style-type: none"> <li>○ Inverclyde Health and Social Care Partnership</li> <li>○ Acute Services</li> </ul> </li> <li>• Internal Communications and Employee Engagement Strategy Update</li> <li>• iMatter Update</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Staff Experience Update</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Medical Education Governance</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> <li>• Cycle of Business 2024/25</li> </ul>

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NHSGGC (M) 24/04  
Minutes: 92 – 118

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 27 August 2024 at 9.30 am via Microsoft Teams

#### PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Ms Margaret Kerr
Mr Brian Auld	Cllr Collette McDiarmid
Ms Libby Cairns	Ms Lesley McDonald
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Professor Iain McInnes
Mr Martin Cawley	Dr Becky Metcalfe
Ms Cath Cooney	Mr Colin Neil
Dr Emilia Crighton	Cllr Katie Pragnell
Cllr Chris Cunningham	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Ms Karen Turner
Mrs Jane Grant	Ms Michelle Wailes
Mr Graham Haddock OBE	Angela Wallace

#### IN ATTENDANCE

Mr Andrew Baillie		Depute Programme Director, Major Projects, Property and Capital Planning
Ms Denise Brown		Director of Digital Services
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Chloe Cowan		Senior Research and Innovation Manager
Mr David Coyle		Senior Communications Officer
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson		Deputy Medical Director, Acute Services
Ms Sandra Devine		Director of Infection Prevention and Control
Ms Kim Donald		Corporate Services Manager Governance/Board Secretary
Mr John Donnelly		Programme Director, Major Projects, Property and Capital Planning
Ms Gillian Duncan		Corporate Executive Business Manager
Mr William Edwards		Chief Operating Officer, Acute Services

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Mr Tom Kelly		Head of Adult Services, Learning Disability and Recovery, East Renfrewshire HSCP
Ms Jacqueline Kerr		Interim Chief Officer, Glasgow City HSCP
Ms Christine Lavelle		Senior Communications Officer
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Ms Claire MacArthur		Director of Planning
Mrs Anne MacPherson		Director of Human Resources and Organisational Development
Mr Derrick Pearce		Interim Chief Officer, East Dunbartonshire HSCP
Professor Colin McKay		Deputy Medical Director, Corporate
Ms Kate Rocks		Chief Officer, Inverclyde HSCP
Mrs Louise Russell		Secretariat Manager (Minutes)
Professor Tom Steele		Director of Estates and Facilities
Ms Ann Traquair-Smith		Director of Diagnostics
Ms Susan Walker		General Manager, Regional Services
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			Action
<b>92.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the August 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Ms Mehvish Ashraf, Ms Ketki Miles, Cllr Robert Moran and Mr Charles Vincent.</p> <p><b><u>NOTED</u></b></p>		
<b>93.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		

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			Action
<b>94.</b>	<b>Minute of Meeting held on 25 June 2024</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 25 June 2024 [Paper No. NHSGGC(M)24/03] presented for approval and on the motion of Ms Michelle Wailes seconded by Ms Margaret Kerr, the Board were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		
<b>95.</b>	<b>Matters Arising</b>		
	<p>The Board considered the 'Rolling Action List' [Paper No. 24/57] presented for approval. The following was noted:</p> <p>Three actions closed and one ongoing,</p> <ul style="list-style-type: none"> <li>- <u>Minute No 41</u>. The work to incorporate the Complex Care data into the performance report remained ongoing. It was anticipated there would be an update on this at the October Board Meeting.</li> <li>- <u>Minute No 53</u>. The Full Business Case for the relocation of the Radionuclide Dispensary was on the agenda for today's meeting and this item was closed.</li> <li>- <u>Minute No 70</u>. The Public Health Screening Report had been brought forward to February on the Board's Annual Cycle of Business and this item was closed.</li> </ul> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>96.</b>	<b>Chair's Report</b>		
	<p>The Chair took the opportunity to welcome the six new Board Members who had joined the Board in July - Mr Brian Auld, who was also taking on the role of Whistleblowing Champion; Ms Libby Cairns, Mr Martin Cawley; Ms Cath Cooney; Ms Lesley McDonald, who would also leading on IJB work; and Ms Karen Turner.</p> <p>Since the last Board meeting in June, the Chair attended two meetings with other Board Chairs and the Cabinet Secretary which had a particular focus on the health and wellbeing agenda and delayed discharges.</p>		

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			<b>Action</b>
	<p>The Chair had taken over as Chair of the Glasgow Centre for Population Health, had attended their Board Meeting and had also met with staff to discuss their plans going forward.</p> <p>The Chair had opened the annual Equality, Diversity, and Inclusion Learning Event and, along with Mrs Grant and the Director of Human Resources and Organisational Development, had heard about important work ongoing across the organisation to ensure a supportive and positive environment for everyone. This had been an extremely uplifting session with a commitment to concentrate on being allies and calling out concerns.</p> <p>The Board had also held a joint training session with NHS Lanarkshire's Board on Islamophobia which had been extremely enlightening in increasing understanding and awareness of the issues. The Chair and the Chief Executive had also attended an event celebrating South Asian Heritage month where they had heard three excellent speakers.</p> <p>The Chair had also visited Glasgow Dental Hospital with Ms Jenny Minto MSP, Minister for Public Health and Women's Health.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>97.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Jane Grant, Chief Executive, said that she had attended the usual internal meetings which had a particular emphasis on managing performance and the financial position. The senior team had also spent some considerable time preparing for the Public Inquiry hearings.</p> <p>Mrs Grant had also worked closely with the HSCP Chief Officers in relation to the financial and delayed discharges position, and she welcomed Mr Derrick Pearce who had been appointed as Interim Chief Officer for East Dunbartonshire HSCP.</p> <p>Mrs Grant had taken part in the events as described by the Chair and said that she found the joint Seminar with NHS Lanarkshire thought provoking. Mrs Grant and the senior team had met individually with the new Non Executive Board Members to understand their position and begin the process of working productively together.</p>		

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			<b>Action</b>
	<p>Nationally, Mrs Grant continued to support the 2024/25 pay negotiations as well as the implementation of the non-pay elements of the 23/24 pay deal. She had also attended the first meeting of the Planned Care Transformation Board which would address national elective issues and consider best practice in increasing productivity and efficiency. Mrs Grant had also attended a further meeting of the national Planning and Delivery Board.</p> <p>In late July, Mr John Burns, National Chief Operating Officer, and his team had come to NHSGGC for the summer engagement meeting which had been a constructive discussion covering a wide range of local and national issues.</p> <p>Mrs Grant, along with the Director of Public Health, had attended a visit from Public Health Scotland who had been very positive about the work within NHSGGC, especially in relation to the vaccination programme. Along with the Chief Operating Officer, Mrs Grant hosted a visit from the Cabinet Secretary to the Emergency Department at the Royal Alexandra Hospital which had provided an opportunity to see all the positive work there and also hear directly from staff about some of the challenges. There had also been a visit from Ms Jenny Minto MSP to the neonatal unit at the Queen Elizabeth University Hospital in relation to Best Start.</p> <p>Finally, Mrs Grant advised that the Medical Director, Dr Jennifer Armstrong, would be retiring later in the year and she was pleased to announce that Dr Scott Davidson had been appointed as her successor. Mrs Grant thanked Dr Armstrong for her contribution to the Board.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>98.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Supported Mealtimes.</p> <p><b><u>NOTED</u></b></p>		



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			Action
99.	<b>Communications and Public Engagement Update August 2024</b>		
	<p>The Board considered the Communications and Public Engagement Update August 2024 [Paper 24/85] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo reported that NHSGGC had reached a significant milestone with 10,000 stories shared via Care Opinion. The Board noted the feedback received from Mr Fraser Gilmore, Executive Director and Head of Care Opinion Scotland, on the success of this milestone and noted that this was a testament to the hard work of staff and services.</p> <p>Ms Bustillo highlighted that engagement with the community on the Mental Health Strategy had commenced. A series of events were being held in August and September for members of the public to share their views on the future of mental health services across NHSGGC.</p> <p>Support was being provided for the establishment of a Maternity Voices Partnership (MVP) for NHSGGC to develop a collaborative approach with parents, service users, representatives and healthcare professionals. Maternity services, with support from the Patient Experience and Public Involvement Team, had also formalised their relationship with the third sector into a Third Sector Maternity Voices Group, providing a space for those advocating on behalf of women and babies.</p> <p>There was an ongoing focus on sustainability and improving the current financial position. A new campaign had been launched in collaboration with Pharmacy Services to assist the public and staff to make the correct decisions when ordering and disposing of medicine.</p> <p>As part of an ongoing commitment to communicating effectively with all staff, a communications audit of all channels was underway. The response had been positive so far and responses highlighted that Core Briefs were effective. A full analysis would be completed in due course and the outcome of the audit would be used to inform and further develop internal channels.</p> <p>In response to a question regarding whether there had been any communication with MP's following the election to introduce them to the Board, the Board noted that quarterly meetings were held with the</p>		

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			Action
	Chair and Senior Management and, in addition, all MP's and MSP's received a weekly update report.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>100.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Board Activity Update [Paper 24/86] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>The report outlined the work undertaken by the Board since the previous Board meeting in June 2024. A Board Seminar was held on 30<sup>th</sup> July. This was a joint session between NHSGGC and NHS Lanarkshire. The focus of the seminar was '<i>Islamophobia</i>' and was facilitated by colleagues from the British Islamic Medical Association (BIMA). A Board Briefing was held on 6<sup>th</sup> August which provided an update on the 2024/25 Finance Plan.</p> <p>As previously agreed, Board Standing Committees entered a "Governance Light" position throughout July due to the demands on the organisation in preparing for the next set of Scottish Hospital Inquiry Hearings.</p> <p>Board Member inductions were underway following the appointment of seven new Board Members. The Board noted that discussions were ongoing regarding Board visibility work and research, and an update was anticipated at the September Board Seminar.</p> <p>Board Member bus tours were due to commence across each of the sites and it was agreed further detail would be added to the October paper.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Secretary

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			<b>Action</b>
<b>101.</b>	<b>Finance, Planning and Performance Committee</b>		
	a) <u>Chair's Report of meeting held on 6 August 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 6 August 2024 [Paper 24/87] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>Ms Kerr highlighted that a number of business cases were reviewed, which were on today's Board Agenda for discussion.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
	b) <u>Approved Minute of meeting held on 11 June 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 11 June 2024 [ASC(M)24/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>102.</b>	<b>IJB Leads Reports</b>		
	a) <u>East Dunbartonshire</u>		
	<p>The Board considered the East Dunbartonshire IJB Report [Paper 24/88] presented by Mr Derrik Pearce, Interim Chief Officer, East Dunbartonshire HSCP.</p> <p>Mr Pearce noted that discussions were mainly focussed on the HSCP Annual Performance Report 2023/24 and a report on Hospital Delayed Discharges. Thanks were extended to Ms Jacqui Forbes and Mr Ian Ritchie who had stood down from non-exec Board roles within NHSGGC having served the full amount of time allowed.</p> <p><b><u>NOTED</u></b></p>		

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			<b>Action</b>
	b) <u>East Renfrewshire</u>		
	<p>The Board considered the East Renfrewshire IJB Report [Paper 24/89] presented by Mr Tom Kelly, Head of Adult Services, Learning Disability and Recovery, East Renfrewshire HSCP. The main areas of discussion included the Annual Performance Report, with discussions held regarding focus areas for the year ahead. The August meeting was held in person and was attended by new members Ms Cath Cooney and Mr Martin Cawley. The previous chair, Ms Anne-Marie Monahan, and Ms Jackie Kerr were thanked for their hard work over the last 8 years.</p> <p><b><u>NOTED</u></b></p>		
	c) <u>Glasgow City</u>		
	<p>The Board considered the Glasgow City IJB Report [Paper 24/90] presented by Mr Paul Ryan, NHSGGC Non Executive Lead.</p> <p>One of the main areas for discussion included the financial position and transfer of funds to reserves. An additional IJB meeting would take place to discuss "Hospital at Home".</p> <p><b><u>NOTED</u></b></p>		
	d) <u>Inverclyde</u>		
	<p>The Board considered the Inverclyde IJB Report [Paper 24/91] presented by Mr David Gould, NHSGGC Non Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that a two year financial plan had been agreed. He noted that as at the end of August, 70% of savings had been achieved. A significant month on month reduction in Delayed Discharges had been noted and learning shared with other IJBs.</p> <p><b><u>NOTED</u></b></p>		
	e) <u>Renfrewshire</u>		
	<p>The Board considered the Renfrewshire IJB Report [Paper 24/92] presented by</p> <p>The Board noted that Delayed Discharges performance was in a positive position. The IJB discussed key developments and</p>		

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			Action
	operational activity, and noted that there would be a continued focus on longer term sustainability.		
	Ms Christine Laverty, Chief Officer, Renfrewshire, provided an update on a national group that had been established, Collaborative Response and Assurance Group (CRAG), which had oversight from the Cabinet Secretary. The focus of the group was to reduce Delayed Discharges across Scotland. Weekly meetings were held and attended by Cabinet Secretary Chairs.		
	<b><u>NOTED</u></b>		
	f) <u>West Dunbartonshire</u>		
	<p>The Board considered the West Dunbartonshire IJB Report [Paper 24/93] presented by Ms Michelle Wailes, Chair, West Dunbartonshire.</p> <p>The paper provided an update on key items of discussion at the June 2024 meeting and a further meeting held last week. Key items of discussion included financial performance and challenges ahead. The IJB received an update on discussions in relation to the redesign of the Homecare service. Discussions remained ongoing regarding improving the Delayed Discharge performance. There had been a significant reduction, however the challenges and risk in maintaining performance were noted.</p> <p>The IJB received the MSK Annual Report. The report would be submitted to CMT and the link to the report was available on the IJB website.</p> <p><b><u>NOTED</u></b></p>		
<b>103.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 24/94] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 3 position as at 30<sup>th</sup> June 2024. He reported an overspend of £34.9 million with the majority of this attributed to unachieved savings of £23.4m and a pay and non-pay overspend of £11.5m. Mr Neil reported that Acute Services were overspent by £11.2m and corporate areas were overspent by £600,000 total. The partnerships combined pay and non-pay were</p>		

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	<p>breaking even, however, Mr Neil reported that utilisation of reserves was required to achieve this position.</p> <p>In terms of the Sustainability and Value, £18.4m had been achieved on a full year recurring basis. On an in year basis (recurring and non-recurring) £129.3m had been achieved. Mr Neil reported that there were forecast pipeline savings of £142.8m against the £226.9m challenge. He noted that £40.2m had been identified on a recurring basis, however highlighted that significant work was required to progress mitigating the full level of financial challenge.</p> <p>The total capital expenditure incurred at month 3 was £6.8m. Mr Neil noted that £31.1m (53%) of the total capital allocation had firm orders in place or incurred spend which was in line with expectations for the start of the year, therefore, the trajectory of capital spend was going well. He noted that £1m of the budget was still available to be allocated against capital projects and this would be progressed through the normal governance route.</p> <p>The forecast had been reviewed and based on the month 3 position there was no change to the forecast deficit of £48.3m, however Mr Neil emphasised that the month 3 outturn was beyond the anticipated trajectory.</p> <p>In summary, Mr Neil highlighted that progress was being made in the first quarter, with 63% of savings in place. However, there were challenges ahead for the year, given the number of priorities the Board were facing. He reported that meetings continued to take place with the IJBs to closely monitor the financial position. The Board were assured that work remained ongoing to source further opportunities to mitigate pressures.</p> <p>In response to a question regarding the underlying reasons for salary and prescribing overspends, the Board noted the use of bank staff as a result of vacancies, however, this would be rectified come October when newly qualified nurses commenced in post. The use of junior locums, predominantly in Clyde, Band 3 rotas and sickness absence were also having an impact. The Board received assurance that work remained ongoing to reduce spend in these areas. In relation to prescribing overspend, the Board noted that supply chain and availability of drugs were having an impact and formed a large part of the overspend. With regards to medicine wastage, the Board noted that a publicity campaign had been launched and work was also taking place with Pharmacy leads to monitor and track prescribing and engagement with GP's was taking place in relation to realistic medicine. The clinical risks in relation to polypharmacy were also</p>		

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	recognised. The Board were content to note the work that was taking place in relation to prescribing of medicines.		
	The Board were assured by the report provided.		
	<b><u>NOTED</u></b>		
<b>104.</b>	<b>Radionuclide Full Business Case</b>		
	<p>The Board considered the Radionuclide Full Business Case [Paper 24/95] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele provided an overview of the work that had been carried out in relation to the relocation of the Radionuclide Dispensary Unit, currently based at the Western Infirmary site. The current site lacked the necessary capacity to accommodate evolving service demands and confront operational obstacles. It was, therefore, proposed that following an appraisal of options that the Radionuclide Dispensary Unit was relocated to the Gartnavel site as a preferred option. This would provide a contemporary facility, capable of fulfilling production needs safely while integrating technological advancements. The Board noted that planning consent and an early stages building warrant had been approved. If approved, the case would be submitted to the Scottish Government Capital Investment Group in September, with the intention of work commencing on site in October 2024 and completion of the project expected in May 2026. The Board received assurance that various discussions had taken place with NHA Assure and the Scottish Government and that robust governance was in place.</p> <p>In response to a question regarding whether any associated risks would have potential cost increases and whether they would sit with NHSGGC or the Contractor, the Board received assurance that a fixed priced had been agreed, therefore, any risks would be transferred to the private sector.</p> <p>In response to a question regarding whether capacity of the service was used by NHSGGC, the Board noted that it was predominately used by NHSGGC and that would remain the same. The Board were assured that future demands had been incorporated into the build. Following consideration, the Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		



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105.	<b>Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case</b>		
	<p>The Board considered the Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case [Paper 24/96] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele outlined the process that had been undertaken to identify a preferred option following approval of the Initial Agreement by the Board in April 2022 and the Scottish Government in March 2023.</p> <p>Mr John Donnelly, Programme Director, Major Projects, Property and Capital Planning, provided a presentation which included an overview of the site and the populations served. He noted that the preferred option had been identified as Option 1 - Single New Build. This option provided optimum clinical adjacencies within INS facilities, it scored highest in stakeholder engagement, and had the lowest cost of the options that meet the project requirements. An overview of the project costs, including targeted investment, were provided. The Board noted that the INS service was used regionally and nationally, therefore loss of service would have a detrimental impact across Scotland.</p> <p>In response to a question regarding the intention for vacated buildings, the Board noted that a wider infrastructure study was being carried out, therefore, the outcome of the study would determine whether buildings were demolished or repurposed. The Board were also assured that increasing demand on services had been incorporated during the design state and the options included future adaption.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
106.	<b>Area Clinical Forum</b>		
	a) <u>Chair's Report of meeting held on 15 August 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 15 August 2024 [Paper 24/97] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.</p>		

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	Dr Rousselet highlighted key areas of discussion, which included an update on the Primary Care Strategy and updates from Subcommittees on any specific issues.		
	The Board were assured by the report.		
	<b><u>NOTED</u></b>		
	b) <u>Approved Minute of meeting held on 13 June 2024</u>		
	The Board considered the approved minute of the meeting held on 13 June 2024 [ASC(M)24/03] presented for assurance.		
	The Board were assured by the minute.		
	<b><u>NOTED</u></b>		
<b>107.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/98] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of the key highlights and noted that overall performance had been positive. The Child and Adolescent Mental Health Services (CAMHS) performance continued to exceed the national target of 90%. Similarly, performance in relation to starting a Psychological Therapy under 18 weeks of referral also continued to exceed the national target for June 2024. Mr Neil reported that performance in relation to patients accessing Podiatry Services under 4 weeks continued to exceed the national target of 90%. Acute activity in relation to new outpatient appointments, endoscopies and TTG remained on track and currently exceeded the planned position for the period April to June 2024. There were no new outpatients waiting over 78 weeks, therefore the target was met for June 2024. The number of patients waiting for an endoscopy test remained ahead of the planned position for June 2024.</p> <p>Mr Neil reported that performance in relation to the percentage of cancer patients treated within 31 days was 95.8%. This continued to exceed the national target of 95% for the second consecutive month. Whilst performance in relation to the Cancer 62 Day waiting times reported an improvement on the previous month's position, increasing from 65.6% in May 2024 to 66.1% in June 2024, overall performance remained challenged. However, he highlighted that performance</p>		

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	<p>should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals. Overall compliance with the A&amp;E four hour waits saw a reduction on the previous months' position and performance remained below the 70% target and the national target of 95%, however performance was in line with the overall national trend. The Board discussed the redirection work underway across Flow 1 and 2 pathways. The number of acute delayed discharges reported in June 2024 was 295 and performance continued to remain challenging in this area. A new trajectory for delayed discharges was in the process of being reviewed and Delayed Discharges in relation to Mental Health would continue to be monitored separately. This would include a Scottish Government target and a stretch target.</p> <p>Mr Neil highlighted the MSK Physiotherapy Service waiting times performance in terms of percentage of patients seen over 4 weeks had decreased compared to the previous months' position, however performance remained significantly below target as focus continued on reducing the longest waiting times.</p> <p>With regards to sickness absence, the Board received assurance that support was available to staff, for example Cognitive Behaviour Therapy and Psychological Services. Members also noted that staff had access to money management advice and counselling services.</p> <p>In response to a question regarding access to the Forth Valley Treatment Centre, the Board were advised that a number of referrals had been made and it was anticipated that procedures would be carried out in September/October 2024.</p> <p>The Board discussed the data in relation to waiting times and were assured that a whole systems approach was being taken and deep dive reports would be provided to each relevant committee for scrutiny and oversight.</p> <p>The Board were assured by the report provided.</p> <p><b><u>NOTED</u></b></p>		
<b>108.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/99] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p>		

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	<p>Ms Devine outlined performance against the three Healthcare Associated Infection surveillance standards, Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB) in May and June 2024 and reported that these all remained within control limits. Ms Devine reported that NHSGGC were below the national average for all 3 indicators in this reporting period, however there remained a clear focus to reduce this further.</p> <p>Ms Devine reported that Clinical Risk Assessment compliance was 90% for CPE and 87% for MRSA in the last validated reporting quarter. The standard was 90%. In Quarter 1, NHS Scotland reported compliance of 78% and 79% respectively. Unvalidated compliance results for Quarter 2 indicated that GGC compliance was 89% for CPE and 87% for MRSA. GGC would continue to work towards achieving 90% for both.</p> <p>The Board's cleaning compliance and Estates compliance were both over 95% for May and June 2024. Hand hygiene audit was 96% each month. The Board noted that a dedicated person, usually a Senior Charge Nurse, would be responsible for auditing compliance. A selection of audits would be picked out and re-audited in line with Healthcare Improvement Scotland's recommendations. The Board received assurance that supervisors were not responsible for auditing their own wards.</p> <p>Ms Devine reported that COVID continued to have an impact on delivery of services. There were 417 positive patients and 7 ward closures.</p> <p>In response to a question regarding the rationale to close wards due to COVID, the Board noted that although the Board were not experiencing the same level of cases as previous years, the virus could still have devastating impacts. The variants of COVID would continue to be monitored and the risks managed appropriately.</p> <p>The Board noted that national SSI surveillance was paused in 2020 and remained paused. The Scottish Government planned to implement an e-health solution for IPC surveillance, however this was not expected to be implemented in the near future. Therefore, review of the current system of local surveillance was devolved to each local sector team.</p> <p>The Board were assured by the report provided.</p> <p><b><u>NOTED</u></b></p>		

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<b>109.</b>	<b>Medium Term Plan Update</b>		
	<p>The Board considered the Medium Term Plan Update [Paper 24/100] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong introduced Ms Claire MacArthur, Director of Planning, who provided an overview of the paper.</p> <p>The paper provided an update on the progress in delivering the three year NHSGGC Medium Term Plan (MTP) 2023-2026. The key deliverables contained within the plan were aligned to 10 areas of recovery consistent with the areas of recovery utilised as a framework for the Annual Delivery Plan 2023/34 and the Delivery Plan in 2024/25.</p> <p>Ms MacArthur provided an update on the notable progress and achievements against the original key three year MTP deliverables. This included implementation of the call before conveying the model.</p> <p>The pathways had been implemented for the Scottish Ambulance Service, Care Homes and Falls. This had led to approximately over 400 less presentations to the Emergency Department per month. Ms MacArthur reported that the high discharge rate for the Flow Navigation Centre had been maintained at an average of 44%.</p> <p>Ms McArthur reported on the key priorities for planned care, noting that work remained ongoing to reduce waiting times and increase efficiencies. In response to a question regarding what measures were being taken in relation to the workforce wellbeing, Mrs Anne MacPherson, the Director of Human Resources and Organisational Development, reported that this linked to the Staff Health Strategy and assured the Board that there were expert support processes in place, for example the NHS charities had provided funding to support emergency financial support for staff.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>110.</b>	<b>Moving Forward Together – Clinical Vision and Roadmap</b>		
	<p>The Board considered the Moving Forward Together – Clinical Vision and Roadmap [Paper 24/101] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong introduced Ms Claire MacArthur, Director of Planning, who provided a short overview of the paper.</p>		

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	<p>The Board noted that the 'Clinical Vision' and 'Clinical Roadmap' had been developed to set out the next key steps in the Implementation of the 'Moving Forward Together' Clinical Strategy. The paper highlighted the significant engagement with staff, patients and the public including feedback from more than 5,000 people.</p> <p>The paper provided an update on expansion of virtual capacity, including an increase in 'virtual bed' capacity which had a positive impact on hospital occupancy and supported an improved flow through the hospital.</p> <p>In response to a question regarding a focus on better health for children, the Board received assurance that a large amount of work takes place across the service, including mother and toddler sessions. Paediatric work had taken place with the Flow Navigation Centre and further work would be taken forward as part of the digital work. It was agreed that strategies and work relating to children could be better grouped together on the NHSGGC website.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		Ms Bustillo
<b>111.</b>	<b>Research and Innovation Strategy</b>		
	<p>The Board considered the Research and Innovation Strategy [Paper 24/102] presented by the Medical Director, Dr Jennifer Armstrong, for approval.</p> <p>The paper provided an overview of the NHSGGC Research and Innovation Strategy 2024-2029. The Board noted the key achievements of 2023, including a 30% increase in recruitment of patients to commercial trials.</p> <p>One of the main objectives of the Strategy was to embed research within NHSGGC and ensure staff had the opportunity and support to undertake research and innovation.</p> <p>In response to a question in relation to equality and ensuring that participation was equally balanced, with gender balanced/ representative groups, the Board received assurance that work was carried out closely with research designers to ensure stratification was balanced. The Board were also advised that work would take place to promote patient and public engagement and inclusive</p>		

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	participation in research and innovation, including improving access in underserved groups.		
	The Board were content to approve the Strategy.		
	<b><u>APPROVED</u></b>		
<b>112.</b>	<b>Autumn/Winter Vaccination Update</b>		
	The Board considered the Autumn/Winter Vaccination Update [Paper 24/103] presented by the Director of Public Health, Dr Emilia Crighton, for awareness.		
	The Board noted the awareness raising activities for the Autumn/Winter vaccine programme and were supportive of the delivery plan.		
	<b><u>NOTED</u></b>		
<b>113.</b>	<b>Staff Governance Committee</b>		
	a) <u>Chair's Report of meeting held on 13 August 2024</u>		
	The Board noted the Chair's Report of the meeting held on 13 August 2024 [Paper 24/104] provided for assurance.		
	<b><u>NOTED</u></b>		
	b) <u>Approved Minute of meeting held on 21 May 2024</u>		
	The Board considered the approved minute of the meeting held on 21 May 2024 [ASC(M)24/02] presented for assurance.		
	The Board were assured by the minute.		
	<b><u>NOTED</u></b>		
<b>114.</b>	<b>Whistleblowing Annual Report 2023/24</b>		
	The Board considered the Whistleblowing Annual Report 2023/24 [Paper 24/105] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.		



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	<p>Ms Bustillo reported that performance for Stage 1 complaints remained consistent at 100% for cases closed within 10 working days. She highlighted that there remained challenges to meet the 20 working day target for Stage 2 cases due to the complex nature of the concerns. The Board noted that the outcomes for Stage 3 outcomes were published on the NHSGGC website.</p> <p>The Board noted that the “Speak Up” campaign would run from 30<sup>th</sup> September to 4<sup>th</sup> October and publicity of the campaign was being supported.</p> <p>The Board noted that from 1<sup>st</sup> July 2024, Mr Brian Auld took on the role of Board Whistleblowing Champion, previously held by Mr Charles Vincent. The Board welcomed Mr Auld and thanked Mr Vincent for the work carried out during his 4 year tenure as Whistleblowing Champion.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>115.</b>	<b>Board Member Responsibilities</b>		
	<p>The Board considered the Board Member Responsibilities [Paper 24/106] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The paper provided an update on Board Membership. The paper described the proposed Non-Executive Board membership of the Board’s Standing Committees and the six local IJBs. The Board noted that the Chief Executive, Mrs Jane Grant, had replaced Ms Dianne Foy on the Glasgow City IJB. The Board received assurance that this was a temporary measure and had been discussed with the Chair, Councillor Chris Cunningham prior to being agreed.</p> <p>Work was underway to agree Committee Vice Chairs and it was agreed the paper would be brought back to the October meeting confirming nominations.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		Secretary

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<b>116.</b>	<b>Board Annual Cycle of Business 2024/25</b>		
	<p>The Board considered the Board Annual Cycle of Business [Paper 24/107] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The paper provided awareness of the Board's Annual Cycle of Business, which was aligned to the Corporate Aims and Objectives.</p> <p>The Board noted that one change had been proposed in relation to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC). The Board noted that this had still to go through Committee, therefore would be rescheduled.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>117.</b>	<b>Pharmacy Practices Committee – Decision</b>		
	<p>The Board noted the minute of decisions taken at the Pharmacy Practice Committee on 20 June and 24 July 2024 for awareness.</p> <p><b><u>NOTED</u></b></p>		
<b>118.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	<p>The Chair highlighted that this would be Dr Jennifer Armstrong's, Medical Director, last Board Meeting. The Board extended their gratitude to Dr Armstrong for her contribution to the Board and wished her well in her retirement.</p> <p>The next meeting would be held on Tuesday 28 October 2024 at 9.30 am via MS Teams.</p> <p><b><u>NOTED</u></b></p>		

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NHSGGC (M) 24/05  
Minutes: 119 – 148

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 29 October 2024 at 9.30 am via Microsoft Teams

#### PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Ms Lesley McDonald
Ms Libby Cairns	Professor Iain McInnes
Cllr Jacqueline Cameron	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Martin Cawley	Cllr Robert Moran
Ms Cath Cooney	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Dr Scott Davidson	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Ms Karen Turner
Mrs Jane Grant	Mr Charles Vincent
Mr Graham Haddock OBE	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace
Cllr Collette McDiarmid	

#### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Ms Claire MacDonald	Business Manager, Acute
Ms Ali Marshall	Depute Director of Planning
Ms Catriona Milosevic	Consultant in Public Health Medicine (Deputising for Dr Emilia Crighton)
Mr Derrick Pearce	Interim Chief Officer, East Dunbartonshire HSCP
Ms Kate Rocks	Chief Officer, Inverclyde HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)

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Ms Natalie Smith		Depute Director of Human Resources & Organisational Development
Ms Paula Spaven		Director of Clinical and Care Governance
Professor Tom Steele		Director of Estates and Facilities
Ms Julie Tomlinson		Chief Nurse, East Renfrewshire
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

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<b>119.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the October 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Mr Brian Auld and Dr Emilia Crighton.</p> <p>The Chair welcomed Dr Scott Davidson who had joined the Board in his new role as Medical Director.</p> <p><b><u>NOTED</u></b></p>		
<b>120.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>121.</b>	<b>Minute of Meeting held on 27 August 2024</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27 August 2024 [Paper No. NHSGGC(M)24/04] presented for approval and on the motion of Mr David Gould seconded by Dr Paul Ryan, the Board were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		

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122.	Matters Arising		
	<p>The Board considered the 'Rolling Action List' [Paper No. 24/109] presented for approval. The following was noted:</p> <p>Four actions closed,</p> <ul style="list-style-type: none"><li>- <u>Minute No 41</u>. The October Performance report incorporated the Complex Care data; therefore this item was closed.</li><li>- <u>Minute No 100</u>. The Board Activity Report was on the agenda and included detail regarding Board Member bus tours, therefore this item was closed.</li><li>- <u>Minute No 110</u>. The NHSGGC website had been updated with a single section on maternity and paediatric health content, therefore this item was closed.</li><li>- <u>Minute No 115</u>. The Board Member Responsibilities paper had been added to the agenda and had been updated to include Vice Chairs, therefore this item was closed.</li></ul> <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
123.	Chair's Report		
	<p>Since the last Board meeting in August, the Chair attended a Board Chairs meeting, meetings with the Cabinet Secretary, MSP, MP's and other Board Chairs.</p> <p>The Chair had also attended governance meetings, with many focussing on transformation, finance and sustainability. She had attended the National Group which continued to meet on a weekly basis with the Cabinet Secretary focussing on delayed discharges.</p> <p>The Chair attended a joint session with Glasgow University to discuss the ongoing work across Greater Glasgow and Clyde and to explore working collaboratively. She had officially taken up the role of Chair of the Glasgow Centre for Population Health and was in the process of reviewing their memorandum of understanding with the Health Board, Council and University. The Chair also attended a Forum with Disability Leads, noting the concerns raised had been shared and were being taken forward by the senior management team. The Chair updated the Board on a collaborative pilot in relation to Prison</p>		

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	<p>Health, noting the immediate and long-term benefits were widely recognised.</p> <p>The Chair reported that the Public Inquiry was underway that she had met with Ms Rachel McGowan, Corporate Legal &amp; Witness Support Manager, noting the excellent support provided to colleagues within the process.</p> <p>The Chair also highlighted the excellent work of the Medical Welfare Service who provide support to veterans physical and mental health. The Chair noted that the scheme was being expanded due to Healthcare Charity funding.</p> <p>As part of Black History Month, the Chair attended an event that was held in Roystonhill Community Hall. The Chair recognised the opportunity to combine learning with interacting and networking and extended her thanks to the Chairs of the BAME Forum for their support in organising the event.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		
<b>124.</b>	<b>Chief Executive's Report</b>		
	<p>Mrs Jane Grant, Chief Executive, reported that she had attended the usual internal meetings which had a particular emphasis on managing performance. The senior team continued to spend time preparing for the Public Inquiry hearings.</p> <p>Mrs Grant continued to work closely with the HSCP Chief Officers in relation to the financial position and continued working collaboratively to be aware of the current financial risks going into the second half of the financial year. Mrs Grant reported that Mr Pat Togher had been appointed as Chief Officer for Glasgow City HSPC and would commence post in December 2024.</p> <p>Nationally, Mrs Grant continued to support the 2024/25 pay process as well as the implementation of the non-pay elements of the 23/24 pay deal and reduction of the working week to 36 hours.</p> <p>She had also attended the first meeting of the Planned Care Transformation Board which would address national elective issues and consider best practice in increasing productivity and efficiency.</p>		



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	<p>Mrs Grant had also attended a further meeting of the national Planning and Delivery Board.</p> <p>Mrs Grant Chaired the STAC meeting, noting that work was underway in reducing the working week to 36 hours.</p> <p>Mrs Grant reported that regular meetings had taken place in relation to the Emergency Department HIS Review and Mr William Edwards was the senior sponsor.</p> <p>Mrs Grant was pleased to note that, following the approval of the Radionuclide Business Case, work had commenced on site.</p> <p>Mrs Grant had attended a number of events since the last Board meeting, including a celebration event for Modern Apprentices at the end of September and Black History Month event along with the Chair.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>125.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on the Musculoskeletal Oncology Service.</p> <p><b><u>NOTED</u></b></p>		
<b>126.</b>	<b>Communications and Public Engagement Update October 2024</b>		
	<p>The Board considered the Communications and Public Engagement Update October 2024 [Paper 24/110] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo reported that there was an ongoing focus on engaging with stakeholders. The success of Care Opinion continued and, overall, the stories were positive, and feedback continued to be shared with members of staff.</p> <p>As part of the refreshed Mental Health Strategy for 2023-2028, NHSGGC was undertaking engagement on how it currently provided</p>		



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	<p>inpatient Mental Health Services. Ms Bustillo reported that this included holding in person and online events. The Board noted that feedback would be used to continue to implement the Strategy and help inform future proposals.</p> <p>Ms Bustillo provided an update on the Patient Hub which was an online digital patient information portal being developed to provide patients with information relating to their care. Ms Bustillo reported that it had been piloted within two specialities and the feedback received had been positive. A wider survey would be carried out and the results reported back to a future Board meeting.</p> <p>As part of the commitment to continue to inform and engage with staff, a new communications platform 'Team Talk' launched in October. The platform promotes a two-way conversation between staff and their supervisors/managers by distributing briefs to supervisors and managers across the organisation. A feedback process was in development and would be used to report on the effectiveness of the platform.</p> <p>In response to a question regarding the sessions in relation to the Mental Health Strategy and ensuring that specific locations were not overshadowed, Ms Bustillo provided assurance that the feedback and views across all 6 HSCPs was considered through ongoing engagement.</p> <p>In response to a question regarding early indications on how Team Talk was being received, the Board noted that initial feedback had been positive but ongoing monitoring would be taking place. It was agreed that Board members could receive Team Talk briefs.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		Ms Bustillo
<b>127.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Board Activity Update [Paper 24/111] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>The report outlined the work undertaken by the Board since the last Board meeting. A NHSGGC Board Seminar was held on 24<sup>th</sup> September 2024 and members received a presentation from Professor Iain McInnes on the Collaboration of the Board with</p>		

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	<p>Universities. Board Members also considered the draft Public Health Framework 2024-2034. The Seminar ended with a 'getting to know you' session, where a selection of Board Members provided an update on their experience and skills.</p> <p>The report included a list of the Board Standing Committees that had met since the last Board meeting. The report also included a summary of Board Member tours that had been carried out as part of the Board Member Induction process.</p> <p>The Board noted that Board Member visibility was being considered at the November 2024 Seminar with a view to increasing Board Member visibility and engagement.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>128.</b>	<b>NHSGGC 2024/25 Whole System Winter Plan</b>		
	<p>The Board considered the NHSGGC 2024/25 Whole System Winter Plan [Paper 24/112] presented by Dr Scott Davidson, Medical Director, for approval.</p> <p>Dr Davidson advised that the plan had been developed with significant input from over 200 members of staff across Primary Care, Acute, Mental Health and Corporate Services. This year's plan has been developed in line with the 4 Scottish Government (SG) Whole System Winter Planning Priorities.</p> <p>Dr Davidson reported that a bed surge plan, winter finance plan and local operational plans had been developed. The Scottish Government had issued a 'Winter Preparedness Checklist', which focused on the state of readiness of health boards ahead of winter. This had been completed and submitted to the Scottish Government on 16<sup>th</sup> October 2024.</p> <p>The key to the success of last year's plan helped support person centred care and optimal flow across our whole system during the peak pressures of winter. This included virtual pathways, for example 'Call Before You Convey' Pathway, the Minor Injuries Pathway, public messaging campaigns and vaccination programmes, for example COVID.</p>		

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	<p>The financial challenges were recognised and there would be a focus on actions to maximise impact and minimise cost. The Scottish Government had confirmed £2.5m funding to support with the 4-hour Emergency Department target. The report included whole system winter actions, which were rated by leads and impact. There would be an ongoing focus on delivery of actions that had the highest and medium impact. A vast amount of work was underway to maximise the use of virtual technology and there remained an ongoing focus on Delayed Discharges.</p> <p>In response to a question regarding the impact staff absence rates would have on delivery, the Board received assurance that work remained ongoing to support staff and manage absences appropriately. The Board also noted that the newly qualified nurses would have a positive impact on current position.</p> <p>With regards to the vaccination schedule and whether there was enough capacity in the system, the Board noted that hotspots will be monitored and fed through future iterations of the report. The Board were advised that there had been a minor change to the flu vaccination programme eligibility; those aged 50-64 with no existing health conditions, teachers and prison staff would no longer be eligible. The Board noted that this had been a national decision and was linked to the evidence/benefits and risk factors. The Board were assured that strong promotion of vaccinations remained ongoing.</p> <p>The Chair advised that, due to the importance and focus of winter planning, the plan would return to Finance Planning and Performance Committee, and the Board, in December 2024 and February 2025.</p> <p>The Board were content to approve the paper.</p> <p><b>APPROVED</b></p>		<p>Dr von Wissman</p> <p>Secretariat</p>
<b>129.</b>	<b>Finance, Planning and Performance Committee</b>		
	<b>a) <u>Chair's Report of meeting held on 8 October 2024</u></b>		
	<p>The Board considered the Chair's Report of the meeting held on 8 October 2024 [Paper 24/113] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>Ms Kerr noted that the main topic of discussion at the meeting was regarding the Winter Plan.</p>		

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	The Board were assured by the report.		
	<b><u>NOTED</u></b>		
	b) <u>Approved Minute of meeting held on 6 August 2024</u>		
	The Board considered the approved minute of the meeting held on 6 August 2024 [ASC(M)24/04] presented for assurance.		
	The Board were assured by the minute.		
	<b><u>NOTED</u></b>		
<b>130.</b>	<b>Audit and Risk Committee</b>		
	a) <u>Chair's Report of meeting held on 17 September 2024</u>		
	The Board considered the Chair's Report of the meeting held on 17 September 2024 [Paper 24/114] presented by the Chair of the Committee, Michelle Wailes, for assurance.		
	The Board were assured by the report.		
	<b><u>NOTED</u></b>		
	b) <u>Approved Minute of meeting held on 18 June 2024</u>		
	The Board considered the approved minute of the meeting held on 18 June 2024 [ASC(M)24/03] presented for assurance.		
	The Board were assured by the minute.		
	<b><u>NOTED</u></b>		
<b>131.</b>	<b>IJB Leads Reports</b>		
	a) <u>East Dunbartonshire</u>		
	The Board considered the East Dunbartonshire IJB Report [Paper 24/115] presented by Ms Ketki Miles, NHSGGC Non-Executive Lead and Vice Chair of the East Dunbartonshire IJB.		
	Ms Miles noted the key challenges discussed included the financial position for 2023/24 due to accounts not being signed off, and significant senior lead turnover.		



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	<b><u>NOTED</u></b>		
	b) <u>East Renfrewshire</u>		
	<p>The Board considered the East Renfrewshire IJB Report [Paper 24/116] presented by Councillor Katie Pragnell, NHSGGC Non-Executive Lead and Chair of the East Renfrewshire IJB.</p> <p>Councillor Pragnell updated the Board on a budget Seminar.</p> <p><b><u>NOTED</u></b></p>		
	c) <u>Glasgow City</u>		
	<p>The Board considered the Glasgow City IJB Report [Paper 24/117] presented by Mr Paul Ryan, NHSGGC Non-Executive Lead.</p> <p>Mr Ryan reported that main topics of discussion included the IJB's general reserve position. An update was also provided on the implementation of the Safer Drug Consumption Facility.</p> <p><b><u>NOTED</u></b></p>		
	d) <u>Inverclyde</u>		
	<p>The Board considered the Inverclyde IJB Report [Paper 24/118] presented by Mr David Gould, NHSGGC Non-Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that a Non-Executive development session had been arranged to discuss Finance and Planning.</p> <p><b><u>NOTED</u></b></p>		
	e) <u>Renfrewshire</u>		
	<p>The Board considered the Renfrewshire IJB Report [Paper 24/119] presented by Ms Margaret Kerr, Non-Executive Lead and Chair of the Renfrewshire IJB.</p> <p>Ms Kerr noted that there was detailed discussion regarding the Sustainable Futures Programme and the work required to provide services within budget. Discussion was also held regarding</p>		

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	engagement with service users. This would help inform discussion and further plans later in the year.		
	<b><u>NOTED</u></b>		
	f) <u>West Dunbartonshire</u>		
	The Board considered the West Dunbartonshire IJB Report [Paper 24/120] presented by Ms Michelle Wailes, Chair, West Dunbartonshire.		
	Ms Wailes reported that the main topic of discussion was on financial performance. There was a continued focus on Delayed Discharges and Ms Wailes noted that there had been significant improvement noted in West Dunbartonshire. The results of a recent Care Inspection of West Dunbartonshire HSCP Care at Home Service were noted. Ms Wailes reported that work remained ongoing to reduce the staff absence rate.		
	<b><u>NOTED</u></b>		
<b>132.</b>	<b>NHSGGC Finance Report</b>		
	The Board considered the NHSGGC Finance Report [Paper 24/121] presented by Mr Colin Neil, Director of Finance, for assurance.		
	Mr Neil presented the month 5 position as at 31 <sup>st</sup> August 2024. He reported an overspend of £43.57 million of which £28.22m was attributed to unachieved savings and a pay and non-pay overspend of £15.35m. Mr Neil reported that Acute Services were overspent by £16.7m and corporate areas were overspent by £0.26m for pay and non-pay. The partnerships combined pay and non-pay were breaking even, however, this was with the use of reserves. Mr Neil reported an improvement in the run rate could be seen in month 5 when compared to month 4.		
	Mr Neil provided an update on the partnership position, noting that meetings continued to take place with Chief Officers and Chief Finance Officers on a regular basis. He noted that further work had been carried out in East Renfrewshire to reach a break-even position.		
	In terms of the Sustainability and Value, £28.8m had been achieved on a full year recurring basis. On an in-year basis (recurring and non-recurring) £147.6m had been achieved. Mr Neil reported that there		

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	<p>were forecast pipeline savings of £157m against the £226.9m challenge.</p> <p>The total capital expenditure incurred to 31<sup>st</sup> August 2024 was £14.9m. Mr Neil noted that £35.8m (61%) of the total capital allocation had firm orders in place or incurred spend which was in line with expectations for the start of the year, therefore, the trajectory of capital spend continued to progress well. There was £0.8m of the budget still available to be allocated against essential capital projects and this would be progressed through the normal governance route.</p> <p>Mr Neil reported that the forecast had been reviewed and based on the month 5 position, there was no change to the forecast deficit of £48.3m, however, NHSGGC was now expected to meet this forecast deficit which was an improvement on month 4. He noted that this was mainly attributable to an improvement in the run rate at month 5 and non-recurring opportunities. There remained a focus on reducing the deficit by increasing the savings portfolio, reduce pressure and build on the current work that had been carried out.</p> <p>In summary, Mr Neil highlighted that progress was being made, however, the Board were still facing pressures and work remained ongoing to ensure the forecast deficit of £48.3m was achieved or improved.</p> <p>Mr Neil assured the Board that the Corporate Management Team maintained a collective focus in mitigating pressures through non-recurring opportunities. This included local meetings, weekly Sustainability and Value Programme Board meetings to receive status updates and Acute undertaking its own level performance review. The interface between Chief Officers and Chief Finance Officers would continue to keep abreast of the position.</p> <p>In response to a question regarding the Radionuclide Business Case funding, the Board were advised that engagement with the Scottish Government was ongoing and funding was expected on a phased basis.</p> <p>The Board noted the position in relation to agency spend had improved substantially and it was noted that the triangulation of data between vacancies, agency spend and impact on service delivery would be useful to include in future reports. Mr Neil assured the Board that this level of detail was scrutinised through the Corporate Risk Register and the Risk Appetite Statement was scheduled to come to a future Board which would incorporate service impact and vacancy management.</p>		Mr Neil



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	The Board were assured by the report provided.		
	<b><u>NOTED</u></b>		
<b>133.</b>	<b>Acute Services Committee</b>		
	a) <u>Chair's Report of meeting held on 10 September 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 10 September 2024 [Paper 24/122] presented by the Chair of the Committee, Mr David Gould, for assurance.</p> <p>Mr Gould highlighted that performance in relation to the Cancer 62 Day waiting times was challenged due to a significant increase in Urgent Suspicion of Cancer referrals. The Committee received assurance that the nursing workforce was becoming increasingly stable.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
	b) <u>Approved Minute of meeting held on 7 May 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 7 May 2024 [ASC(M)24/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>134.</b>	<b>Area Clinical Forum</b>		
	a) <u>Chair's Report of meeting held on 10 October 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 10 October 2024 [Paper 24/123] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		

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	b) <u>Approved Minute of meeting held on 15 August 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 15 August 2024 [ASC(M)24/04] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>135.</b>	<b>Clinical and Care Governance Committee</b>		
	a) <u>Chair's Report of meeting held on 3 September 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 3 September 2024 [Paper 24/124] presented by the Chair of the Committee, Mr Paul Ryan, for assurance.</p> <p>Dr Ryan reported that work remained ongoing to reduce the Significant Adverse Event (SAER) backlog. The Committee received a Clinical Governance Annual Report and a Duty of Candour Annual Report and would receive an addendum with updated figures at a later date.</p> <p>The Board were assured by the report.</p> <p><b><u>NOTED</u></b></p>		
	b) <u>Approved Minute of meeting held on 4 June 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 4 June 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>136.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/125] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of performance against the key indicators as outlined in the Performance Assurance Framework. The key highlights included the Child and Adolescent Mental Health Services</p>		

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	<p>(CAMHS) performance in relation to patients seen &lt;18 weeks of referral continued to exceed the national target of 90%. Mr Neil reported that performance in relation to patients accessing Podiatry Services under 4 weeks was 91%, therefore continued to exceed the national target of 90%. Similarly, the performance in relation to the Alcohol and Drugs position showed that performance continued to exceed the national waiting times target of 90%. The performance in relation to starting a Psychological Therapy under 18 weeks of referral remained in a positive position.</p> <p>Mr Neil reported that Acute activity in relation to new outpatients, endoscopies and TTG remained on track and currently exceeded the planned position for the period April - August 2024. Mr Neil advised there remained an ongoing focus on the longest waiting times. Mr Neil highlighted that compliance with the A&amp;E four hour wait times was 72.2%, therefore whilst this was an improvement on the previous months' position and exceeded the ADP target of 70%, overall performance remained below the national target. This was in line with the overall national trend.</p> <p>The Board acknowledged that the delayed discharge position remained challenged, and work was ongoing to improve the position, including weekly meetings with the Cabinet Secretary.</p> <p>Mr Neil reported that performance in relation to the percentage of cancer patients treated within 31 days of decision to treat was 93.3%, which was slightly below the national target of 95%. Similarly, performance in relation to the Cancer 62 Day waiting times reported a reduction on the previous month's position and overall performance remains challenged, however the Board noted that the significant increase in Urgent Suspicion of Cancer referrals was having an impact on performance.</p> <p>Whilst the MSK Physiotherapy Service waiting times performance saw a slight increase in performance, performance remained below target as focus remained on reducing the longest waiting times.</p> <p>In response to a question regarding the number of new outpatients waiting &gt;78 weeks for an appointment however, the Board received assurance that work was taking place to improve the position, including the review of current service pathways to increase capacity within the system.</p> <p>With regards to A&amp;E waiting times, the Board were assured that signposting and education of correct pathways remained a focus. The Board were advised that discussions would take place with NHS24</p>		Mr Edwards

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	regarding the current telephone message, which would assist with consistency in redirection.		
	The Board were assured by the report provided.		
	<b><u>NOTED</u></b>		
<b>137.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/126] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>Ms Devine outlined performance against the three Healthcare Associated Infection surveillance standards, Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB) in July and August 2024 and reported that these all remained within control limits. Ms Devine reported that NHSGGC were below the national average for all 3 indicators in this reporting period, however there remained a clear focus to reduce this further. Ms Devine reported that the data for SAB and ECB in September and October were stable.</p> <p>Ms Devine reported that there had been an upward trend of CDI infections this year. The rates had been above the control limits for 6 months. There had been an increase noted specifically in the GRI, which had reported 9 CDI cases this month. An antimicrobial review for the site had been carried out and a deep dive of specific ward areas. There had been no evidence of cross transmission. The Board received assurance that the appropriate processes were being carried out, including weekly ward rounds, early identification of patients and chlorine based solutions used in winter months. Anecdotal evidence suggested that there may be some changes to community prescribing which may be influencing the increase and this was being explored. The Board received assurance that the position would be monitored, and appropriate actions taken.</p> <p>In response to a question regarding the increase in ECB, the Board noted that this being experienced nationally and an update on the target rate was awaited.</p> <p>The Board were assured by the report provided.</p>		

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	<b><u>NOTED</u></b>		
<b>138.</b>	<b>Public Protection Strategy - Update</b>		
	<p>The Board considered the Public Protection Strategy Update [Paper 24/127] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Dr Deirdre McCormick, Chief Nurse, Head of Public Protection Service, who provided a short overview of the paper.</p> <p>Dr McCormick provided an update of the progress in delivering the Public Protection Strategy, approved by the Board in November 2023. The development of a strategic framework took place in two stages: reviewing the recently created Public Protection Service (PPS) and engaging with a wide group of stakeholders and national benchmarking to create a future focused direction.</p> <p>Dr McCormick provided an update on year 1 progress which included stronger governance arrangements for the Public Protection Forum and work was taking place with eHealth to develop electronic solutions. Dr McCormick reported that a detailed risk assessment had been carried out and as a result the risk score had reduced. In addition, issues detailed in a previous internal audit had been addressed. The Board noted that the Public Protection Framework and Dashboard would continue to be developed, and the standards would be monitored through a RAG status and reported through Clinical and Care Governance Committee.</p> <p>With regards to staff learning and education, the Board noted that an App containing specific learning and education measures was being developed and would be tested prior to full roll-out. Dr McCormick also advised that LearnPro modules were available, and the uptake was monitored through Staff Governance Committee.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>139.</b>	<b>Feedback, Comments, Complaints and Concerns Annual Report 2023/24</b>		
	<p>The Board considered the Feedback, Comments, Complaints and Concerns Annual Report 2023/24 [Paper 24/128] presented by Professor Angela Wallace, Nurse Director, for assurance.</p>		

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	<p>Professor Wallace provided an overview of the annual performance on Feedback, Comments, Complaints and Concerns in NHSGGC.</p> <p>The report provided an analysis of complaint themes which included clinical care, waiting times for an appointment and attitude and behaviour. The report confirmed that Care Opinion continued to be the primary feedback. The Board requested comparative data to be included in future iterations of the report to allow a clearer view of performance against previous years and across areas.</p> <p>With regards to Prison Healthcare and alignment with the Complaints Handling Procedure, the Board noted that significant work had been carried out to provide support to inmates and staff and work remained ongoing.</p> <p>In response to a question regarding NES LearnPro training, the Board were advised that this was not currently a mandatory module and NES were updating the module at a national level. The Board were assured that the detail in the current module was accurate and remained in line with the process.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		Prof Wallace
<b>140.</b>	<b>Clinical and Care Governance Annual Report</b>		
	<p>The Board considered the Clinical and Care Governance Report [Paper 24/129] presented by, Dr Scott Davidson, Medical Director for approval.</p> <p>The report highlighted achievements and key activities throughout the year, as well as outlining priority areas for the year ahead. Dr Davidson advised that there had been an ongoing focus to reduce SAERs and NHSGGC had made some positive progress against improvement aims to reduce overdue SAERS, and to review potential SAERs. A KPI dashboard was in place to allow divisional Clinical Governance Groups to monitor SAER KPIs.</p> <p>Dr Davidson reported that there had been a continued focus to reduce the number of breached guidelines and make the process more efficient. Several improvement aims had been agreed and are being progressed throughout the services.</p>		



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	<p>The report highlighted that NHSGGC had a robust process in place for responding to the Scottish National Audit Programme (SNAP) which included ensuring ongoing data collection and quality assurance, regular review of audit data within the clinical teams, and excellent engagement and response to the annual SNAP governance process.</p> <p>In response to a question regarding cardiac arrest reporting, Dr Davidson explained that data was logged the moment a cardiac arrest call was made, however, these events were reviewed by Resuscitation Officers, and it was noted that the call was not always for a cardiac arrest. The Board noted that work was in progress to bring the systems together to report the event rather than the call.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>141.</b>	<b>Duty of Candour Annual Report 2023/24</b>		
	<p>The Board considered the Duty of Candour Annual Report 2023/24 [Paper 24/130] presented by Dr Scott Davidson, Medical Director for approval.</p> <p>The report provided an update on how NHSGGC had complied with Duty of Candour legislation from 1 April 2023 and 31 March 2024, along with an addendum and update on 2022-23 figures. There were 22 incidents identified which triggered Duty of Candour.</p> <p>The report highlighted that investigations were still ongoing and until reviews were concluded, it is not possible to determine if events were Duty of Candour, therefore, the number could change throughout the year. The Board were assured that compliance would continue to be monitored through Clinical and Care Governance Committee.</p> <p>In response to a question regarding inclusion of a selection of learning, the Board noted that there were systems in the background to capture learning. The detail would be provided through the appropriate governance route through the Clinical and Care Governance Committee. The Board noted that support would be provided to staff in line with the SAER guidance.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		



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<b>142.</b>	<b>Population Health and Wellbeing Committee</b>		
	a) <u>Chair's Report of meeting held on 22 October 2024</u>		
	<p>The Board noted the Chair's Report of the meeting held on 22 October 2024 [Paper 24/131] presented by the Chair of the Committee, Mr Charles Vincent, for assurance.</p> <p>Mr Vincent reported that a main topic of discussion was vaccinations and encouraging promotion of vaccinations.</p> <p>The Board were assured by the report.</p> <p><b>NOTED</b></p>		
	b) <u>Approved Minute of meeting held on 16 April 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 16 April 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><b>NOTED</b></p>		
<b>143.</b>	<b>United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNCRC)</b>		
	<p>The Board considered the United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNCRC) ([Paper 24/132] presented by Professor Angela Wallace, Nurse Director, for awareness. Professor Wallace introduced Ms Catriona Milosevic, Consultant Public Health Medicine, who provided a short overview of the paper.</p> <p>Ms Milosevic provided an update on the work that was underway within NHSGGC to comply with the requirements of the United Nations Convention on the Rights of the Child (UNCRC) Bill and the proposed action plan to ensure further compliance, noting that reporting would be required by the Scottish Government in 2026.</p> <p>In response to a question regarding mapping current compliance, the Board were assured that ongoing improvements were being made using detailed plans in order to meet timelines.</p>		

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	<p>The Board noted that work remained ongoing with the complaints team to ensure the NHSGGC complaints procedure was child centred and ensure that work was carried out in collaboration with young people as part of the engagement process.</p> <p>The Board requested that this information be available on the website and routinely updated as required.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		Ms Bustillo
<b>144.</b>	<b>Board Development Plan</b>		
	<p>The Board considered the Board Development Plan ([Paper 24/133] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>Ms Bustillo reported that an action plan had been developed and a number of actions had been completed. There were 3 actions that were partially completed, and 4 actions had yet to be progressed.</p> <p>The Committee noted that the Board Development Plan would be considered at the NHSGGC Board Seminar in November and brought back to the Board in December.</p> <p>The Board were assured by the report provided.</p> <p><b><u>NOTED</u></b></p>		Secretariat
<b>145.</b>	<b>Board Member Responsibilities</b>		
	<p>The Board considered the Board Member Responsibilities [Paper 24/134] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>It was reported at the last Board meeting that Mrs Jane Grant, Chief Executive, had replaced Ms Dianne Foy on the Glasgow City IJB as a temporary measure. The Chair had subsequently agreed that Mrs Grant would withdraw from Glasgow City IJB membership from 30<sup>th</sup> September 2024, meaning that there is now a vacancy on the IJB. The Board noted that work was underway to fill the vacancy.</p>		

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	<p>The report provided an update on the Vice Chair appointments following approval at the Standing Committees. Ms Bustillo highlighted that the Population Health and Wellbeing Committee Vice Chair remained vacant, and the paper would be brought back in December with confirmation of an appointment.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		Secretariat
<b>146.</b>	<b>Board Annual Cycle of Business 2024/25</b>		
	<p>The Board considered the Board Annual Cycle of Business [Paper 24/135] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The paper provided awareness of the Board's Annual Cycle of Business, which was aligned to the Corporate Aims and Objectives. The Annual Cycle of Business was considered at each agenda setting meeting for the Board.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>147.</b>	<b>Board Calendar of Meetings 2025/26</b>		
	<p>The Board considered the Board Calendar of Meetings 2025/26 [Paper 24/136] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The Board noted the proposed dates for the Board's Standing Committees, IJBs and associated sub-committees. Ms Bustillo highlighted that some IJB meetings had still to be confirmed as the IJB calendars vary in terms of approval.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>148.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	<p>The next meeting would be held on Tuesday 17 December 2024 at 9.30 am via MS Teams.</p>		

BOARD OFFICIAL  
DRAFT TO BE RATIFIED

			<b>Action</b>
	<b><u>NOTED</u></b>		



SCOTTISH HOSPITALS INQUIRY  
**Bundle of documents for Oral hearings commencing from 13 May 2025 in  
relation to the Queen Elizabeth University Hospital and the Royal Hospital for  
Children, Glasgow  
Bundle 42 – Volume 4  
Previously Omitted Board Minutes and Relevant Papers (2021-2024)**