Borders NHS Board

Meeting Date: 1 April 2021

Approved by:	Ralph Roberts, Chief Executive
Author:	Iris Bishop, Board Secretary

CODE OF CORPORATE GOVERNANCE PARTIAL REFRESH 2021

Purpose of Report:

The purpose of this report is to seek the approval of the Board to the partial refresh of the Code of Corporate Governance.

Recommendations:

The Board is asked to **approve** the sectional updates at Sections A, C and F of the Code of Corporate Governance.

Approval Pathways:

This report has been scrutinised by the Audit Committee (22.03.2021) who recommend approval by the Board.

Executive Summary:

The Code of Corporate Governance details how the Board organises and governs its business.

The Code of Corporate Governance is required to be updated every 3 years.

Section A of the CoCG has now been refreshed and is attached with tracked changes at Annex A:-

This section now includes the following updates:-

- Replacement of the Standing Orders with the Model Standing Orders as prescribed by the Scottish Government for all Health Boards to adopt.
  - Highlighted within the Standing Orders are 2 elements for the Board to be aware of: at paragraph 1.2 the ability to co-opt members to the Board is a matter for Scottish Ministers and at paragraph 3.1 it should be noted that the Non Executive with Whistleblowing within their portfolio is excluded from being appointed as Vice Chair of the Board.
- Revision of the Resources & Performance Committee Terms of Reference.
- Inclusion of the Capital Investment Group (CIG) Terms of Reference. The CIG will be a sub-committee of the Resources & Performance Committee.

Section C of the CoCG has now been refreshed and is attached with tracked changes at

Annex B:-

- This section has been revised to reference the UK General Data Protection Regulation.

Section F of the CoCG has now been refreshed and is attached with tracked changes at Annex C:-

This section now includes the following updates:-

- Section 2.2.1 refers to emergency powers and at page 226 we have included reference to a limit of £1m being set for the Chief Executive to authorise during a response to an emergency situation/major incident.
- Page 243 Appointment of Consultants: The Chair has delegated authority for the Appointment of Consultants to the Chief Executive to Chair the Consultant Interview panels.

Consideration is also being given to producing a standard operating procedure to enable the consistent application of any decisions made at the COVID-19 Pandemic Committee (Gold Command) or any future Gold Command scenario situation, to be formally reported to the Board.

Given the formation of the Capital Investment Group there will also be further work to be taken forward in revising Section F Scheme of Delegation to ensure consistency.

Impact of item/issues on:	
Strategic Context	The Code of Corporate Governance uses best practice in Corporate Governance as set out in the Cadbury, Nolan and other reports and guidance issued by the Scottish Government Health & Social Care Directorates.
Patient Safety/Clinical Impact	Detailed within the Code of Corporate Governance where relevant.
Staffing/Workforce	Detailed within the Code of Corporate Governance where relevant.
Finance/Resources	Detailed within the Code of Corporate Governance where relevant.
Risk Implications	Detailed within the Code of Corporate Governance where relevant.
Equality and Diversity	Compliant.
Consultation	Board Executive Team Audit Committee
Glossary	CoCG – Code of Corporate Governance ACF – Area Clinical Forum APF – Area Partnership Forum GDPR – General Data Protection Rules

SECTION A

How business is organised

1. THE BOARD AND ITS COMMITTEES (DIAGRAM)

2. HOW BOARD AND COMMITTEE MEETINGS MUST BE ORGANISED

1. General~~Calling and notice of meetings~~
~~2.~~ Board Members – Ethical Conduct~~Appointment of Chair of Borders NHS Board~~
2~~3~~. Chair~~Appointment of Vice-Chair of Borders NHS Board~~
3~~4~~. ~~Duties of Chair and~~ Vice-Chair
4~~5~~. Calling and Notice of Board Meetings~~Quorum~~
~~6.~~ Deputations and Petitions~~Order of business~~
~~7~~5. Conduct of Meetings~~Conflict of interest~~
~~8.~~ Authority of the Person Presiding at a Board Meeting ~~Reception of deputations~~
~~9.~~ Quorum~~Receipt of petitions~~
~~10.~~ Adjournment~~Submission of reports to the Board~~
~~11.~~ Business of the Meeting ~~Right to attend meetings and/or place items on agenda~~
~~12.~~ Board Meeting in Private Session ~~Alteration or revocation of previous decision~~
~~13.~~ Minutes~~Suspension of standing orders~~
6~~14~~. Matters Reserved for the Board ~~Admission of public and press~~
7~~15~~. Delegation of Authroity by the Board~~Members' code of conduct~~
8~~16~~. Execution of Documents~~Minutes, agendas and papers~~
9. Committees
10~~7~~. Guidance to exemptions under the Freedom of Information (Scotland) Act 2002
11~~8~~. Records management

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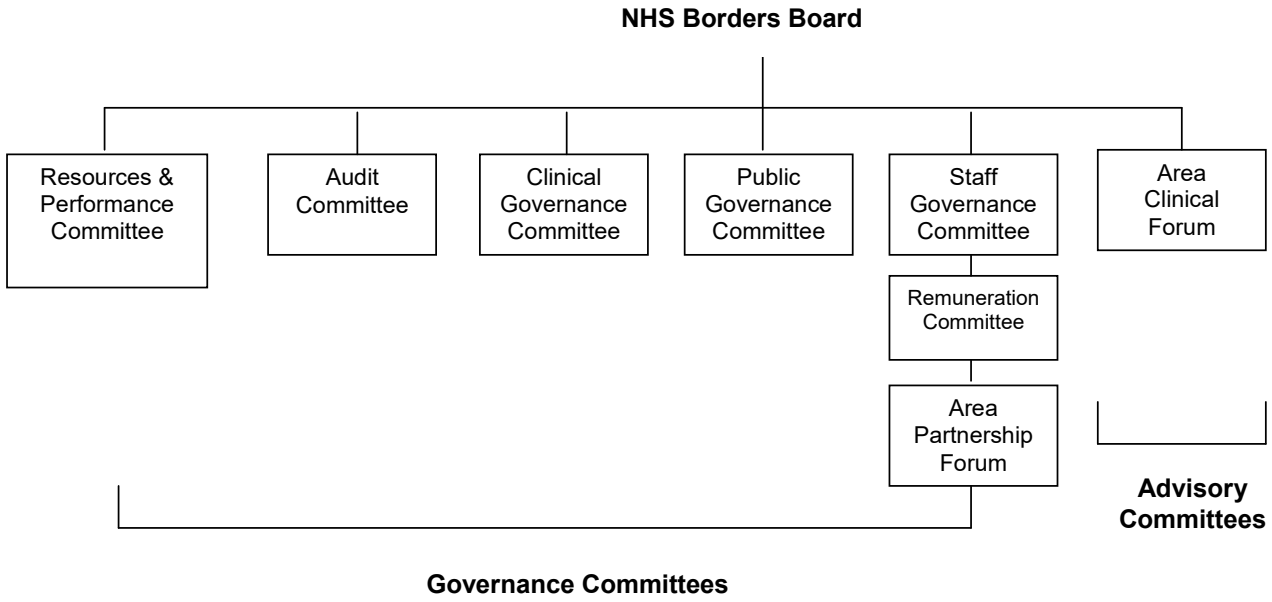
3. STANDING COMMITTEES

1. Establishing Committees
2. Membership
3. Functioning
4. Minutes
5. Frequency
6. Delegation
7. Committees
8. Purpose and Remits
   - A. Resources and Performance Committee
   - ~~A.~~B. Capital Investment Group (sub-committee of Resources & Performance Committee)
   - ~~B.~~C. Audit Committee
   - ~~C.~~D. Clinical Governance Committee
   - ~~D.~~E. Staff Governance Committee
   - ~~E.~~F. Remuneration Committee (sub-committee of Staff Governance Committee)
   - ~~F.~~G. Public Governance Committee
   - ~~G.~~H. Area Clinical Forum
   - ~~H.~~I. Area Partnership Forum
   - ~~I.~~J. Pharmacy Practices Committee

Section A - Appendix 1: The Heath Boards (Membership and Procedure) (Scotland) Regulations 2001

1. THE BOARD AND ITS COMMITTEES



* The Pharmacy Practices Committee has delegated authority from the Board to meet when there are applications to consider in line with Statutory Instrument 1995 NO 414 (S28)
The National Health (Pharmaceutical Services) Service (Scotland) - Regulations 1995

2. HOW BOARD AND COMMITTEE MEETINGS MUST BE ORGANISED

This section regulates how the meetings and proceedings of the Board and its Committees will be conducted and are referred to as 'Standing Orders'. The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 confirms the matters to be included in the Standing Orders. This is attached for reference at Appendix 1 of this section. The following is NHS Borders' practical application of these Regulations.

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF BORDERS NHS BOARD

1 General

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1.1 These Standing Orders for regulation of the conduct and proceedings of Borders NHS Board, the common name for Borders Health 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 and any request to co-opt member(s) to the Board. 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 Borders 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 he or she 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, he or she 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. The non-executive member of the Board with the whistleblowing portfolio is excluded from being Vice-Chair. A member who is an employee of the 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 he or she remains 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 Chief Executive or Board Secretary 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 five 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. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9 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.

Deputations and petitions

4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.

4.11 Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has concluded their presentation. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.

4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

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

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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, he or she 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 his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

a) Standing Orders
b) The establishment and terms of reference of all its committees, and appointment of committee members
c) Organisational Values
d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private

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session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)

f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.

g) Risk Management Policy.

h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.

i) Standing Financial Instructions and a Scheme of Delegation.

j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)

k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.

l) The Board shall approve the content, format, and frequency of performance reporting to the Board.

m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

n) Appointment of Consultants.

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Within the above the Board may delegate some decision making to one or more executive Board members.

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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.

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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

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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 (Section G) and the Scheme of Delegation (Section F).

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.

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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.

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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.

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

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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 Borders NHS Board and is not to be counted when determining the committee's quorum.

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~~**1. Calling and Notice of Meetings**~~

~~1.1 The first meeting of the Board shall be held on a day and at a place fixed by the Chair.~~

~~1.2 The Chair may call a meeting of the Board at any time and the Chair of a Committee may call a meeting of that Committee at any time or when required to do so by the Board.~~

~~1.3 Ordinary meetings of the Board or Committees will be held in accordance with the timetable approved by the Board. Meetings of the Board will normally be held bi-monthly and not more than 3 months between meetings.~~

~~1.4 Meetings of the Board and its Committees may be conducted in any way in which each member is enabled to participate including video or teleconferencing. A meeting shall only be conducted by video or teleconferencing on the direction of the Chair, or Vice Chair of the Board, or Committee.~~

~~1.5 A meeting of the Board may be called if one third of the Members make the request in writing. If the Chair does not call a meeting within seven days of the request, the Members who signed the request may call the meeting provided that only the requested business is transacted.~~

~~1.6 The notice of a Board or Committee meeting (agenda and papers) must be delivered to each member, at least seven days before the date of the meeting, other than in exceptional circumstances when it must be delivered three days before the meeting.~~

~~1.7 Before each Board meeting a notice (agenda and papers) specifying the time, place and business to be transacted, shall be delivered to every Member, or sent by post to the home of the Members or sent by electronic means.~~

1.8 Notification of the time and place of Board Meetings for the forthcoming year shall be published on the NHS Borders website: www.nhsborders.org.uk

1.9 Lack of notice to any member shall not affect the validity of a meeting.

1.10 Special meetings of committees shall be held on the dates and times that the Chairs of those Committees determine.

1.11 It is within the discretion of the Chair of any Committee to cancel, advance or postpone an ordinary meeting if there is a good reason for doing so.

1.12 Two or more members of any Committee may, by notice in writing, require a special meeting to be called to consider the business specified in the notice. Such a meeting shall be held within fourteen days of receipt of the notice by the Board Secretary or Lead Executive Director.

1.13 In the case of the Audit Committee a special meeting may be called by the Audit Committee Chair, Chair of Borders NHS Board, the Chief Executive, the Director of Finance, the Chief Internal Auditor or the Appointed External Auditor.

2. Appointment of Chair of Borders NHS Board

2.1 The Chair is appointed by the Cabinet Secretary for Health and Sport. The regulations governing the period of terms of office and the termination or suspension of office of the Chair are contained in the National Health Service (Scotland) Act 1978.

3. Appointment of Vice-Chair of Borders NHS Board

3.1 To enable the business of the Board to be conducted in the absence of the Chair, a Non-Executive Member who is not an NHS employee or an independent member (for example Employee Director, Chair of the Area Clinical Forum or Scottish Borders Council appointed representative) shall be appointed Vice-Chair. The Chair will nominate a Vice Chair for agreement of the Board and subsequently the approval of the Cabinet Secretary.

3.2 The Vice-Chair may resign from the office at any time by giving notice in writing to the Chair. The Chair will appoint a new Vice Chair in these circumstances in accordance with 3.1 above.

3.3 Where the Chair of the Board has ceased to hold office or has been unable to perform their duties as Chair, owing to illness, absence or any other cause, the Vice-Chair shall take the place of the Chair in the conduct of the business of the Board.

4. Duties of Chair and Vice-Chair

4.1 At every meeting of the Board, the Chair, shall preside. If the Chair is absent the Vice-Chair, shall preside. If the Chair and Vice-Chair are both absent, the Members present shall elect a Non-Executive Member to act as Chair for that meeting.

4.2 If both the Chair and Vice-Chair (if any) of a Committee are absent from a meeting a member of the Committee chosen at the meeting by the other members will act as Chair for that meeting.

4.3 It shall be the duty of the Chair:

- To ensure that Standing Orders are observed and to facilitate a culture of transparency, consensus and compromise.
- To preserve order and ensure that any member wishing to speak is given due opportunity to do so and a fair hearing.
- To decide all matters of order, competence and relevance.

4.4 The Chief Executive or Board Secretary shall draw the attention of the Chair to any apparent breach of the terms of these Standing Orders.

4.5 The decision of the Chair on all matters referred to in the Standing Orders shall be final and shall not be open to question or discussion in any meeting of the Board.

4.6 Deference shall at all times be paid to the authority of the Chair. When the Chair commences speaking, they shall be heard without interruption.

5. Quorum

5.1 The quorum for Board meetings is one-third of the whole number of Members, of which at least two are Non-Executive Members. No business shall be transacted at a meeting of the Board unless this is met. It is at the discretion of the Chair as to whether an inquorate meeting still take place even though it shall not be possible to make any decisions at such a meeting.

5.2 The quorum for Committees shall be as follows:-

Resources and Performance Committee	One-third of the whole number of Members, of which at least two are Non-Executive Members
Audit Committee	Two members who must be Non- Executives
Clinical Governance Committee	Two members who must be Non-Executive Members
Staff Governance Committee	Three members who must be Non-Executive Members.
Remuneration Committee	Three members
Public Governance Committee	Four core members or their deputies must be present (this includes two Non Executive Directors), and at least two public members to be present.

Area Clinical Forum (ACF)	Four members of the Committee
Area Partnership Forum (APF)	A minimum of five members each for the management side and the staff side.

5.3 If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board or Committees the Chair will seek agreement to adjourn the meeting and reschedule.

5.4 If during any meeting of the Board or of its Committees a Member or Members are called away and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting and reschedule.

6. Order of business

6.1 The Chair in conjunction with the Chief Executive shall set the agenda for meetings of the Board.

6.2 For ordinary meetings of the Board or its Committees, the business shown on the agenda shall normally proceed in the following order:

- Business determined by the Chair to be a matter of urgency by reason of special circumstances
- Reception of deputations, followed by consideration of any items of business on which the deputations have been heard
- Petitions
- Minutes of the previous meeting for approval
- General Business
- Questions and motions of which due notice has been given
- Minutes of Committees

6.3 No item of business shall be transacted at a meeting, unless either:

- It has been included on the agenda for the meeting, or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances

7. Conflict of interest

7.1 If a Member, or associate of theirs, has any interest, direct or indirect, in any item on the agenda, they shall disclose the fact. Members with a pecuniary interest shall leave the room during discussion of the matter in which they have an interest. Members with a non pecuniary matter shall declare that interest and may remain in the room depending on the view of the Committee.

7.2 The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by the 2001 Regulations in any case in which it appears to them in the interests of the health service that the disability should be removed.

7.3 Remuneration, compensation or allowances payable to a Chair or other Member shall not be treated as a pecuniary interest for the purpose of the 2001 Regulations. (Paragraphs 4, 5 or 14 of Schedule 1 to the Act)

7.4 A Member, or associate of theirs, shall not be treated as having an interest in any matter if the interest is so remote or insignificant that they cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of or in voting on, any question with respect to the matter.

7.5 The 2001 Regulations apply to a Committee as they apply to the Board and apply to any Member of any such Committee (whether or not they are also a Member of the Board) as they apply to a Member of the Board.

7.6 For the purposes of the 2001 Regulations, the word 'associate' has the meaning given by Section 74 of the Bankruptcy (Scotland) Act 1985 (a).

8. Reception of deputations

8.1 Every application for the reception of a deputation must be in writing, duly signed and delivered, faxed or e-mailed to the Board Secretary at least three clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the action which it proposes the Board or Committee should take.

8.2 The deputation shall consist of not more than ten people.

8.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.

8.4 Any member may put any relevant question to the deputation, but shall not express any opinion on the subject matter until the deputation has returned to the public gallery/audience. If the subject matter relates to an item of business on the agenda, no debate or discussion shall take place until the relevant minute or other item is considered in the order of business.

9. Receipt of petitions

9.1 Every petition shall be delivered to the Board Secretary at least three clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.

10. Submission of reports

10.1 Reports shall be submitted by the Executive Member or other Senior Officer when requested, or when, in the professional opinion of such an officer, a report is required to enable compliance with any statute, regulation or Ministerial Direction, or other rule of law, or where the demands of the service under their control require.

10.2 Any report to be submitted shall be provided not later than fourteen days unless an extension has been agreed, prior to the meeting of the Board or Committee to the Board Secretary and where appropriate the Director of Finance. Any observations by those officers on matters within their professional remit shall be incorporated into the report.

10.3 Only those reports which require a decision to be taken by the Board or Committee, or are necessary to enable the Board or Committee to discharge its business or exercise its monitoring role, will normally be included on the agenda. The Chair of the Committee and Lead Executive Director or the Chair of the Board with the Chief Executive shall make the final determination on whether or not an item of business should be included on an Agenda.

10.4 All reports requiring decisions will be submitted in writing. Verbal reports will only be accepted in exceptional circumstances, and with the prior approval of the Chair of the Board or the Chair of the Committee.

11. Right to attend meetings and/or place Items on an agenda

11.1 Any Board Member shall be entitled to attend any meeting of any Committee, and shall, with the consent of the Committee, be entitled to speak but not to propose, second any motion or vote. Executive Members cannot attend the Remuneration Committee when matters pertaining to their terms and conditions of service are being discussed but will attend the Audit Committee when deemed necessary by the Chair of that Committee.

11.2 A Board Member, who is not a member of a particular Committee and wishes that Committee to consider an item of business which is within its remit, shall inform in writing the Committee Administrator no later than 12 noon on the fourteenth day prior to the meeting of the issue to be discussed. The Committee Administrator shall arrange for it to be placed on the agenda of the Committee. The Member shall be entitled to attend the meeting and speak in relation to the item, but shall not be entitled to propose or second any motion or to vote.

11.3 A member of a Committee who wishes to raise any item of business which is within its remit shall inform in writing the Committee Administrator no later than 12 noon on the fourteenth day prior to the meeting the issue to be discussed. The Committee Administrator shall arrange for it to be placed on the agenda of the Committee.

11.4 The Chief Internal Auditor and External Auditor have a right of attendance at all Committees. The Chief Internal Auditor and External Auditor shall have the right of direct access to the Chairs of the Board and all Committees.

11.5 The Chair of the Area Clinical Forum (ACF) will be appointed as a Non-Executive of the Board. As a member of the Board they will be invited to attend Board and Committee meetings except the Remuneration Committee. The Chair of the ACF will also be invited to attend the Area Partnership Forum.

11.6 The Chair of the meeting will have the discretion to decide whether a non member of a Committee will be made aware of reserved business and continue in attendance.

11.7 Persons attending in this capacity shall be entitled to speak but not to propose or second any motion or to vote.

12. Alteration or revocation of previous decision

12.1 Subject to 12.2 below, a decision shall not be altered or revoked within a period of six months from the date of such decision being taken.

12.2 Where the Chair rules that a material change of circumstances has occurred to such extent that it is appropriate for the issue to be reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from:

- A recommendation to that effect, by an Executive Member or other officer in a formal Report
- A motion to that effect of which prior notice has been given in terms of 10.1

12.3 This does not apply to the progression of an issue on which a decision is required.

13. Suspension of standing orders

13.1 So far as it is consistent with any statutory provisions, any one or more of the Standing Orders may be suspended at any meeting of the Board, but only as regards the business at such meeting, provided that two-thirds of the members present and voting so decide.

14. Admission of public and press

14.1 Members of the public and representatives of the Press will be admitted to every formal meeting of the Board but will not be permitted to take part in discussion. (Public Bodies (Admission to Meetings) Act 1960).

14.2 The Board may exclude the public and press while considering any matter that is confidential. (Exemptions, Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations).

14.3 A summary of the exemptions specified in the Act is contained at the end of this section at Para 17.3, but should not be relied upon as a comprehensive application of the exemptions in restricting access to information.

14.4 For guidance on application of the Act and Regulations, please contact the Board Secretary on 01896 825525.

14.5 The terms of any such resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.

14.6 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board (Public Bodies (Admission to Meetings) Act 1960).

14.7 The Chair of the Board can request a private meeting of the Board to consider business as appropriate to a private discussion.

15. Members' code of conduct

15.1 All those who are appointed as Members of the Board must comply with

- the Members' Code of Conduct as incorporated into the Code of Governance and approved by the Scottish Government;
- approved NHS Borders Board policies and procedures.

15.2 This also applies equally to all members of Committees whether they are employed by NHS Borders or not when undertaking Committee business.

15.3 For the purposes of monitoring compliance with the Members' Code of Conduct, the Board Secretary has been appointed as the designated monitoring officer.

15.4 Board Members and committee Members having any doubts about the relevance of a particular interest should discuss the matter with the Chair or Board Secretary.

15.5 Members should declare on appointment any material or relevant interest and such interests should be recorded in the Board and Committee minutes. Any changes should be declared and recorded when they occur.

15.6 Members interests will be entered into a register that will be maintained by the Board Secretary and will be available to the public on request.

16. Minutes, agendas and papers

16.1 The Board Secretary is responsible for ensuring that Minutes of the proceedings of a meeting of the Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Board, or relevant Committee, for approval by members as a record of the meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting.

16.2 The names and titles of members present at a meeting of the Board or of a Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.

16.3 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public.

16.4 The Minute of a meeting being held where authority or approval is being given by the committee and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:

- A summary of the Committee's discussions;
- A clear and unambiguous statement of all decisions taken;

- ~~If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred;~~
- ~~Where options are presented, a summary of why options were either accepted or rejected;~~
- ~~Reference to any supporting documents relied upon;~~
- ~~Any other relevant points which influenced the decision or recommendation;~~
- ~~Any recommendations which require approval by a higher authority.~~

~~16.5 The contents of a Minute will depend upon the purpose of the meeting.~~

~~16.6 If the meeting agrees actions they will be recorded in an Action Tracker:~~

- ~~A description of the task, including any phases and reporting requirements;~~
- ~~The person accepting responsibility to undertake the task;~~
- ~~The time limits associated with the task, its phases and agreed reporting.~~

~~16.7 The agendas and papers for all Board, Committee and Sub-Committee meetings shall be circulated to members at least 7 days before any given meeting, by post and/or electronic means.~~

~~16.8 The draft minutes and action trackers from all Board, Committee and Sub-Committee meetings shall be issued as soon as possible following a meeting, ideally within 5 working days.~~

10~~7~~. Freedom of Information (Scotland) Act 2002

10~~7~~.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective, so that it includes all records held by the Board prior to 2005 as well as since that date.

10~~7~~.2 Under FOI(S)A NHS Borders is required to:

- Provide applicants with help and assistance in finding the information they require within a given timescale;
- Maintain a publication scheme of information to be routinely published;
- Put in processes for responding to enquiries and undertaking appeals against decisions to withhold information.

10~~7~~.3 Information as defined under FOI(S)A includes copies or extracts, including drafts, of any documents such as:

- reports and planning documents;
- committee minutes and notes;
- correspondence including e-mails;
- statistical information.

107.4 The FOI(S)A provides a range of exemptions which may be applied allowing the public authority to withhold information. Exemptions must be considered on a case by case basis and may be applied to all or only part of the information requested.

107.5 All documents will be scrutinised for information which may be withheld under an exemption to the Act prior to release.

107.6 Full details of the FOI(S)A exemptions and how to apply them can be found in the Freedom of Information (Scotland) Act 2002 which is available on the NHS Borders intranet Information Governance site at http://intranet/new_intranet/microsites/index.asp?siteid=41&uid=2

107.7 Briefings on how to apply exemptions can be found on the Scottish Information Commissioners website at http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp.

107.8 For further advice on the Freedom of Information (Scotland) Act 2002, processes and application contact the Freedom of Information Officer or Communications Team.

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118. Records management

118.1 Under the Freedom of Information (Scotland) Act 2002, NHS Borders must have comprehensive records management systems and process in place which must give clear guidance on time limits for the retention of records and documents.

118.2 Separate guidance has been produced for records management. The NHS Borders Records Management Policy can be found on the NHS Borders Intranet Information Governance site at http://intranet/new_intranet/microsites/index.asp?siteid=41&uid=2

3. STANDING COMMITTEES

1. Establishing Committees

1.1 The Board on the recommendation of the Chair shall create such Committees, as are required by statute, guidance, regulation and Ministerial direction and as are necessary for the economical efficient and effective governance of the Boards' business.

1.2 The Board shall delegate to such Committees those matters they consider appropriate. The matters delegated shall be set out in the Purpose and Remits of those Committees detailed in Paragraph 8, Purpose and Remits

1.3 The Chair may vary the number, constitution and functions of Committees at any meeting by specifying the proposed variation.

2. Membership

2.1 The Board on the recommendation of the Chair shall appoint the membership of Committees on an annual basis. By virtue of their appointment the Chair of the Board is an ex officio member of all Committees except the Audit Committee.

2.2 The Board on the recommendation of the Chair shall appoint the Chairs of the Governance Committees of NHS Borders Board.

2.3 Any Committee, shall include at least one Non-Executive Member of the Board, and may include persons, who are co-opted, and may consist wholly or partly of Members of the Board.

2.4 In recommending to the Board the membership of Committees, the Chair shall have due regard to the Committee purpose, role and remit, and accountability requirements as well as the skills and experience of individual Non Executives and any requirements associated with their recruitment. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:

- Audit Committee - Chair of the Board together with any Executive Member or Officer.
- Remuneration Committee - any Executive Member or Officer.

2.5 The Board on the recommendation of the Chair has the power to vary the membership of Committees at any time, provided that this is not contrary to statute, regulation or direction by Scottish Ministers and is in accordance with the paragraph 2.4 above.

2.6 The Board on the recommendation of the Chair shall appoint Vice-Chairs of Committees. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

2.7 The persons appointed as Chairs of Committees shall usually be Non-Executive Members of the Board and only in exceptional circumstances shall the Chair recommend to the Board the appointment of a Chair of a Committee who is not a Non-Executive Member, such circumstances are to be recorded in the Minutes of the Board meeting approving the appointment.

2.8 Casual vacancies occurring in any Committee shall be filled as soon as may be practical by the Chair after the vacancy takes place.

3. Functioning

3.1 An Executive member or another specified Lead Officer shall be appointed to support the functioning of each Committee.

3.2 Committees may seek the approval of the Chair to appoint Sub-Committees for such purposes as may be necessary.

3.3 Committees may from time to time establish working groups for such purposes as may be necessary.

3.4 Where the functions of the Board are being carried out by Committees, the membership, including those co-opted members who are not members of the Board, are deemed to be acting on behalf of the Board.

3.5 During intervals between meetings of the Board or its Committees, the Chair of the Board or the Chair of a Committee or in their absence, the Vice Chair shall, in conjunction with the Chief Executive and the Lead Officer concerned, have powers to deal with matters of urgency which fall within the terms of reference of the Committee and require a decision which would normally be taken by the Committee. All decisions so taken should be reported to the next full meeting of the relevant Committee. It shall be for the Chair of the Committee, in consultation with the Chief Executive and Lead Officer concerned, to determine whether a matter is urgent in terms of this Standing Order.

4. Minutes

4.1 The approved Minute of each Committee of the Board shall be submitted as soon as is practicable to an ordinary meeting of the Board for information, and for the consideration of any recommendations having been made by the Committee concerned.

4.2 The Minute of each Committee meeting shall also be submitted to the next meeting of the Committee for approval as a correct record.

4.3 Minutes of the proceedings at a meeting of a Special Committee shall be made but these proceedings may be reported to the Board or to any Committee of the Board either by the Minutes or in a report from the Special Committee as may be considered appropriate.

5. Frequency

5.1 The Committees of the Board shall meet no fewer than four times a year.

6. Delegation

6.1 Each Committee shall have delegated authority to determine any matter within its purpose and remit, with the exception of any specific restrictions contained in Section F, Section 1 (Reservation of powers and delegation of authority – Matters reserved for Board agreement only).

6.2 Committees shall conduct their business within their purpose and remit, and in exercising their authority, shall do so in accordance with the following provisions. However, in relation to any matter either not specifically referred to in the purpose and remit, or in these Standing Orders, it shall be competent for the Committee, whose remit the matter most closely resembles, to consider such matter and to make any appropriate recommendations to the Board.

6.3 Committees must conduct all business in accordance with NHS Borders policies and the Code of Corporate Governance.

6.4 The Chair may deal with any matter falling within the purpose and remit of any Committee without the requirement of receiving a report of or Minute of that Committee referring to that matter.

6.5 The Chair may at any time, vary, add to, restrict or recall any reference or delegation to any Committee. Specific direction by the Chair in relation to the remit of a Committee shall take precedence over the terms of any provision in the purpose and remit.

6.6 If a matter is of common or joint interest to a number of Committees, and is a delegated matter, no action shall be taken until all Committees have considered the matter.

6.7 In the event of a disagreement between Committees in respect of any such proposal or recommendation, which falls within the delegated authority of one Committee, the decision of that Committee shall prevail. If the matter is referred but not delegated to any Committee, a report summarising the views of the various Committees shall be prepared by the appropriate officer and shall appear as an item of business on the agenda of the next convenient meeting of the Board.

7. Committees

- Resources and Performance Committee
- Audit Committee
- Clinical Governance Committee
- Staff Governance Committee
- Remuneration Committee (sub-committee of Staff Governance Committee)
- Public Governance Committee
- Area Clinical Forum
- Area Partnership Forum
- Pharmacy Practices Committee

8. Purpose and Remits

A) RESOURCES AND PERFORMANCE COMMITTEE

1.1 Purpose

The Resources and Performance Committee (R&PC) is established in accordance with NHS Borders Board Standing Orders and Scheme of Delegation.

The Resources and Performance Committee is a Standing Committee of the NHS Board.

The overall purpose of the Resources and Performance Committee is to provide assurance across the healthcare system regarding resources~~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.

The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Capital, Asset Management, national and regional planning groups ~~East of Scotland Regional Planning, National Shared Services~~ and the Health and Social Care Partnership strategic plan.

The Committee will oversee the development of a Financial Strategy for approval by the Board that is consistent with the principle of Patient Safety as our number one priority, but with reference to all other national and local priorities.

The Committee will act as the Performance Management Committee of the Board, the Service Redesign Committee of the Board and influence the early development of the strategic direction of the Board.

The scope of resource will include finance, workforce, property and technology.

1.2 Composition

Membership of the Committee shall be:

- Chair of the Board (Chair)
- All Non Executive Directors
- Chief Executive
- Director of Public Health
- Medical Director
- Director of Nursing, Midwifery & Operations~~Acute Services~~
- Director of Finance
- Director of Workforce
- Director of Planning~~Strategic Change~~ & Performance
- Chief Officer Health & Social Care Integration
- Partnership Representative

Attendees shall be:

- Board Secretary (Secretariat)

Attendees may be invited to the Committee at the discretion of the Chair and it is

anticipated, depending on the issues to be discussed, that other key individuals from the wider organisation will be asked to attend.

The Lead Officer for the Resources and Performance Committee shall be the Chief Executive.

1.3 Meetings

Meetings of the Resources and Performance Committee will be quorate when one third of the whole number of members, of which at least two are Non Executive Members are present.

The Committee will be chaired by the Chair of the Board.

The Committee will meet no less than 4 times per year and conduct its proceedings in compliance with the Standing Orders of the Board.

The Chair of the Committee, in conjunction with the Chief Executive shall set the agenda for the meetings. Committee members who wish to raise items for consideration on future agendas can do so under Any Other Business or through the Committee Chair.

The agenda and supporting papers will be sent out by the Board Secretary, at least seven days in advance of the meetings to allow time for members' due consideration of issues.

Formal minutes and an action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out. The Committee will be supported by the Board Secretary who will submit the minutes for approval at the next Resources and Performance Committee meeting, prior to submission to the Board.

To avoid the Committee's agenda becoming over-burdened and unmanageable specific pieces of work may be delegated to the appropriate Director, sub group or short-life task and finish groups reporting to the Committee with very specific remits, objectives, timescales and membership.

1.4 Remit

The remit of the Resources and Performance Committee is to scrutinise the following key areas and provide assurance to the Board regarding:

- Whole system strategic planning including oversight of the healthcare services delegated to the IJB;
- Whole system financial planning, including an overview of budgets delegated;
- Compliance with statutory financial requirements and achievement of financial targets;
- Such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
- The impact of planned future policies and known or foreseeable future developments on the underlying financial position of the Board;

- To review the development of the Board's Financial Strategy over a three year period and the Board's Annual Financial Plan making recommendations to the Board;
- The Property and Asset Management Strategy and Capital Plans of NHS Borders.
- The Board's performance against relevant targets and key performance indicators linked to the Scottish Outcomes framework.
- Whole system technology planning.
- Whole system workforce planning.

Appropriate governance in respect of risks, as allocated to the Committee by the NHS Board and/or 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.

1.5 Property and Asset Management

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

- that the Board's property and assets are developed, and maintained to meet the needs of 21st Century service models;
- that developments are supported by affordable and deliverable Business Cases with detailed project implementation plans with key milestones for timely delivery, on budget and to agreed standard;
- that the property portfolio of NHS Borders and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework, including assessment of backlog maintenance;
- that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook (PTHB);
- to review the Capital Plan and submit to the NHS Board for approval and oversee the overall development of major schemes, including approval of capital investment business cases. The Committee will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation;
- to review all Initial Agreements, Outline Business Cases and Full Business Cases and recommend to the NHS Board in line with the Scheme of Delegation~~as appropriate~~.

To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.

1.6 Arrangements for Securing Best Value

The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for:

- The planning, appraisal, control, accountability and evaluation of the use of current and future resources.

- Reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements.
- The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.7 Allocation and Use of Resources

The Committee has key responsibility for:

- Reviewing the development of the Board's Financial Strategy in support of the Integration Joint Board Strategic Plan, Annual Operational Plan and Regional Delivery Plans, and recommending approval to the Board.
- Reviewing and agreeing the level of budget to be provided to the IJB for the functions delegated and make recommendations to the Board.
- Reviewing the H&SCI Strategic Plan to ensure the outcomes can be delivered within the Board's revenue and capital plans.
- Reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board.
- Monitoring the use of resources available to the Board.
- Reviewing the Property Strategy (including the acquisition and disposal of property) and make recommendations to the Board.

Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment); ~~and~~ the review of the Property Strategy (including the acquisition and disposal of property); ~~, and~~ the review of all business cases coming forward for recommendation to the Board; and for ~~or~~ making recommendations to the Board as appropriate on any issue within its terms of reference.

1.8 Strategy Development

The Committee will review the development of the NHS Board's Strategic Plan, ensuring that strategic planning objectives are aligned with the NHS Board's overall strategic vision, aims and objectives.

The Committee scrutinise the development of all strategies which require approval by the Board, including the Annual Operational Plan.

The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements.

The Committee will also ensure that there is an integrated approach to planning ensuring that workforce, finance and service planning are linked.

The Committee will ensure appropriate inclusion of National and Regional Planning requirements and monitor overall progress with the East of Scotland planning agenda.

The Committee will ensure NHS Borders input, at an appropriate level, to the draft IJB Strategic Plan, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives.

~~The Committee will maintain oversight of progress with the implementation of the Turnaround programme, receive reports, scrutinise cases for change, receive assurance on effective engagement, and provide support and advice.~~

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1.9 Service Redesign/Transformation

The Committee will provide appropriate oversight to significant service redesign including security for cases for change and to ensure this is progressed in a collaborative way working across health, social care and other organisations, with explicit links between service redesign, service improvement, workforce planning and the strategic priorities for NHS Scotland.

The Committee will review and scrutinise all business cases coming forward and recommend for approval by the Board as appropriate.

1.10 Performance Management

The Committee will review the NHS Board Performance Management Framework ensuring it is in line with the National Performance Framework and make recommendations to the NHS Board.

The Committee will review the NHS Board's overall performance and planning objectives, and ensure mechanisms are in place to promote best value, improved efficiency and effectiveness and decision making across the healthcare system~~.~~

The Committee may, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level.

The Committee will seek assurance on a rigorous and systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the NHS Board.

The Committee will seek assurance as to the adoption of a risk based approach to performance management through routine review. This will focus~~, focussing~~ on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against whole system performance targets.

The Committee will maintain oversight of progress with the implementation of the Turnaround programme, receive reports, receive assurance on effective engagement, and provide support and advice.

1.11 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. All

Members, employees and agents of the Board are directed to co-operate with any request made by the Committee.

In order to fulfil its remit the Resources and Performance Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

1.12 Reporting Arrangements

- The Resources and Performance Committee reports to the Board.
- The minutes of the Resources and Performance Committee meetings will be submitted to the next meeting of the Resources and Performance Committee for approval.
- The minutes will then be presented to the following Ordinary Meetings of the Board for noting.

1.13 Review

The Terms of Reference of the Resources and Performance Committee will be reviewed on an annual basis.

The Resources & Performance Committee shall undertake an annual self assessment of the Committee's work.

B) CAPITAL INVESTMENT GROUP

1 Purpose

The group is established in order to provide a vehicle for management to address the requirements of the Board and its Committees with respect to the development of infrastructure strategy and related capital investment.

The NHS Borders Capital Investment Group (BCIG) will be responsible for the development and management of the Board's Property and Asset Management Strategy (PAMS) and associated capital plan, including prioritisation of resources available to the plan, and the monitoring of progress against same. The group will also undertake review and approval of capital business cases in line with the revised governance framework (to be developed).

2 Key Principles

In undertaking its business, the group will seek to meet the following functions:

- To provide **assurance** to the Board via the Resources& Performance Committee, on the strategic fit, appropriateness and value for money of capital investment, property and asset management proposals presented to it.

- To provide **accountability** by fulfilling its role as a decision-making body of the Board in respect of matters delegated to BCIG under the Board's scheme of delegation, and in making recommendations to the Board in relation to capital investment, property and asset management.

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- To provide an **advisory** role to the Board in relation to capital investment or disinvestment issues.

3 Membership

Membership is as follows:

- Director of Finance (Chair)
- Director of Planning and Performance (Vice-Chair)
- Head of Estates & Facilities
- Head of IM&T
- Head of Planning & Performance
- Deputy Director of Finance
- Finance Business Partners
- Acute Services Representative
- Primary & Community Services Representative
- Mental Health & Learning Disabilities Representative
- Corporate Services Representative
- Head of Procurement
- Partnership Representative
- Medical Director (or Representative)

It is the responsibility of members to nominate a deputy if they are unable to attend any meeting.

4 Frequency of Meetings

As a minimum, the group will meet quarterly in line with the preparation of the Board's annual plan and its quarterly review cycle. Additional meetings may be scheduled to address the requirements of the BCIG business plan (to be developed) and to align with the requirements of the Resources & Performance Committee.

The agenda and papers will be issued at least seven working days in advance of the meeting.

5 Attendance

For matters of prioritisation or approval, the meeting must be quorate.

To be quorate each meeting will have a minimum of 1 Director and no less than a total of six members, which must include:

- A member, or nominated deputy, from each Clinical Board (Acute services, PACS, Mental Health/LD)
- A Finance representative
- A Planning & Performance representative
- Head of Estates and Facilities (if Director of Finance not present)
- Head of IM&T (if Director of Planning & Performance not present)

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Decisions will be made by consensus. A veto may be exercised by agreement of both Chair and Vice-Chair.

The Group may invite others to attend a meeting for discussion of specific items. That person may take part in the discussion but will not have a vote.

It is the responsibility of the member to read all papers prior to the meeting to ensure the agenda is followed in a timely manner.

6 Remit

The remit of the group is:

- To provide oversight to the development of longer term strategy in relation to the Board's infrastructure requirements, including (but not limited to) the following:
  - Borders Health Campus development
  - Primary Care Premises Strategy
  - Environmental Sustainability & Transport
- To ensure that the Board's Property & Asset Management Strategy (PAMS) is prepared in line with the requirements of CEL 35 (2010), is aligned to the Board's clinical and other relevant strategies, and is subject to review on a regular basis.
- To make recommendation to the Board (and its Committees) in relation to the prioritisation of capital resources through the development of a five year capital plan.
- To provide challenge and scrutiny to business case submissions in relation to the suitability, feasibility and acceptability of the plans described.
- To review and/or approve business cases for capital investment within the limits of delegated authority.
- To ensure that arrangements are in place for the post-project evaluation of capital investments.
- To provide scrutiny to the process associated with the acquisition and disposal of Board assets.
- To review proposed applications for funding, including external and charitable funding, in order to assess and make recommendations as appropriate.
- To make recommendation and/or approve the utilisation of in year slippage arising from the Board's capital plan.

7 Reporting Arrangements

The NHS Borders Capital Investment Group will report to the Board's Resources & Performance Committee.

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A Capital monitoring report will be prepared quarterly for review by the group prior to submission to the Resources & Performance Committee.

Specific pieces of work will be delegated to an appropriate officer or to short-life working groups, where appropriate.

8 **Sub Groups**

The group may constitute such sub-groups as required to meet the requirements of its workplan.

9 Review

Membership and frequency of the Group will be reviewed annually.

The NHS Borders Capital Investment Group shall undertake an annual self assessment of the Committee's work.

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C~~B~~) AUDIT COMMITTEE

1.1 Purpose

- To assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control.
- To provide assurance to the Board that;-
  - an appropriate system of internal control is in place :
  - business is conducted in accordance with the law and proper standards
  - Public money is safeguarded and properly accounted for
  - Governance arrangements are in place to cover the NHS functions which are delegated and the resources which are provided to the IJB are satisfactory, fully utilised, regularly reviewed and updated.
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question
  - Affairs are managed to secure economic, efficient and effective use of resources
  - Reasonable steps are taken to prevent and detect fraud and other irregularities
  - Effective systems of Risk Management are in place
  - Assurance from risk owners that review and mitigation is undertaken for very high risks
  - Effective systems of Information Governance are in place

1.2 Membership

Non Executive Members
4 core members from the non-executive directors, excluding the Chair of the Board, the Employee Director, Chair of Area Clinical Forum and Scottish Borders Council member.

A core non executive member of the Audit Committee shall be appointed as the Chair of the Committee by the Chair of the Board.

Ordinarily the Audit Committee Chair cannot be the Chair of any other Governance Committee of the Board. The Governance Committees are the Staff Governance Committee, Clinical Governance Committee, Information Governance, Public Governance Committee, and Resources and Performance Committee.

Executive Members (In Attendance)

- Chief Executive (as Accountable Officer),
- Director of Public Health (as Lead for Risk Management)
- Director of Finance, Procurement, Estates and Facilities (as Chief Finance Officer),

Attendees

- Chief Internal Auditor
- External Auditor
- Deputy Director of Finance (Financial Accounting)

Other attendees and senior staff may be invited to the Committee at the discretion of the Chair.

The Lead Officer for the Audit Committee shall be the Director of Finance.

1.3 Meetings

The quorum for the Audit Committee shall be two members.

The Chair of the Committee, in conjunction with the Director of Finance Lead Officer for the Committee will set the agenda for the meetings. Committee members who wish to raise items for consideration on future agendas can do so under AOB or through the committee chair.

Meetings shall be held quarterly. A workplan approved on an annual basis by the Committee will identify the key items of business to be discussed at each meeting.

The agenda and supporting papers will be sent out by the nominated PA, at least seven days in advance of the meetings to allow time for members' due consideration of issues.

Formal minutes and an action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out. The Committee will be supported by a nominated PA who will submit the minutes for approval at the next Audit Committee meeting, prior to submission to the Board.

The Chief Internal Auditor or appointed External Auditor may request a meeting of the Committee if they consider it necessary.

The Audit Committee Chair may convene a meeting of the Audit Committee at any time, or, when requested by the Board, and have the power to exclude all others except members from a meeting.

If deemed necessary by the Audit Committee Chair, meetings of the Audit Committee shall be convened and attended exclusively by members of the Audit Committee and/or the External Auditor or Internal Auditor.

The Chief Internal Auditor and the representative of the appointed external auditors shall have free and confidential access to the Chair of the Audit Committee.

1.4 Remit

The main objectives of the Audit Committee are to ensure compliance with NHS Borders's Code of Corporate Governance and that an effective system of internal control is maintained. The duties of the Audit Committee are in accordance with the Scottish Government Audit Committee Handbook and are as detailed below.

Internal Control and Corporate Governance

To evaluate the framework of internal control and corporate governance comprising the following components:

- Control environment (including financial and non-financial controls);
- Information Governance and communication;
- Risk Management;
- Control procedures;
- Decision making processes;
- Monitoring and corrective action.

To review the system of internal financial control, which includes:

- Safeguarding of assets against unauthorised use and disposition
- Maintaining proper accounting records and the reliability of financial information used within the organisation or for publication
- Ensuring that the Board's activities are within the law, regulations, Ministerial Direction and the Board's Code of Corporate Governance.
- Presenting an annual Statement of Assurance on the above to the Board, in support of the Governance Statement by the Chief Executive.

Internal Audit

- Appointment of the organisation to deliver Internal Audit services to the Board
- Review and approval of the arrangements for delivery of Internal Audit
- Review and approval of the Internal Audit Strategic and Annual Plan
- Receive and review all Internal Audit reports in line with the Internal Audit Protocol;
- Receive and review management reports on action taken in response to audit recommendations in line with the agreed follow-up process
- Consideration of the Chief Internal Auditor's Annual Report and Assurance Statement
- Review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures

- Ensure that there is direct contact between the Audit Committee and Internal Audit and to meet with the Chief Internal Auditor at least once per year and as required, without the presence of Executive Directors
- Collaboratively work with the other partner bodies in support of the functions delegated to the IJB.

External Audit

- Note the appointment and remuneration of the External Auditors and to examine any reason for the resignation or dismissal of the Auditors;
- Review the annual Audit Plan including the Performance Audit programme;
- Consideration of all statutory audit material for the Board, in particular:-
  - Audit reports (including Performance Audit studies);
  - Annual Report;
  - Chief Executive Letters;
  - Monitor management action taken in response to all External Audit recommendations, including VFM studies;
  - Review of matters relating to the Certification of the Board's Annual Report and Accounts (Exchequer Funds), Annual Patients' Private Funds Accounts and Annual Endowment Funds Accounts and the Annual IJB Accounts;
- Meet with the External Auditors at least once per year and as required, without the presence of the Executive Directors;
- Review the extent of co-operation between External and Internal Audit;
- Annually appraise the performance of the External Auditors;
- Review the terms of reference, appointment and remuneration of external auditors for the Board Endowment Funds and Patient Funds Accounts.

Code of Corporate Governance

- Review the Code of Corporate Governance which includes Standing Orders, Schemes of Reservation and Delegation, Standing Financial Instructions and recommend amendments to the Board;
- Examine the circumstances associated with each occasion when Standing Orders have been waived or suspended;
- Review and assess the operation of any Schemes of Delegation;
- Monitor compliance with the Members' Code of Conduct.

Annual Report and Accounts

- Review and recommend for approval the Annual Accounts for Exchequer Funds;
- Review the Annual Accounts for the NHS Borders Endowment Funds;
- Review and recommend for approval the Annual Accounts for Patients' Funds;
- Review the Annual Report for the Board;
- Review at least annually the accounting policies and approve any changes thereto;
- Review schedules of losses and compensation payments.

Other Matters

- Reviewing and reporting on any other matter referred to the Committee by the Board;
- The Committee has a duty to review its own performance and effectiveness, including its running costs and terms of reference on an annual basis;
- It also has a duty to keep up to date by having a mechanism to ensure topical legal and regulatory requirements are brought to Members' attention;
- The Committee shall monitor how the Board addresses risk in regard to potential litigation;
- The Committee shall agree the level of detail it wishes to receive from the Internal and External Auditors;
- The Committee shall review the arrangements that the Board has in place for the prevention and detection of fraud.

1.5 Best value

The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires from any employee. All Members, employees and agents of the Board are directed to co-operate with any request made by the Committee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee is authorised by the Board to obtain independent professional advice and to secure attendance of others with relevant experience and expertise if it considers it necessary.

1.7 Reporting Arrangements

- The Audit Committee reports to the Board;
- Following a meeting of the Audit Committee, the minutes of that meeting should be approved at the next Committee meeting and then presented at the following Board meeting;
- The Audit Committee should annually, and within three months of the start of the financial year, approve a work plan detailing the work to be taken forward by the Audit Committee;
- The Audit Committee will produce an Annual Assurance Statement for presentation to the Board. The Annual Assurance Statement will describe the outcomes from the Committee during the year and provide an assurance to the Board that the Committee has met its remit during the year.
- The Annual Assurance Statement must be presented to the Board meeting considering the Annual Accounts.

1.8 Review

The Terms of Reference of the Audit Committee will be reviewed on an annual basis. The Audit Committee shall undertake an annual self-assessment of the Committee's work.

D~~C~~) CLINICAL GOVERNANCE COMMITTEE

1.1 Purpose

To provide the Board and Chief Executive as Accountable Officer, with the assurance that clinical governance controls are in place and effective across NHS Borders.

1.2 Composition

a) Membership

The Clinical Governance Committee is appointed by the Board and shall be composed of four Non-Executive Board members, one of whom shall be the Chair of the Area Clinical Forum. One of these members shall be appointed as Chair. Membership will be reviewed annually.

b) Appointment of Chair

The Chair of the Committee shall be appointed by NHS Borders Board Chair. The Chair shall also identify a Vice-Chair.

c) Attendance

Executive Directors of the Board are not eligible for membership of the Committee. The following NHS Board officers or their representatives will normally attend meetings.

- Chief Executive
- Medical Director
- Joint Director of Public Health
- Director of Nursing, Midwifery & Acute Services
- Associate Medical Directors (Clinical Governance)
- Chairs of Clinical Board Clinical Governance Committees
- Infection Control Manager
- Head of Clinical Governance & Quality
- Risk Manager

Others will also be invited to attend as the Committee sees fit.

All Board Members have the right to attend meetings and have access to all papers, except where the committee resolves otherwise.

1.3 Meetings

Frequency

The Clinical Governance Committee will meet six times a year to fulfil its remit.

Agenda and Papers

The Chair of the Committee, in conjunction with the nominated Lead Executive and the Head of Clinical Governance and Quality will set the agenda for the meetings. Committee members who wish to raise items for consideration on future agendas can do so under Any Other Business (AOB) or through the Committee Chair.

The agenda and supporting papers will be sent out by the nominated PA, 7 days in advance of the meetings to allow time for members' due consideration of issues.

Quorum

Two members of the Committee, including the Chair, will constitute a quorum. If the Chair is not available, the Vice Chair will chair the meeting. If neither the Chair nor Vice Chair is available, the other members will decide who will chair the meeting.

Minutes

Formal minutes will be kept of the proceedings by a nominated PA and submitted for approval at the next Clinical Governance Committee meeting, prior to submission to the Board.

Recognising the issue of relative timing and scheduling of meetings, minutes of the Clinical Governance Committee may be presented in draft form to the next available Board meeting.

The draft minutes will be cleared by the Chair of the Committee and the nominated lead Executive prior to submission to the Board.

Other

In order to fulfil its remit, the Clinical Governance Committee may, within current financial constraints, obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of board staff to attend meetings.

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

1.4 Remit

The main duties of the Clinical Governance Committee are to receive assurances that clinical governance controls are in place and effective across NHS Borders, on behalf of NHS Borders Board; and that the principles of clinical governance are applied to the health improvement activities of the Board.

a) General

- Assure the Board that appropriate structures are in place to undertake activities which underpin clinical governance;
- Review the systems of clinical governance, monitoring that they operate effectively and that action is being taken to address any areas of concern;
- Review the mechanisms which exist to engage effectively with healthcare partners and the public;

- Encourage a continuous improvement in service quality;
- Ensure that an appropriate approach is in place to deal with clinical risk management, including patient safety, across the NHS Borders system;
- Review performance in management of clinical risk;
- Monitor complaints response performance on behalf of the Board;
- Promote positive complaints handling, advocacy and feedback including learning from adverse events;
- Receive reports on child and adult protection activities;
- Produce an Annual Clinical Governance Report;
- Ensure that appropriate action plans are developed, implemented and monitored as a result of published national reports and inquiries; and
- Assure the Board that appropriate structures are in place to ensure robust links to the Healthcare Quality Strategy.

b) Internal Monitoring

- Review the Internal Clinical Audit Strategy and Plan;
- Make recommendations to the NHS Borders Audit Committee on the requirements for internal audit to support clinical activities;
- Receive and consider Clinical Audit Reports along with regular Progress Reports;
- Review the actions taken by the Chief Executive, Medical Director and Nurse Director on any recommendations or issues arising from Audit Reports; and
- Review the effectiveness of the Clinical Audit Programme.

b) External Monitoring

- Review Audit Reports from external monitoring bodies in relation to clinical governance; and
- Monitor and report to the Board that appropriate actions in relation to external review and monitoring of clinical governance are being taken.

1.5 Other

The Committee shall receive reports from relevant service leads within the areas of its remit. As a result of these reports, and considering areas of interest to the Committee, any areas of risk shall be highlighted and reported.

The Committee will seek assurance from risk owners that clinical strategic risks are being managed proportionally in line with the risk management process and systems.

The Committee shall receive reports on very high operational risks from relevant risk owners. As a result of these reports, the Clinical Governance Committee may investigate further.

An action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out.

1.6 Best value

The Committee shall review its own performance, effectiveness, including its running costs, and terms of reference on an annual basis. The outcome of this review shall be included in the Annual Report and provide assurance to the Chief Executive as Accountable Officer.

1.7 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain independent professional advice and to secure attendance of others with relevant experience and expertise if it considers it necessary.

1.8 Reporting Arrangements

The Clinical Governance Committee is a standing committee of the Board, and is accountable to the Board and shall formally report to the Board through the Annual Report. Otherwise reporting shall be by exception reporting. The Chair of the Committee shall submit an Annual Report on the work of the Committee to the Board. The timing of this will align to the Board's consideration of the Chief Executive's Statement of Internal Control for the associated financial year.

E~~D~~) STAFF GOVERNANCE COMMITTEE

1.1 Purpose

To advise the Board on its responsibility, accountability and performance against the NHS Scotland Staff Governance Standard; addressing the issues of policy, targets and organisational effectiveness and highlighting any risks in the implementation of the standards. The NHS Reform (Scotland) Act requires Boards to put and keep in place arrangements for the purpose of improving the management of the officers employed, monitoring such management, and workforce planning. This will be demonstrated through achievement and progress towards the Staff Governance Standard through:

- Scrutiny of performance against individual elements of the Staff Governance Standards;
- Data collected during the self-assessment audit conducted under the auspices of the Area Partnership Forum;
- The action plans submitted to, and approved by, the Staff Governance Committee;
- Forms of feedback such as Staff Surveys, imatter;
- Data and information provided in statistical returns reports to the Committee.

1.2 Membership

Membership of the Staff Governance Committee will be:-

- A minimum of four Non-Executive Members, one of which must be the Employee Director.

In addition there will be in attendance:-

- Staff Side Chairs of the Local Partnership Forums
- Staff Governance Champions
- Director of Nursing, Midwifery & Acute Services
- Director of Workforce
- Joint Director of Public Health
- Head of Workforce Development & Medical Staffing
- Head of Work & Wellbeing
- Risk Manager
- Safety Manager
- Head of Service Training & Professional Development

The Chief Executive will endeavour to attend at least one Staff Governance Committee meeting per year.

The Committee may invite additional attendees as required by the agenda.

1.3 Meetings

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

The Chair of the Staff Governance Committee is appointed by the Chair of the Board.

1.4 Remit

- To monitor performance of the Board against the Staff Governance Standard;
- To monitor and evaluate Human Resources Strategies and Implementation plans;
- To monitor pay modernisation processes;
- To establish an Area Partnership Forum that will have the responsibility for facilitating and monitoring the effectiveness of partnership working between management and staff at all levels in NHS Borders and Contractors;
- To develop and approve Employment Policies through the Partnership process;
- To monitor and evaluate the progress of the Staff Governance Committee against the annual Work Plan;
- To provide timely staff governance information required for national monitoring arrangements;
- To provide staff governance information for the statement of internal control;
- To approve and monitor the Workforce Plan.
- The Committee will seek assurance from risk owners that strategic risks relating to workforce are being managed proportionally in line with the risk management process and systems.

1.5 Best value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Borders NHS Board. The Committee will put in place

arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee is authorised by the Board to obtain independent professional advice and to secure attendance of others with relevant experience and expertise if it considers it necessary.

1.7 Reporting Arrangements

- The Staff Governance Committee reports to Borders NHS Board.
- Following a meeting of the Staff Governance Committee, the minutes of that meeting should be presented at the next Borders NHS Board meeting
- The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Governance Committee;
- The Staff Governance Committee will produce an Annual Report for presentation to Borders NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Board that the Committee has met its remit during the year. The Annual Report must be presented to a Board meeting prior to the Audit Committee considering the Annual Accounts.

F~~E~~) REMUNERATION COMMITTEE

1.1 Purpose

The fourth edition of the Staff Governance Standard made clear that each NHSScotland Board is required to establish a Remuneration Committee, whose main function is to ensure application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government and applies to Executives and Senior Managers only.

1.2 Composition

- The Chair of the Board (who will be the Chair);
- The Vice Chair of the Board
- The Employee Director
- Two other Non-Executive Members

In addition there will be in attendance:

- Board Secretary
- Chief Executive

- Director of Workforce
- Associate Director of Workforce

At the request of the Committee, other Senior Officers may also be invited to attend.

All members of the Remuneration Committee will require to be appropriately trained to carry out their role on the Committee.

No employee of the Board shall be present when any issue relating to their employment is being discussed.

1.3 Meetings

The Committee will meet no less than 3 times per annum**.**

Remuneration issues may arise between meetings and will be brought to the attention of the Chair of the Remuneration Committee by the Chief Executive or the Director of Workforce. The Chair may call a special meeting of the Remuneration Committee to address the issue.

Meetings of the Committee will be quorate when three Non-Executive Members are present.

1.4 Remit

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors and others under the Executive Cohort and Senior Manager Pay Systems and also to discharge specific responsibilities on behalf of the Board as an employing organisation.

Ensure that arrangements are in place to comply with NHS Borders Performance Assessment Agreement and Scottish Government direction and guidance for determining the employment, remuneration, terms and conditions of employment for Executive Directors, in particular:-

- Approving the personal objectives of all Executive Directors in the context of NHS Borders's Local Delivery Plan, Corporate Objectives and other local, regional and national policy

- receiving formal reports on the operation of remuneration arrangements and the outcomes of the annual assessment of performance and remuneration for each of the Executive Directors.

Ensure that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for other staff employed under the 'Executive Cohort' and 'Senior Manager' pay systems. The Committee will receive formal reports annually providing evidence of the effective operation of these arrangements.

Promote the adoption of an NHS Borders approach to issues of remuneration and performance assessment to ensure consistency.

Undertake reviews of aspects of remuneration/employment policy for Executive Directors (e.g. Relocation Policy) and other Senior staff (e.g. special remuneration), when requested by NHS Borders Board.

Consider and determine any redundancy, early retiral or termination arrangement in respect of all NHS Borders staff, excluding early retirals on grounds of ill health, and approve these or refer to the Board as it sees fit.

Consider and keep under regular review the arrangements for those NHS Borders staff on external secondments.

To be assured as to the proper processes of the Discretionary Points Committee in the award of discretionary points to eligible specialist, medical and dental staff based on competent recommendations from the appropriate advisory bodies, and to receive reports from the Committee for approval.

To have oversight of the consultant recruitment process on behalf of the Board, who are responsible for the recruitment, and authorisation of appointments of, consultants as required under the National Health Service (Appointment of Consultants) (Scotland) Regulation 2009.

1.4.1 Confidentiality and Committee Decisions

Decisions reached by the Committee will be by agreement and with all Members agreeing to abide by such decisions (to the extent that they are in accordance with the constitution of the Committee). All Members will treat the business of the Committee as confidential. The Committee may in certain circumstances decide a voting approach is required with the Chair having a second and casting vote.

1.4.2 Minutes and Reports

Reports issued to Members will contain full details of the issues to be considered with clear recommendations to the Committee. The minutes will record the decisions reached by the Committee with due regard to confidentiality in relation to individuals.

1.5 Best value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from the Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Remuneration Committee is authorised by the Board to investigate any activity within its terms of reference, and in doing so, is authorised to seek any information it requires about any employee.

In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it requires, and it may require Directors or other officers of NHS Borders to attend meetings.

1.7 Reporting Arrangements

The Remuneration Committee reports through the Staff Governance Committee to the Board;

Following a meeting of the Remuneration Committee the minutes of that meeting shall be marked as "confidential" and made available to the Non Executive Directors.

The Remuneration Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Remuneration Committee.

The Remuneration Committee will produce a high level Annual Report for presentation to the Staff Governance Committee to provide assurance that the Remuneration Committee is addressing appropriate business in line with due process.

The Remuneration Committee will through the Staff Governance Committee provide an annual assurance that systems and procedures are in place to manage the pay arrangements for all Executive Directors and others under the Executive Cohort and Senior Manager pay systems so that overarching Staff Governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee; these can only be considered by the Non-Executive Members of the Board.

The Annual Report will be prepared as close as possible to the end of the financial year but in enough time to allow it to be considered by the Staff Governance Committee. This is to ensure that the Staff Governance Committee is in a position in its annual report to provide the annual assurance that systems and procedures are in place to manage the pay arrangements for all staff employed in NHS Borders.

1.8 Review

The Terms of Reference of the Remuneration Committee will be reviewed on an annual basis.

The Remuneration Committee shall undertake an annual self assessment.

G~~F~~) PUBLIC GOVERNANCE COMMITTEE

1.1 Introduction and Remit

The Public Governance Committee has been established as a Committee of the Board to provide assurance to the Board that the requirements of engaging, involving and consulting the public takes place efficiently and effectively in a person centred way in line with statutory obligations and policy requirements.

1.2 Arrangement for Conduct of Business

The Public Governance Committee will operate within the terms of the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members, and in keeping with the values of NHS Borders.

1.3 Meetings

Frequency

There shall be a minimum of 3 meetings in a year.

Membership

The Public Governance Committee shall consist of:

- A minimum of 3 Non Executive members of the Board appointed by the Board;
- A minimum of 3 independent external members and lay representatives appointed by the Board.

The Chair of the Board shall not be a member of the Public Governance Committee.

Quorum

The quorum of the Committee shall be 4 members of which 2 must be Non Executives of the Board and 2 must be from the independent external and lay representative membership.

Attendance

- Executive Lead for public engagement and involvement
- Communications Manager
- Public Involvement Manager
- Scottish Health Council Local Officer
- Voluntary Sector Forum representative
- Health & Social Care Partnership representative
- Health Improvement & Equalities representative
- Area Clinical Forum representative
- Chaplain

Shall normally be in attendance at meetings.

Other officers of statutory and third sector organisations and NHS Borders may attend for specific items of interest as required, such as the Head of Clinical Governance & Quality, third sector representatives.

All Board members are entitled to attend the Committee, except where the Committee determine to undertake business in private.

All Board members are entitled to receive papers being provided for the Committee's consideration.

Where possible at least 50% of the meetings of the Public Governance Committee will be held outwith NHS Borders premises.

1.4 Key Duties of the Committee

The Public Governance Committee will provide assurance to the Board and Accountable Officer that:

- Reporting and monitoring of public involvement and patient experience activities, service users and carers involvement, stakeholder engagement, policy and guidance are in place and delivered in line with the organisations corporate values.
- Reporting and monitoring of Equality and Diversity and Health Inequalities requirements are in place and delivered in line with the organisations corporate values.
- Public and patient involvement in service change, improvement and redesign is undertaken and delivered in line with Scottish Government policies and legislative requirements.
- Reporting and monitoring of Community Empowerment (Scotland) Act 2015 Public Participation Requests.
- There is a cross referencing and linkage to the Clinical Governance Committee where appropriate.
- There is a cross referencing and linkage to the Staff Governance Committee where appropriate.
- Accountability structures are in place for any public involvement workstreams.
- There is a sharing of information and issues relating to Human Rights.
- Assurance is sought from risk owners that strategic risks relating to public communication and engagement are being managed proportionally in line with the risk management process and systems.

1.5 Authority

The Public Governance Committee is a mandatory Committee of the Board and is authorised by the Board to:

- Investigate any activity which is within its terms of reference, and in doing so, is authorised to seek any information it requires from any employee. All members and employees are directed to co-operate with any request made by the Committee;
- obtain external advice and to secure the attendance at meetings of persons from outside of the Board who bring relevant expertise and experience if the Committee considers this necessary;
- consider and endorse/approve relevant board wide policies;
- consider relevant risks in regard to communication and engagement and whether they need to be escalated to the Board for inclusion in the Corporate Risk Register.

1.6 Reporting Arrangements

The Public Governance Committee will report to the Board, and will submit an Annual Report on its activities, outcomes and self assessment to the Board.

The Public Governance Committee shall annually agree a workplan detailing the work to be taken forward by the Committee during that year.

The Public Governance Committee shall annually review its' Terms of Reference and submit them to the Board Secretary by November each year.

The minutes of the Public Governance Committee will be presented to the Board, and the Chairperson, or nominated deputy, shall advise the Board of any matters of particular significance discussed by the Committee.

H~~G~~) AREA CLINICAL FORUM (ACF)

1.1 Purpose

As required by "Rebuilding our NHS", the Area Clinical Forum (ACF) exists to advise the NHS Board. The Chair of the ACF is a Non-Executive Director of the NHS Board.

The purpose of the Area Clinical Forum is to formulate comprehensive clinical advice to the Board on matters of policy and implementation. The Committee will consult widely with its constituency and the Board. It will be proactive in:

- reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups;
- the provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the NHS Board;
- sharing best practice and encouraging multi-professional working in healthcare and health improvement; ;
- Ensuring effective and efficient engagement of clinicians in service design, development and improvement;
- providing a local clinical and professional perspective on national policy issues;
- ensuring that local strategic and corporate developments fully reflect clinical service delivery;
- taking an integrated clinical and professional perspective on the impact of national policies at local level;
- through the ACF Chair, being fully engaged in NHS Board business; and
- supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

1.2 Membership

The membership of the Committee will be the Chairs of the professional advisory Committees namely;

- Area Allied Health Professionals Committee
- Area Medical Committee
- Area Dental Committee
- Area Optical Committee
- Area Nursing & Midwifery Committee

- Area Pharmaceutical Committee
- Healthcare Scientists Advisory Committee
- Psychologists Team

Others in Attendance:
The Committee may invite others to attend a meeting for discussion of specific items. That person may take part in the discussion but will not have a vote.

Sub Committees:
The Committee may appoint ad hoc Sub-Committees as appropriate to consider and provide advice on specific issues.

Tenure:
Individual members tenure will be determined by the constitution of their parent Committee. If a member resigns or retires, the appropriate Advisory Committee will choose a replacement. The replacement will hold office for the remainder of the period for which the member he/she replaces would have held office.

Officers:
Chair: The Committee shall elect a Chair. This shall be on the basis of one vote for each of the Committee members. The Chair shall be elected for 3 years. He/she will be eligible for a maximum of 2 consecutive terms of office.

Vice-Chair:
The Committee shall then elect a Vice-Chair. The tenure shall be the same as for the Chair.

Secretary:
The Secretary shall be provided by the NHS Board.

Conditions:
1) Interests: Members must declare any pecuniary or other interest which could be construed as influencing the advice given to the NHS Board, and must not participate in discussion leading to that advice.
2) Removal: An Office Bearer may be removed from office at a meeting of the Committee only if the removal has been included as an agenda item. Such removal would require the agreement of 4 members of the Committee.
3) Executive Powers: The Chair (or in his/her absence the Vice Chair) will have discretionary powers to act on behalf of the Committee but in doing so it is answerable to the Committee.
4) Membership of the NHS Board: The Chair will be appointed by the Minister of Health as a full member of the NHS Board.

1.3 Notice of Meetings

Notice of Meetings:
The Secretary will ensure that the agenda and relevant papers are issued at least 7 days before the meeting whenever possible.

Minutes:

The Secretary will ensure that the minutes of the meetings of the Committee are sent to each member with the agenda and papers of the next meeting.

Meetings:
Meetings will be held bi-monthly although the Committee may vary these arrangements to cover holiday months or other circumstances.

Quorum:
A quorum of the Committee will be 4 members.

Voting:
Where the Committee is asked to give advice on a matter and the majority vote is reached the Chair or Secretary will record the majority view but will also make known any significant minority opinion and present the supporting arguments for both view points.

Alterations to the Constitution and Standing Orders: Alterations to the constitution and standing orders may be recommended at any meeting of the Committee provided 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 the NHS Board for approval before any change is made.

I~~H~~) AREA PARTNERSHIP FORUM (APF)

1.1 Purpose

The Area Partnership Forum as a strategic body, is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Borders, and to develop and approve Workforce (ie HR and related) Policies in accordance with agreed timetables and priorities through the partnership process, for adoption of these policies by the Staff Governance Committee on behalf of the Board as the employer.

1.2 Remit

The Area Partnership Forum will:

- Take a proactive approach in embedding partnership working at all levels of the organisation to assist the process of devolved decision making;
- Approve and monitor the implementation of all Workforce Policies (ie HR and related policies);
- Consider and comment on other policies;
- Support the work of the Staff Governance Committee when required;
- Ensure the best Workforce practice is shared across the area;
- Contribute to the development of Strategies and Action Plans to inform the NHS Borders Local Delivery Plan;
- Oversee, monitor and evaluate the processing of staff surveys and staff governance returns to Scottish Government;
- Assess the impact of strategic decisions upon Staff;
- Liaise and ensure a two way communication with the Scottish Partnership Forum;

- Respond to consultation from the Scottish Partnership Forum, its sub groups and supporting infrastructure;
- Ensure that any Workforce strategies and policies are underpinned by appropriate Staff Governance, financial planning, implementation planning and evidence;
- Contribute to local and regional planning arrangements for service and workforce development and delivery;
- Ensure adequate and necessary Facilities arrangements are in place.
- Ensure the views of all Staff Side with an interest in improving local health and healthcare services, local communities and healthcare staff are appropriately heard and considered; (this is in line with national partnership agreements)
- Ensuring Area Partnership Forum members have knowledge and understanding of national health policies and local health issues, and the ability to contribute to strategic leadership and to develop effective working relationships;
- Ensuring all staff, are effectively trained, properly supported and performance is formally reviewed on an annual basis. This statement is in keeping with National Agreement and is a monitoring role on behalf of the Staff Governance Committee

1.3 Authority

The Forum is authorised by NHS Borders to investigate any activity within its terms of reference.

In order to fulfil its remit, the Area Partnership Forum may obtain whatever professional advice it requires (including that from professional/trade union/national or local representative), and require Directors or other officers of the Board to attend meetings.

The external Auditor and Chief Internal Auditor shall have the right of direct access to the Joint Chairs of the Area Partnership Forum.

The Forum is authorised by the Board to approve employment policies through the partnership process before adoption of these policies by the Staff Governance Committee on behalf of the Board as the employer.

1.4 Reporting Arrangements

- The Area Partnership Forum acts as a sub group of and reports to the Staff Governance Committee;
- Following a meeting of the Area Partnership Forum, the minutes of that meeting will be presented for information at the next meeting of the Staff Governance Committee and approval at the next APF;
- The Area Partnership Forum should annually and within three months of the start of each financial year provide, approve and agree a workplan detailing the work to be taken forward by the Forum;
- The Area Partnership Forum will produce an annual report for presentation to the APF and Staff Governance Committee that will describe outcomes from the Forum during the year.

1.5 Membership

Membership of the Area Partnership Forum shall comprise representatives of management and all recognised staff organisations (Staff Side). [Appendix 1]. For any voting purpose each recognised Trades Union will have one seat/one vote. However all Staff Side representatives are encouraged to attend.

Management and Staff Side should have named members with nominated deputies. Management and Staff Side representatives, including deputies, may attend as observers with the agreement of the joint Chairs. Full Time Officers for recognised Staff Side organisations may attend as an ex officio member.

Membership (and Deputy Membership) is conferred without limit of time subject to acceptable record of attendance and continuing within the position they are accepted on. Membership will be formally updated annually when the Terms of Reference are reviewed.

The Employee Director's Personal Assistant shall ensure that an accurate record of attendance is maintained and absence from three consecutive meetings of the Forum shall result in membership being withdrawn and alternative representative being sought.

Should there then be continued non-attendance of a nominated representative to the APF, the Joint Chairs shall contact the nominated representative and/or (in the case of a Staff Side representative) their relevant staff organisation and clarify if the nominated representative wishes to continue as a member of the APF, or if another nominated representative from that organisation will be replacing them on the APF.

Formal Sub Groups

- Local Partnership Forums x 4
- Terms and Conditions Group
- HR Policy Development Group
- Joint Staff Forum

The Area Partnership Forum will also act as a resource for other groups seeking Staff Side views / opinions relating to NHS Borders development.

The Occupational Health and Safety Forum, as a statutory committee for Health and Safety, will communicate directly to the Area Partnership Forum on matters agreed in partnership with managers and health and safety representatives but is not a sub committee.

1.6 Forum Meetings

1.6.1 Cycle of Meetings

The Forum will meet on an agreed basis, but routinely every 8 weeks, unless otherwise agreed by the Joint Chairs.

1.6.2 Chairing of Meetings

There will be Joint Chairs appointed from the management and Staff Side who will chair meetings of the Forum on an alternating basis. It is the responsibility of the Joint Chairs to

agree in advance any agenda items and agenda planning meetings will therefore take place between the Joint Chairs in advance of each meeting of the Forum.

The Employee Director's Personal Assistant will distribute an agenda and supporting papers for each Forum meeting no later than one week before the date of the meeting to all Forum members. Written reports will be required for all agenda items otherwise the matter will not be discussed unless otherwise agreed by the joint chairs in advance.

1.6.3 Quorum

Meetings if the Forum will be deemed to be quorate when:

- a minimum of five members of the management side
- a minimum of five members of the Staff Side are present

1.7 Values

To underpin the working of the Area Partnership Forum, the following values will be adopted and govern the approach taken to consideration of issues, in line with the requirements of MEL (1999) 59:

- mutual trust, honesty and respect;
- openness and transparency in communications;
- recognising and valuing the contribution of all partners;
- access and sharing of information;
- consensus, collaboration and inclusion as the "best way";
- maximising employment security;
- full commitment to the framework and good employment practice;
- the right of stakeholders to be involved, informed and consulted;
- early involvement of all staff and their trade unions in all discussions regarding change;
- a team approach to underpin partnership working.

The Forum will also promote and act in accordance with the Partnership Standards for NHS Borders.

1.8. Decision of the Forum

Consultation

Any party may request that a matter brought before the Forum be subject to appropriate consultation with management and Staff Side colleagues prior to any final agreement being reached.

Decisions reached by the Forum which impact on the operation of policy and practice will take effect from a date agreed by the parties and will apply to all relevant staff employed within NHS Borders.

Referral

Any matter considered by the Area Partnership Forum which is deemed to fall outwith its terms of reference, or which is subject to Board or Staff Governance Committee approval, will be referred to the Board or Staff Governance Committee on the basis of Area

Partnership Forum support. Reference to the Scottish Partnership Forum may also take place as appropriate.

Failure to Agree

In the event of any failure to agree in matters under consideration by the Forum, the matter will be referred via the Joint Chairs to the Staff Governance Committee, who will endeavour to find a way forward.

1.9 Review

These Terms of Reference of the APF will be reviewed on an annual basis and before March of each year.

APPENDIX 1

Management Representatives

The management representatives will be drawn from the senior officers of NHS Borders and will normally include:

- Chief Executive (deputy - Director of Acute Care / Chief Officer)
- Director of Acute Care / Chief Officer er (deputy - General Manger)
- Director of Workforce - (deputy - Head of Workforce Planning / Head of Human Resources)
- Head of Workforce Planning (deputy - appropriate HR representative)
- Head of Human Resources (deputy - appropriate HR representative)
- Director of Finance (deputy - Deputy Director of Finance)
- Director of Nursing & Midwifery (deputy – Associate Director of Nursing)
- Director of Estates & Facilities (deputy – Deputy Director of Estates)
- General Manager (deputy - Locality Manager / Service Manager / Operational Manager)
- Associate Director of AHPs (deputy appropriate senior AHP)
- Senior Manager – Occupational Health (deputy – Lead Occupational Health Nurse)
- Risk Manager
- Safety Manager
- Communications Manager (deputy – appropriate representative from Communications team)

Other management representatives may attend in response to specific issues under consideration at the Forum

- Staff Side Organisations
- British Association of Occupational Therapy – BAOT - (vacant)
- British Dental Association – BDA – Yvonne Millar (no deputy)
- British Dietetic Association – BDA – (vacant)
- British Medical Association – BMA – John O'Donnell (no deputy)
- British and Orthoptic Society - BIOS - Dorothy Jeffrey (no deputy)
- Community and District Nursing Association – CDNA (vacant)
- Community Practitioners and Health Visitors Association - (vacant)
- Chartered Society of Physiotherapy – CSP – Linda Gray & Allison Hennessey
- General Municipal Boilermakers Union – GMB – (vacant)

- Royal College of Nursing – RCN – Yvonne Chapple & Lynn Anderson
- Royal College of Midwives – RCM – (vacant)
- Society of Chiropodists & Podiatrists – SCP - Tracey Ball & Lynsey Watson
- Society of Radiographers – SOR – Sharon Anderson (no deputy)
- UNISON –David Walker & Karen Di Cara
- UNITE – Shona Finlay & Allison Cumming

The Chairs of the Local Partnership Forums attend using either their Trade Union seat or in an ex officio capacity.

Fulltime Union Officials attend in an ex officio capacity.

J~~I~~) PHARMACY PRACTICES COMMITTEE

Terms of Reference
The Pharmacy Practices Committee is constituted and operates in compliance to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995. Statutory Instrument 1995 No 414 (S.28).

SCOTTISH STATUTORY INSTRUMENTS

2001 No. 302

NATIONAL HEALTH SERVICE

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001

Made	*6th September 2001*
Laid before the Scottish Parliament	*7th September 2001*
Coming into force	*28th September 2001*

ARRANGEMENT OF REGULATIONS

PART IV

MISCELLANEOUS

12. Revocations

SCHEDULE: Meetings and proceedings of the Board and committees

The Scottish Ministers, in exercise of the powers conferred by sections 2(10), 105(7) and 108(1) of, and by paragraphs 2A, 4, 6 and 11 of Schedule 1 to the National Health Service (Scotland) Act 1978(a), and of all other powers enabling them in that behalf, hereby make the following Regulations:

PART I

GENERAL

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 and shall come into force on 28th September 2001.

(2) In these Regulations, unless the context otherwise requires–

"the 1997 Act" means the National Health Service Act 1977(b);

"the Act" means the National Health Service (Scotland) Act 1978;

"Board" means a Health Board constituted under section 2(1) of the Act;

"the Charity Commissioners" means the Charity Commissioners constituted in accordance with section 1 of the Charities Act 1993(c);

"Chief Officer" means the person or persons holding the post of Chief Executive;

"committee" means a committee of a Board and includes "sub-committee"

"contract" includes any arrangement including a NHS contract;

"health service body" means a person or body specified in section 17A(2) of the Act(d);

"meeting" means a meeting of the Board or of any committee;

"member" means a member of a Board and includes the chairperson;

"NHS trust" means a National Health Service trust established under section 12A of the Act(e).

(3) A reference in these Regulations to a numbered regulation is to the regulation bearing that number in these Regulations and a reference in a regulation to a numbered paragraph is to the paragraph bearing that number in that regulation and a reference to the Schedule is to the Schedule to these Regulations.

(a) 1978 c.29; section 105(7), which was amended by the Health Services Act 1980 (c.53) ("the 1980 Act"), Schedule 6, paragraph 5(1)(a) and Schedule 7 and by the Health and Social Services and Social Security Adjudications Act 1983 (c.41) ("the 1983 Act"), Schedule 9, paragraph 24, contains provisions relevant to the exercise of the statutory powers under which these Regulations are made; section 108(1) contains definitions of "prescribed" and "regulations" relevant to the exercise of the statutory powers under which these Regulations are made; paragraph 2A of Schedule 1 was inserted by the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), Schedule 5, paragraph 2; paragraph 4 of Schedule 1 was amended by the 1990 Act, Schedule 5, paragraph 3; and paragraph 11 of Schedule 1 was amended by the 1980 Act, Schedule 6, paragraph 7 and Schedule 7 and by the 1990 Act, Schedule 5, paragraph 7. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

(b) 1977 c.49.

(c) 1993 c.10.

(d) Section 17A(2) was inserted by the 1990 Act, section 30 and amended by the Health Act 1999 (c.8), Schedule 1.

(e) Section 12A was inserted by the 1990 Act, section 31 and amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 46 and by the Health Act 1999 (c.8), sections 46 and 48 and Schedule 4, paragraph 45.

PART II

MEMBERSHIP

Appointment and term of office

2.—(1) All members shall be appointed by the Scottish Ministers.

(2) The term of office of the members shall, subject to regulation 5, be for such period as the Scottish Ministers shall specify on making the appointment.

(3) After the expiration of a term of office a member shall, subject to regulation 6, be eligible for re-appointment.

University members

3. For the purposes of paragraph 2A of Schedule 1 to the Act(a) the Boards in which at least one of the persons appointed to be chairperson or a member must hold a post in a university with a medical or dental school are the Boards in Grampian, Greater Glasgow, Lothian and Tayside.

Remuneration of members

4. Remuneration may be paid, in accordance with such determination as may be made by the Scottish Ministers, under paragraph 4 of Schedule 1 to the Act(b), to the chairperson, a member appointed under paragraph 2A of Schedule 1 to the Act holding a post in a university and any of the other members, except any members holding the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Resignation and removal of members

5.—(1) A member may resign office at any time during the period of appointment by giving notice in writing to the Scottish Ministers to this effect.

(2) If the Scottish Ministers consider that it is not in the interests of the health service that a member of a Board should continue to hold that office they may forthwith terminate that person's appointment.

(3) If a member has not attended any meeting of the Board, or of any committee of which they are a member, for a period of six consecutive months, the Scottish Ministers shall forthwith terminate that person's appointment unless the Scottish Ministers are satisfied that–

(a) the absence was due to illness or other reasonable cause; and

(b) the member will be able to attend meetings within such period as the Scottish Ministers consider reasonable.

(4) Where a member who was appointed for the purposes of paragraph 2A of Schedule 1 to the Act ceases to hold the post in a university with a medical or dental school, which was held at the time of appointment for those purposes, the Scottish Ministers may terminate the appointment of that person as a member.

(5) Where any member becomes disqualified in terms of regulation 6 that member shall forthwith cease to be a member.

Disqualification

6.—(1) Subject to paragraphs (2) and (3), a person shall be disqualified for being a member, if–

(a) they have, within the period of five years immediately preceding the proposed date of appointment, been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;

(b) their estate has been sequestrated in Scotland or they have otherwise been adjudged bankrupt elsewhere than in Scotland, they have granted a trust deed for the benefit of

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(a) Paragraph 2A was inserted by the 1990 Act, Schedule 5, paragraph 2.
(b) Paragraph 4 was amended by the 1990 Act, Schedule 5, paragraph 3.

their creditors or entered into any arrangement with their creditors, or a curator bonis or judicial factor has been appointed over their affairs;

(c) they have resigned or been removed or been dismissed, otherwise than by reason of redundancy, from any paid employment or office with a health service body;

(d) they are a person whose appointment as the chairperson, member or director of a health service body has been terminated other than by the expiration of their term of office;

(e) they are a chairperson, member, director or employee of a health service body;

(f) they have had their name removed, by a direction under section 29 of the Act(a), from any list prepared under Part II of the Act and have not subsequently had their name included in such a list;

(g) they are a person whose name has been included in any list prepared under Part II of the Act, and whose name has been withdrawn from the list on their own application;

(h) they have had their name removed, by a direction under section 46 of the 1977 Act(b) from any list prepared under Part II of the 1977 Act and have not subsequently had their name included in such a list;

(i) they are a person whose name has been included in any list prepared under Part II of the 1977 Act, and whose name has been withdrawn from the list on their own application;

(j) they are a person who is subject to a disqualification order under the Company Directors Disqualification Act 1986(c); or

(k) they are a person who has been removed from the position of trustee of a charity, whether by the court or by the Charity Commissioner.

(2) For the purpose of paragraph (1)–

(a) the disqualification attaching to a person whose estate has been sequestrated shall cease if and when–

(i) the sequestration of their estate is recalled or reduced; or

(ii) the sequestration is discharged;

(b) the disqualification attaching to a person by reason of their having been adjudged bankrupt shall cease if and when–

(i) the bankruptcy is annulled; or

(ii) they are discharged;

(c) the disqualification attaching to a person in relation to whose estate a judicial factor has been appointed shall cease if and when–

(i) that appointment is recalled; or

(ii) the judicial factor is discharged;

(d) the disqualification attaching to a person who has granted a trust deed or entered into an arrangement with their creditors shall cease if and when that person pays their creditors in full or on the expiry of five years from the date of their granting the deed or entering into the arrangement.

(3) The Scottish Ministers may direct that in relation to any individual person or Board any disqualification so directed shall not apply in relation thereto.

(4) For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

Appointment and powers of vice-chairperson

7.—(1) For the purpose of enabling the business of a Board to be conducted in the absence of the chairperson, each Board shall appoint a member who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust to be vice-chairperson and any person so appointed shall, so long as they remain a member of the Board, hold office as vice-chairperson for such period as the Board may decide.

(a) Section 29 was amended by the Health and Social Security Act 1984 (c.48), Schedule 8 and by the National Health Service (Amendment) Act 1995 (c.31), section 7 and the Schedule.

(b) Section 46 was amended by the Health Authorities Act 1995 (c.17), Schedule 1 and the National Health Service (Amendment) Act 1995 (c.31), sections 1, 2 and 3.

(c) 1986 c.46.

(2) Any member so appointed may at any time resign from the office of vice-chairperson by giving notice in writing to the chairperson and the members may appoint another member as vice-chairperson in accordance with paragraph (1).

(3) Where the chairperson of a Board has died or has ceased to hold office of where that person has been unable to perform their duties as chairperson owing to illness, absence from Scotland or any other cause, the vice-chairperson shall take the place of the chairperson in the conduct of the business of the Board and references to the chairperson shall, so long as there is no chairperson able to perform their duties, be taken to include references to the vice-chairperson.

PART III

PROCEEDINGS

Meetings and minutes

8.—(1) The meetings and proceedings of the Board shall be conducted in accordance with standing orders made pursuant to regulation 9.

(2) At every meeting of a Board, the chairperson, if present, shall preside.

(3) If the chairperson is absent from any meeting, the vice-chairperson, if present, shall preside, and if the chairperson and vice-chairperson are both absent, the members present at the meeting shall elect from among themselves a person, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, to act as chairperson for that meeting.

(4) All acts of, and all questions coming and arising before, a Board shall be done and decided by a majority of the members of the Board present and voting at a meeting of the Board and, in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote.

(5) The proceedings of a Board or of any committee shall not be invalidated by any vacancy in its membership or by any defect in the appointment of any member of such committee.

Standing orders

9.—(1) Subject to paragraph (2) and to such directions as may be given by the Scottish Ministers, each Board shall make, and may vary and revoke, standing orders for the regulation of the procedure and business of the Board and of any committee.

(2) Standing Orders under paragraph (1) should include the matters set out in the Schedule.

Appointment and functions of committees

10.—(1) A Board may, and if so directed by the Scottish Ministers shall, appoint committees for such purposes as the Board may determine, subject to such restrictions or conditions as the Board may think fit, or as the Scottish Ministers may direct.

(2) Any committee, but not including any sub-committee, appointed under paragraph (1) shall include at least one member of the Board and may include persons, including trustees of a NHS trust, who are co-opted, and may consist wholly or partly of members of the Board.

(3) Any sub-committee appointed under paragraph (1) may include persons who are co-opted and may consist wholly or partly of members of the Board or wholly of persons who are not members of the Board.

Conflict of interest

11.—(1) Subject to such exceptions and qualifications as may, with the approval of the Scottish Ministers, be specified in standing orders, if a member, or associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract (not being a contract for the provision of any of the services mentioned in Part II of the Act) or other matter, and that member is present at a meeting of the Board or of a committee at which the contract or other matter is the subject of consideration, they shall at the meeting, and as soon as practicable after its

commencement, disclose the fact, and shall not take part in the consideration and discussion of, the contract, proposed contract or other matter or vote on any question with respect to it.

(2) The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by this regulation in any case in which it appears to them in the interests of the health service that the disability should be removed.

(3) Any remuneration, compensation or allowances payable to a chairperson or other member by virtue of paragraphs 4, 5 or 13 of Schedule 1 to the Act shall not be treated as a pecuniary interest for the purpose of this regulation.

(4) A member shall not be treated as having an interest in any contract, proposed contract or other matter by reason only that they, or an associate of theirs, has an interest in any company, body or person which is so remote or insignificant that they cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

(5) This regulation applies to a committee as it applies to the Board and applies to any member of any such committee (whether or not they are also a member of the Board) as it applies to a member of the Board.

(6) For the purposes of this regulation, the word "associate" has the meaning given by section 74 of the Bankruptcy (Scotland) Act 1985(a).

PART IV

MISCELLANEOUS

Revocations

12. The following Regulations are hereby revoked:–

(a) the Health Boards (Membership and Procedure) (No. 2) Regulations 1991(b)

(b) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993(c)

(c) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998(d)

(d) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999(e).

SUSAN C DEACON
A member of the Scottish Executive

St Andrew's House,
Edinburgh
6th September 2001

(a) 1985 c.66. Section 74 was amended by the Bankruptcy (Scotland) Regulations 1985 (S.I. 1985/1925), regulation 11.
(b) S.I 1991/809.
(c) S.I. 1993/1615.
(d) S.I. 1998/1459.
(e) S.I. 1999/132.

Regulation 9

SCHEDULE

MATTERS TO BE INCLUDED IN STANDING ORDERS REGULATING MEETINGS AND PROCEEDINGS OF THE BOARD AND COMMITTEES

Calling meetings

1.—(1) The first meeting of the Board shall be held on such day and at such place as may be fixed by the chairperson and that person shall be responsible for convening the meeting.

(2) The chairperson may call a meeting of the Board at any time and the chairperson of a committee may call a meeting of that committee at any time or and shall call a meeting when required to do so by the Board.

(3) If the chairperson refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of members, has been presented to the chairperson or if, without so refusing, the chairperson does not call a meeting within 7 days after such requisition has been presented, those members who presented the requisition may forthwith call a meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

Notice of Meetings

2.—(1) Before each meeting of the Board, a notice of the meeting, specifying the time, place and business proposed to be transacted at it and signed by the chairperson, or by a member authorised by the chairperson to sign on that person's behalf, shall be delivered to every member or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting.

(2) Lack of service of the notice on any member shall not affect the validity of a meeting.

(3) In the case of a meeting of the Board called by members in default of the chairperson, the notice shall be signed by those members who requisitioned the meeting in accordance with paragraph 1(3).

Conflict of interests

3.—(1) A member shall be excluded from a meeting of the Board or committee in accordance with regulation 11 while any contract, proposed contract, or other matter in which they or an associate of theirs has an interest is under consideration.

(2) The exceptions and qualifications referred to in regulation 11(1) shall be specified.

Quorum

4. No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least one third of the whole number of members including at least two members who do not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Conduct of meetings

5.—(1) At any meeting of a committee the chairperson of that committee, if present, shall preside.

(2) If both the chairperson and vice-chairperson (if any) are absent from a meeting of the Board a member, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, chosen at the meeting by the members present shall preside.

(3) If both the chairperson and vice-chairperson (if any) of a committee are absent from a meeting of that committee a member of the committee chosen at the meeting by the other members present shall preside.

7

(4) If it is necessary or expedient to do so a meeting may be adjourned to another day, time and place.

Voting

6. Every question at a meeting shall be determined by a majority of the votes of the members present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

Records

7.—(1) The names of the members present at a meeting shall be recorded.

(2) The minutes of the proceedings of a meeting including any decision or resolution made at that meeting shall be drawn up and submitted to the next ensuing meeting for agreement after which they will be signed by the person presiding at that meeting.

Suspension and disqualification

8. 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.

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations supersede and revoke the Health Boards (Membership and Procedure) (No. 2) Regulations 1991 ("the 1991 Regulations") and their amendments, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998 and the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999.

The Regulations, make provision in relation to Boards established under the National Health Service (Scotland) Act 1978 as to the membership and procedure of these Boards.

Regulation 2 makes provision with regard to the terms of office of members of Boards and regulation 3 makes provision for those Boards which must have at least one member who holds a post in a University with a medical or a dental school.

Regulation 4 deals with the remuneration of the members of Boards and regulation 5 with their resignation and removal from office.

Regulation 6 provides for the circumstances in which a person may be disqualified from membership of a Board. Regulation 7 deals with the appointment of a vice-chairperson of committees and sub-committees of Boards.

In Part III there are various provisions with regard to procedure including provisions as to the meetings of the Boards. Regulation 9 makes provision for standing orders regulating the procedure of meetings of Boards and of committees and sub-committees. Regulation 10 makes provision about the appointment and functions of committees. Regulation 11 makes provision with regard to conflict of interest.

Regulation 12 revokes the 1991 Regulations and all amending instruments as mentioned above which provided for membership and procedure of Boards referred to above.

The Schedule sets out the detail of the matters that must be included in the standing orders made pursuant to regulation 9.

SCOTTISH STATUTORY INSTRUMENTS

2001 No. 302

NATIONAL HEALTH SERVICE

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001

ISBN 0-11-059820-2

9 780110 598208

£2.50

Printed in the UK by The Stationery Office Limited
under the authority and superintendence of Carol Tullo, the Queen's Printer for Scotland
800 09/01 19593

SECTION C

STANDARDS OF BUSINESS CONDUCT FOR NHS STAFF

STANDARDS OF BUSINESS CONDUCT FOR NHS STAFF

GUIDANCE ON ACCEPTANCE OF GIFTS AND HOSPITALITY AND DECLARATIONS OF STAFF INTERESTS

CONTENTS

1. FOREWORD

This document provides guidance to all staff on the acceptance of gifts and hospitality, and declarations of interests. It brings together numerous NHS Borders policies and pieces of legislation that govern these areas, to help staff understand what is and is not acceptable in one easily accessible document. If staff require further detail they should refer to the policies to which each section relates and/or discuss with their line manager.

2. INTRODUCTION

It is important that NHS Borders and its employees maintain strict ethical standards in the conduct of NHS business and are protected from allegations of conflict of interest, acting improperly or breach of impartiality.

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 primary responsibility applies to **all NHS staff**, but 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).

Under the Prevention of Corruption Acts 1906 and 1916 it is an offence for Health Service employees to corruptly accept any gifts or consideration as an inducement or reward for –

- doing, or refraining from doing, anything in their official capacity
- showing favour or disfavour to any person in their official capacity

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.

It should be clearly understood therefore that:-

- a breach of the provisions of the Acts renders staff liable to prosecution, will lead to disciplinary action and may provide grounds for dismissal
- anyone convicted of corruption may forfeit their superannuation rights
- anyone holding qualifications which are subject to registration by a statutory body may be subject to removal from the register if convicted of corruption, forfeiting their right to practise professionally

If you are in any doubt at all as to what you can or cannot do, you should seek advice from your line manager/Head of Department/Director.

The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] provide instructions to staff in maintaining strict ethical standards in the conduct of NHS business. All staff are therefore required to adhere to the Standards of Business Conduct for NHS Staff.

The key elements of the Standards of Business Conduct are that the employees of NHS Borders are expected to:-

- ensure that the interest of patients remains paramount at all times;

- ensure that all identifiable personal information relating to patients or staff is kept secure and confidential at all times and in accordance with ~~the~~ UK General Data Protection Regulation tailored by the Data Protection Act 2018. NHS Borders has implemented a privacy breach detection system (Fair Warning) to assist in monitoring inappropriate access to confidential data;
- be impartial and honest in the conduct of their business;
- use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

Employees should not:-

- abuse their official position for personal gain or to benefit their family and/or friends;
- undertake outside employment that could compromise their NHS duties;
- seek to advantage or further their private business or other interests, in the course of their official duties;
- staff must protect themselves and NHS Borders from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of this policy.

If staff follow these principles, the Board should be able to demonstrate that it adheres to the three essential public sector values:–

Accountability – all work undertaken by NHS Borders staff must be able to stand the test of scrutiny, public judgements on propriety and professional codes of conduct.

Probity - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers and in the use of information acquired in the course of NHS duties.

Openness - there should be sufficient transparency about NHS activities to promote confidence between NHS Borders, its staff and the public.

Action for Managers

Managers must adhere to this guidance and ensure that their staff are aware of and comply with these Standards. To achieve this, each manager should record their receipt and understanding of the Standards of Business Conduct for NHS staff, together with evidence that all their staff have been informed of its contents. Each member of staff will receive a copy at induction and also confirm their understanding of it as part of the Confidentiality Statement sign off every two years.

Where an interest, hospitality or relevant outside employment is declared to a manager, they must record that declaration in the employee's personal file together with any instructions issued to the member of staff in relation to the declaration. All declarations of interests, hospitality, or relevant outside employment should be notified to the Board Secretary. Any gifts or hospitality, which are unusual, or likely to arouse controversy, should also be notified to the Board Secretary.

Managers should consider whether outside employment declared by employees is likely to conflict with their NHS work or be detrimental to it. Generally, directorship of, or work with, an identified NHS supplier, or business competing with the NHS, would be unacceptable.

If a manager is informed of a potential conflict of interest, hospitality or outside employment which has not been declared by a member of their staff, they must inform the Board Secretary and Director of Finance.

3. ACCEPTANCE OF GIFTS AND HOSPITALITY

The Standards of Business Conduct for NHS Staff include instructions on the acceptance of gifts and hospitality and these Standards are incorporated into the contract of employment of each member of staff. Practices which may be accepted in the private sector are not permitted under the Standards. The key points in the Standards are as follows.

3.1 Anti-Bribery Policy

The Board will uphold all laws relevant to countering bribery and corruption, including 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.) The Board has put in place a range of measures intended to prevent bribery and these are subject to formal and regular review to ensure they remain fit for purpose.

Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others (for example, at the festive season) may not be in any way connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Such gifts should nevertheless be declined. Articles of small intrinsic value such as calendars or diaries, may however be accepted, where this would not breach the Code of Conduct.

Small gifts from patients or their families, to express their gratitude to members of staff, can be accepted by members of staff without breaching the Code. **The circumstances should allow sensible application of judgement. Such gifts will be of relatively low value, for example, biscuits, chocolates, flowers. These gifts do not need to be registered.**

However,

- staff must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision NHS Borders may be involved in determining, or who is seeking to do business with NHS Borders.

- staff must not accept any offer, by way of gift or hospitality, which could give rise to a reasonable suspicion of influence on their part to show favour, or disadvantage, to any individual, organisation or company.

- staff should consider whether there may be a reasonable perception that any gift received by their spouse or partner or by any company in which they have an interest, or by a partnership of which they are a partner, can or would influence their judgement.

Note - 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.

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, he/she should report the circumstances to his/her line manager/Head of Department/Director who will ensure that the donor is advised of the course of action.

Staff must never canvass or seek gifts or hospitality. Under no circumstances can staff accept personal gifts of cash. Financial donations to a department fund, which are to be used for the purposes of the Board (e.g. to support staff training) must be administered through the Board's Endowment Funds.

All unsolicited, inappropriate or high value gifts and hospitality, whether accepted or declined, must be entered on the Register of Gifts and Hospitality **(Appendix A Gifts and Hospitality Form).**

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 the Board to any obligations with the supplier;
- they are entered in the Register of Gifts and Hospitality;
- guidance is followed on the acceptance of a gift or hospitality before acceptance of the Board's potential liabilities of accepting the asset;
- the budget holder's approval to accepting the gift is sought – particularly if there are any costs - recurrent or non-recurrent – associated with accepting the gift.

Donated assets are recorded by the Board's Endowment Fund Charity and immediately transferred to the ownership of the Board.

3.2 Hospitality

The Ethical Standards in Public Life etc. (Scotland) Act 2000 states the following:-

- As a general rule it is usually appropriate to refuse offers.
- You must not accept repeated hospitality from the same source.
- You must not accept any hospitality offer to show favour or disadvantage to any individual.

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 the NHS as an employer would be likely to offer. All other offers of hospitality should be declined.

Hospitality in excess of what the NHS would be likely to provide should not normally be accepted. Such hospitality should be politely but firmly 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 on the Register of Interests, Gifts and Hospitality.

It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g. formal dinner) in a personal/private capacity or as a consequence of the position which he/she holds with the Board.

(i) If the invitation is the result of the individual's position within the Board, 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 individual should ensure that his/her 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 individual should declare his/her attendance for registration in the Register of Gifts and Hospitality.

(ii) If the individual is invited to an event in a private capacity (e.g. as result of his/her qualification or membership of a professional body), he/she is at liberty to accept or decline the invitation without referring to his/her 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.

a. The individual should not do or say anything at the event that could be construed as representing the views and/or policies of the Board.

b. If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with the Board, then it could be difficult for an individual to demonstrate that his/her attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must inform their line manager/Head of Department/Director.

(iii) 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 the NHS would normally provide and held in appropriate venues conducive to the main purpose of the event, e.g. the sponsorship is clearly disclosed in any papers relating to the meeting; products discussed should be described in relation to the Scottish Medicines Consortium, Formulary or equivalent clinical product catalogue and the active promotion of clinical products is restricted to those in the Board's Formulary and equivalent clinical product catalogues.

3.3 Assessment and training visits for new equipment

It is not acceptable for individuals within NHS Borders to accept offers of travel or overnight accommodation except where such visits do not relate to the purchase of equipment but are rather to do with training or familiarisation of equipment which it has already been determined will be purchased. In these circumstances it is acceptable for the cost to be met by the manufacturer or supplier.

Whilst it will be necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country or exceptionally overseas, acceptance of an offer by the manufacturer to meet the costs of such visits may run the risk of casting doubts on the integrity of subsequent purchasing decisions. NHS Borders will therefore meet the costs of any visits which are considered necessary. It is therefore essential that any such visits are authorised by the appropriate line manager and declared and all appropriate efforts are made to ensure visits are done in an ethical way and shall not include additional hospitality.

3.4 Record of Hospitality and Gifts

It is the responsibility of the recipients of gifts and hospitality to declare all reportable items received, whether accepted or declined, via the Declaration of Gifts & Hospitality Form at **Appendix A**.

3.5 Competitions/Prizes

Individuals should not enter competitions including free draws organised by bodies who have (or are seeking to have) financial dealings with the Board. Potential suppliers may use this as a means of giving money or gifts to individuals within the Board in an effort to influence the outcome of business decisions.

3.6 Other Gifts/Promotional Offers

There will be instances where staff have the opportunity to accept a gift or some other promotional offer from a supplier, manufacturer or contractor without it being obvious that it is intended as an inducement. The offer may be described as ‘without strings’. Acceptance of such offers may however create a sense of obligation which could affect the impartiality of a member of staff on some future occasion, and could in any event cast doubt on his/her integrity, with damaging effect on his/her reputation and that of the organisation.

3.7 Intellectual Property

If an employee invents a new technology, for instance, a device or diagnostic, or otherwise creates intellectual property (IP) as part of the normal duties of their employment, the patent rights in the invention belong to the employer (Patents Act 1977). Although legally the employee is not automatically entitled to any royalty or reward derived from such an invention, they would expect to be acknowledged as the inventor in any patent application.

3.8 Sponsorship

It is accepted that NHS Borders should benefit from sponsorship opportunities. However, there are certain companies from which sponsorship should not be accepted. Those companies are:

- those whose products have inherent health risks;
- those who manufacture or supply tobacco and alcohol products;
- or those who have a history of failing to meet legislative standards in respect of industrial relations and work conditions, human rights, animal rights or environmental issues.

Sponsorship should not be used to fund what are NHS Borders's primary responsibilities therefore it is not appropriate to use sponsorship to:

- meet the costs of providing health care services
- or when it is necessary for staff, advising on the purchasing of equipment, to expect to see such equipment in operation in other parts of the country (or exceptionally overseas).

However sponsorship can be used to fund what are seen to be secondary activities such as:-

- Materials for education, training and health promotional events;
- Clinical audit projects;
- Production and distribution of educational materials;
- Printing and distribution of guidelines;
- Fund educational and health promotion events;
- Educational grants;
- Facilitate access to research and development work elsewhere;
- Meet the running costs of Board organised events;
- Funding expenses for attendance at local or national conferences;
- Sponsorship of individuals for training courses or research projects.

The difference is NHS Borders' official charity. It supports patients in the Borders by providing 'added extras' that are over and above that which is provided by the NHS. Further details can be accessed at thedifference.org.uk

Sponsorship agreements

A sponsorship agreement must be put in place for all sponsorship activities.

Before taking forward any sponsorship agreements it must be confirmed that no major procurement decision involving the sponsor has been taken by NHS Borders within the preceding six months and none are anticipated in the following six months.

Monies accepted in the form of sponsorship or a donation from any external organisation, particularly Pharmaceutical Companies, must be supported by an NHS Borders Disclaimer Letter signed by the Senior Departmental Officer to protect NHS Borders from any obligation in contractual dealings with that particular organisation. Disclaimer Letter can be requested from the Finance Directorate via the Finance Helpdesk email Finance.helpdesk@borders.scot.nhs.uk.

No employee should agree to linked deals where sponsorship is linked to the purchase of a particular product or to supplies from particular sources

Companies offering sponsorship should be sent a copy of NHS Borders's Standards of Business Conduct for NHS Staff and must confirm in writing that they have understood this and will abide by its content.

A sponsorship agreement must then be produced between NHS Borders and the company offering the sponsorship.

The principles upon which any sponsorship agreement must be based are as follows:

- Must protect the interests of individual patients and guard against the use of any single product to the exclusion of other reputable brands on the market;
- Should not undermine or conflict with the ethical requirement of any health care professional including the duty of doctors to provide whatever treatment they consider clinically appropriate;
- Must comply with the requirements for the protection and use of patient information;
- Must not be used to generate a profit for NHS Borders;
- Must be legal and in keeping with the objectives outlined above;
- Will be made public in line with NHS Borders's accountability requirements.

A sponsorship agreement should contain as a minimum the following information:

- Details of the parties to the agreement
- Give a clear description of the sponsorship deal
- Detail the timeframe associated with the sponsorship agreement
- Confirm the credit to be given to the sponsors and this must also detail how this credit will be given to the sponsors. The credit can acknowledge the fact that they have provided the funding for the materials, hospitality or running costs to allow the project or event to be run.

However, the following issues must be made clear:

- That credit for the work or organisation is due to NHS Borders and not the sponsors;
- That the acceptance of sponsorship is not an endorsement of a specific product or drug;
- Any mention of the sponsor will be to the Company and not specifically to any of its products;
- The sponsors may attend any sponsored event and display samples of its products, but it must be clear that NHS Borders is not endorsing or promoting the company or its products.

Once the Sponsorship Agreement is finalised it should be sent by the relevant manager to the Director of Finance for approval and to ensure a co-ordinated and consistent approach to sponsorship deals.

Any final decision on the appropriateness of an offer of sponsorship will rest with the Chief Executive.

Staff must not allow any sponsorship agreements negotiated on behalf of NHS Borders to affect the integrity of their decision making or to influence discussions with patients about treatments or products.

Other relevant forms of sponsorship

Training - Acceptance of sponsorship for attendance at relevant conferences and courses is acceptable but only where the training is consistent with the individual employee's personal development plan (PDP) and or job description. The employee should seek permission in advance from their line manager and the line manager on behalf of NHS Borders must confirm that there is a need for training but cannot fulfil the training or PDP need. Normally the relevant Associate Medical Director should give permission. However, the Associate Medical Director should discuss this fully with the Medical Director, in the case of consultant staff.

Posts - Acceptance of sponsorship to sponsor wholly or partially a post may be acceptable if appropriate financial arrangements are agreed in advance with the Director of Finance. In addition, where the sponsorship is accepted, the Director of Workforce will be fully involved and will be responsible for the establishment of monitoring arrangements to ensure that purchasing decisions are not being influenced by the sponsorship agreement. Any pump-priming or fixed term funded posts must have either a permanent financial arrangement, or an agreed exit strategy in place prior to the commencement of the agreement.

Information - Managers are reminded to take care in using internal information if it would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned.

3.9 Endorsements

NHS Borders must not endorse any specific product or service unless it can be clearly demonstrated that such endorsement clearly links to NHS Borders Corporate Objectives. The criteria for NHS Borders Corporate Endorsements is attached as **Appendix C**.

4. 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. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way could be perceived to conflict with the interests of the Board. 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 could potentially affect the individual's responsibilities to the organisation and/or influence their actions. If in doubt the individual 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:-

(i) Other employments;
(ii) Directorships including Non-Executive Directorships held in private companies or public limited companies (whether remunerated or not);

(iii) Ownership of, or an interest in, private companies, partnerships, businesses or consultancies.
(iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of the shareholdings need not be declared);
(v) Ownership of, or interest in land or buildings which may be significant to, of relevance to, or bear upon the work of the Board;
(vi) Any position of authority held in another public body, trade union, charity or voluntary body;
(vii) Any connection with a voluntary or other body contracting for NHS services.
(viii) Any involvement in joint working arrangements with Clinical (or other) Suppliers

This 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 the Board. Any interests of spouses, partner or civil partner, close relative or associate, or persons living with the individual 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 via the Declaration of Interests Form at **Appendix B**. Any changes to interests should be notified at the earliest opportunity, or within 4 weeks of the change occurring. A separate Register of Interests for NHS Board Members will be held by the Board Secretary.

The entries in the Register of Interests will be retained in respect of any registration for a period of 5 years after the registration ceases or the member of staff leaves.

It is the responsibility of each individual 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.

5. PURCHASE OF GOODS AND SERVICES

The Board has an established Procurement Department under the direction of the Head of Procurement. The Procurement Department purchases the goods and services required for the functioning of NHS Borders. With the exception of certain staff within Estates, Pharmacy and IM&T, 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 Standing Financial Instructions (SFIs) and of EC Directives on Public Purchasing for Works and Supplies. This means that:

(i) no private or public company, firm or voluntary organisation which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS 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.

(ii) 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 NHS business should include a notice warning tenderers of the consequences of engaging in any corrupt practices involving employees of the Board.

Code of Corporate Governance, Section G, Standing Financial Instructions (SFIs) describe the process to be followed to purchase goods and services. Key points to note are:-

(i) SFIs define the limits above which competitive quotations and competitive tenders must be obtained and describe the process which should be followed to achieve fair and open competition.
(ii) No organisation should be given an unfair advantage in the competitive process e.g. by giving advance notice of the Board's requirements.

6. BENEFITS ACCRUING FROM OFFICIAL EXPENDITURE

The underlying principle is that individuals should not derive private/personal benefit from public expenditure.

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.

7. FREE SAMPLES

Occasionally, a supplier may provide items/goods to the Board free of charge. Care should be taken in deciding whether to accept such samples/gifts. As a rule, employees should consult with their line manager/Head of Department/Director on this matter. The factors to be considered include the following -

(i) Will acceptance be seen as endorsing the product in question?
(ii) Will acceptance create an obligation to buy from the supplier in question?
(iii) If the items/goods are to be passed on to the public/patients for use, who will be liable if the items/goods are unfit for their intended purpose?

8. SECONDARY EMPLOYMENT

Staff, other than medical and dental staff, employed by the Board may wish to follow their NHS employment or profession concurrently with another employer. Before staff other than medical and dental take up such other employment they should obtain the approval of the Board. Approval should be sought by approaching the individual's line manager/Head of Department/Director in the first instance. Any approval should be in writing and recorded on the individual's personal file.

The Board will require assurance that the secondary employment -

(i) will not create a conflict of interest;
(ii) will not interfere with or have a detrimental effect on the employee's duties with the Board;
(iii) will not contravene the European Union Working Time Directive;
(iv) will not damage the Board's reputation.

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 any secondary employment on the Register of Interests.

9. ACCEPTANCE OF FEES

Where an employee, other than a member of Medical and Dental staff, is offered fees by outside agencies, including a clinical supplier, 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 his/her official duties, or draw on his/her official experience, the employee's line manager must be informed and his/her written approval obtained 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.

An assurance will be required that –

(i) the individual concerned is not making use of his/her NHS employment to further his/her private interests;
(ii) any outside work does not interfere with the performance of his/her NHS duties;
(iii) any outside work will not damage the Board's reputation.

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 the Board's time, then any fee due is the property of the Board and it should be the Board (and not the individual) that issues any invoice required to obtain payment. The individual must not issue requests for payment in his/her own name and must pass the relevant details to the Finance Department 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. 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.

It is also possible that an individual may be offered payment in kind e.g. book tokens. 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 on the Declaration of Gifts & Hospitality Form 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 individual's **normal** duties should be declined unless it is of minor or trivial nature and of a low intrinsic value. Examples of such minor or trivial gifts include diaries and calendars.

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 he/she is speaking on behalf of the Board or in a private capacity.

(i) It may not always be clear whether an individual is acting in a private capacity or as a representative of the Board. An individual will be deemed to be acting in a private capacity where he/she is invited to speak because of his/her position within the Board but is expected to express his/her personal thoughts and opinions on a subject. It is acknowledged that this may be a grey area and, in cases of doubt, staff should consult their line manager/Head of Department/Director. (Directors should seek the endorsement of the Chief Executive).

(ii) Where an individual gives a lecture in a private capacity on a matter unrelated to the NHS and the individual's job or profession (e.g. a hobby), he/she does not have to seek permission from his/her line manager/Head of Department/Director. In these circumstances, the individual should avoid referring to his/her official position with the Board, therefore any slides or handouts, etc. should not display the NHS Borders logo.

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.

10. CONTACT BETWEEN STAFF AND PHARMACEUTICAL AND HEALTHCARE COMPANY REPRESENTATIVES

The Scottish Government Health and Social Care Directorate (SGHSCD) has published Circular HDL(2003)62 and associated guidance entitled 'A Common Understanding: Guidance on Joint Working between NHS Scotland and the Pharmaceutical Industry'. This SGHSCD guidance promotes consistency of approach across the NHS in Scotland through a model framework to ensure responsibility, transparency and probity in the joint working process. The NHS Board is committed to providing high quality, innovative healthcare to the population it serves. In striving to achieve this aim, it acknowledges the considerable benefits and opportunities arising from collaboration between the NHS, the Pharmaceutical Industry and other Clinical Suppliers.

However, all relationships between the NHS and suppliers, or potential suppliers, must be conducted in an appropriate, transparent and cost effective manner. To ensure this is the case, the NHS has strict Standards of Business Conduct (NHS MEL (1994) 48) and follow the guidelines in the Association of British Pharmaceutical Industry (ABPI) Code of Practice. This section provides additional guidance on matters that are specific to joint working with Clinical Suppliers. For all other issues in relation to clinical suppliers, including hospitality and acceptance of fees, the earlier sections above apply.

Representatives visiting NHS Borders sites are expected to observe the Code of Practice for the Pharmaceutical Industry drawn up by the ABPI and ABHI for other goods and services.

If this guidance is breached Representatives may be removed or barred from a site or, reported to their company or commercial / professional organisations, i.e. ABPI for Pharmaceutical and ABHI for other Suppliers as relevant.

10.1 Gifts & Hospitality

Gifts and /or hospitality offered by Pharmaceutical/Medical representatives to NHS personnel must follow the guidelines in the Association of British Pharmaceutical Industry (ABPI) Code of Practice. In summary these guidelines state that a company must not offer anything which is, or could seem to be, an inducement to prescribe, supply, administer, recommend or buy any product i.e. the offer of the gift must be unconditional. Only minor gifts with a low intrinsic value can be accepted e.g. calendars and diaries. Only modest hospitality should be accepted i.e. it should be similar in scale to what the NHS would offer and applies only to attendees of the meeting, not to any persons accompanying them.

10.2 Visits to NHS Borders Sites

Representatives may not enter any clinical or non-clinical areas (including wards, out-patients areas and Community Health Centres or Clinics which host community health services) or visit the Pharmacy or Supplies Departments without an appointment.

Representatives must wear an identity badge when in NHS Borders sites. This should be provided by the company.

Representatives invited into wards, clinical and community areas must comply with NHS Borders policies and procedures, particularly those relating to infection control and patient confidentiality.

Should any emergency situation arise whilst on an NHS Borders site e.g. fire alarm, all Representatives must obey any instructions given to them by NHS Borders staff.

10.3 Appointments with NHS Borders Staff

Representatives may only seek an appointment where there is a valid reason for the visit; it is NHS Borders's expectation that such meetings are educational and not entirely promotional.

Representatives must see the consultant first by making an appointment and must ask the consultant's permission before seeing junior medical staff.

Prior approval of the Senior Nurse/ Community Team Leader/AHP Head of Service for the unit/team must be given before representatives arrange to see nurses/midwives/podiatrists/physiotherapists etc.

Pharmaceutical/Medical representatives must inform Pharmacy/General Supplies / Medical Physics as appropriate in advance of promotion of any product within an NHS Borders hospital/community site.

Where any teaching and/or promotional activity is planned, representatives must advise the Department Manager and Head of Procurement. The intent of the meeting must not contravene/challenge existing NHS Borders policies.

Leaflets and posters produced by suppliers must not be distributed or displayed in clinical areas unless approved by the General Manager/ Associate Nurse Director/ AHP Lead for that area.

10.4 Promotional Activities by Company Representatives

Pharmaceutical/Medical representatives must inform Pharmacy/General Supplies / Medical Physics as appropriate in advance of promotion of any product within an NHS Borders hospital/community site.

Representatives should be well informed about the products that they are promoting. In addition, standard technical and where appropriate, clinical data, including information on product effectiveness must be available.

Where any teaching and/or promotional activity is planned, representatives must advise the Department Manager and Head of Procurement. The intent of the meeting must not contravene/challenge existing NHS Borders policies.

Leaflets and posters produced by suppliers must not be distributed or displayed in clinical areas unless approved by the General Manager/ Associate Nurse Director/ AHP Lead for that area.

10.5 NHS Borders Employee Contact with Company Representatives

There will be occasions when employees will be required to contact suppliers. This direct contact should be restricted to the following:-

(i) To request training and educational support, where this is provided through a formal contract.

(ii) To request updated literature and research around the company's products or specialist area.
(iii) When taking part in formal research data collection exercise.
(iv) When a tender process in conjunction with NHS Borders supplies team.
(v) To obtain clinical or technical advice with regard to a specific product.

Representatives are not permitted to receive any information about prices or usage of competitors' products.

Under no circumstance will commercial negotiation take place between clinicians and suppliers.

10.6 Purchase Orders

Commitment to purchase goods and services is only entered into by the raising of an official NHS Borders Purchase Order. Suppliers must not deliver goods or provide a service without first receiving an official NHS Borders Purchase Order unless it is part of an approved trial and complies with laid down procedures for trials.

Any goods or services received without an official Purchase Order will be accepted on the basis of "Free Goods" and any subsequent invoices will be returned for a full credit.

NHS Borders does not accept responsibility for goods and/or services provided without an official order.

10.7 Invitations to Meetings or Events

All NHS Borders employees must discuss the implications with their manager before accepting an invitation to attend or speak at a meeting or event organised by a pharmaceutical / healthcare company, including meetings outside of normal working hours.

Staff presenting at a meeting or event sponsored by an external company must be cautious of any bias generated through accepting sponsorship. Under no circumstances should any employee agree to linked deals where sponsorship is linked to a commitment to purchase, prescribe or use a particular product or company.

If the meeting is to take place within working hours the company should have no influence over the content of any presentation made by the NHS Borders employee.

Staff presenting at sponsored meetings should ensure that their presentation is consistent with current approved clinical practice, formulary and clinical protocols in use in NHS Borders.

Clinicians who undertake to attend or speak at sponsored meetings in their own time do so as a clinical specialist and not as an NHS Borders employee; therefore any slides or handouts etc. should not display the NHS Borders logo.

In all circumstances it should be made clear that the employee's presence does not imply that NHS Borders endorses any of the company's products or services.

10.8 Joint Working with External Partners

All joint working arrangements with an external partner must be authorised by an Executive Director/Director/General Manager.

A number of principles underpin any agreement to work with an external partner:

- Patient Interest
- Patient & Data Confidentiality
- No Conflict of Interest
- Accountability
- Equity
- Clinical Evidence
- Legal Issues
- Outcome Measure Monitoring
- Openness and Ethical Issues
- Probity

There should be no promotional coverage other than that agreed in writing in advance.

The NHS parties should be accountable for any agreement entered into. All joint working between NHS Borders and an external partner should be recorded.

10.9 Samples – Medicines, Wound Care Products, Catheters, Food Products, etc.

NHS Borders staff will not accept free samples of any product for assessment, however generous such offers may seem, therefore samples of any medical product, including medicines, catheters, medicated dressings, aerosols and food products for use in the hospital/community **must not be left** on wards, theatres, departments or community health centres /clinics.

The hospital pharmacies will not accept samples unless there has been a specific prior agreement between the consultant concerned and the Director of Pharmacy.

Any proposal regarding a medicine trial must be discussed with the Director of Pharmacy on each site.

10.10 Samples – Medical Devices

Medical device samples must only be left on Wards/Departments/community health centres/clinics with the express permission of the site General Manager/Head of Procurement/ Associate Nurse Director/AHP lead.

All Medical Devices, or Consumables used with Medical Devices, must be acceptance checked by Head of Procurement as specified in the Medical Physics ISO 9001:2008 work instructions prior to being introduced into any area in NHS Borders.

Products brought in by representatives and used in labs /theatres which are not on contract, or without an official purchase order number, will be considered 'Free of Charge'. Any request for payment should be agreed beforehand enabling an order number to be raised with the NHS Borders Procurement Team.

All medical device samples must be CE marked (Conformite Europeene). ‘CE’ markings are an indication that the product has undergone some form of verification and validation process to the EC. In addition, a Pre-Purchase Questionnaire may be required before a device can be left on NHS Borders premises.

Any commercially sponsored trials/agreements of medical devices must be advised through to the Procurement Department to ensure that:

- Trials or research carried out within NHS Borders have been notified to the Clinical Governance & Quality Department. Trials are carried out in accordance with NHS Borders guidelines and Standing Financial Instructions for trials
- Trials or research projects are approved by the Research Ethics Committee where appropriate
- Trials are carried out on a controlled basis
- The product in question meets the appropriate safety standards
- Trials are not duplicated
- There is a protocol to return unused products following the trial period

In any product trial, the following points will be considered and recorded:

- How the trial has to be administered
- How the trial has to be financed
- How samples are to be provided
- How long the trials will last
- Whether technical staff need to be involved
- Current safety regulations and quality standards how the trial will be assessed
- Whether the other criteria (e.g. packaging) need to be taken into account
- Whether the supplier should be involved
- The implications for existing contracts and purchasing agreements
- How the trial will be evaluated
- How the results of the trial will be disseminated

For further information, please contact any member of the Procurement Team. Products brought into NHS Borders by Representatives, which are not on contract or without an official Purchase Order number will be considered 'Free of Charge'.

10.11 Software/Systems offered by Pharmaceutical and Healthcare Companies

All users of NHS Borders computers have a responsibility to ensure they use their computer in a safe and secure manner and only software provided by the IM&T Dept should be loaded onto your computer.

Any software products or programmes offered by company representatives must be checked by IM&T before being loaded. For further advice on software usage on NHS Borders equipment, please contact the IM&T Service Desk.

10.12 Medical Equipment

NHS Borders requires that **all** medical equipment is delivered via the Procurement Department who will label the equipment to identify that it is approved for use.

Procurement will supply an indemnity form for completion by the Supplier and will attach a "**DO NOT USE AFTER LABEL**" to identify when the indemnity agreement expires or the device requires maintenance. This includes all equipment on loan, (whether for trial or testing or not): free issues and free issues for trial and testing.

Under no circumstances should medical equipment be delivered directly to a Ward/Department/community health centre/clinic without prior knowledge of the Procurement Department.

For further information regarding Loan Equipment Procedures please contact the Head of Procurement.

10.13 Supplier Representatives and Operating Theatre Department

The aim of the Operating Theatre and staff is to provide and maintain high standards of patient care during surgical procedures. Supplier representatives must appreciate and recognise this as a priority. This guidance is an effective risk management tool, which will control the access of supplier representatives to the Operating Theatre Department.

- All Supplier representatives will gain permission prior to entering the Operating Department, from the Theatre Manager or Deputy.

- On arrival to the Operating Department, Supplier representatives will report to the Theatre Manager, stating who they are and with whom their visit has been authorised. Identification must be produced at this stage.

- All Supplier representatives should sign in and out of the theatre department in order to comply with fire safety regulations.

- Supplier representatives will be provided with the appropriate theatre attire and instructed on how it should be worn. Representatives must NOT wear their own theatre attire for infection control reasons.

- Supplier representatives will be supervised by a named member of the Theatre staff throughout their visit to the theatre department.

- Supplier representatives are reminded that all procedures within the Operating Theatre Department are confidential in nature and that any information, discussions, technical details or documentation must be treated as such. **(They will only enter the theatre room once the patient is asleep and draped, in order to maintain the patient's dignity.)**

- If the Supplier representative is required to scrub, for whatever reason, this must be authorised by the Theatre Manager and the attending surgeon.

  Informed Patient consent must be obtained (before the anaesthetic) authorising the supplier representative to be present in the Operating Theatre observing/demonstrating/commissioning equipment and giving explicit consent if the Supplier is to scrub up.

- Any Supplier representative gaining access to Theatre, to provide technical assistance during a surgical procedure, to observe, demonstrate, in service or commission equipment or products, must produce evidence of a recognised qualification e.g. (Theatre Access Qualification), which states that they are competent to do so, prior to entry. They must also produce a company indemnity insurance certificate, before they will be allowed to scrub up - this would only be in exceptional circumstances and must be agreed in advance.

- A member of the theatre scrub team must be present while the supplier representative “scrubs up” to assure that aseptic techniques are adhered to at all times.

10.14 Pricing

Access to pricing documentation will be managed in accordance with the requirements of the Freedom of Information (Scotland) Act 2002. Any relevant exemptions specified in the Act will be applied, taking account of both commercial and public interest. Staff and suppliers are reminded that commercial information is confidential. This must be borne in mind especially when discussing rival suppliers and their products and prices. Prices from rival Suppliers must not be disclosed.

10.15 Registration and Declaration of Interests

The over-riding principles above on the Registration of Staff Interests apply equally to staff who work jointly with clinical suppliers and should be read in conjunction with that section. However, the registration process requires additional detail to be provided and for registration for those who are neither employed by nor contracted with the Board, e.g. Honorary Consultants.

The requirement to register interests is applicable to holders of honorary contracts and research partnerships.

For staff and Honorary Consultants interests should be declared on appointment or when the interest is acquired. Any change in circumstances (either acquisition of an interest, amendment to an interest or termination of an interest) should be declared within 4 weeks of the change occurring.

All interests should be declared on the Register of Interests Form at **Appendix B**. All interests declared under these provisions will be open to public inspection and will be retained for a period of 5 years from when the individual ceased to have the declared interest.

Declarations should also be made at relevant meetings and this may affect the level of participation in some circumstances.

If 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 etc. Advisory Committees include (this list is not exhaustive):

(i) Prescribing Management Group
(ii) Area Drugs and Therapeutics Committee and Acute Operating Division and Partnership based equivalents
(iii) Area Dressings and Sundries Committee and Acute Operating Division and Partnership based equivalents.
(iv) Groups with a specialist interest in specific therapeutic topics
(v) Guideline development Committees/Groups

(vi) Managed Clinical Networks
(vii) Professional Advisory Committees of the Board
(viii) Any Sub-Groups/Committees of the above.
(ix) Research Ethics Committees
(x) Professional Advisory Committees

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 the above. These declarations will be recorded in the Minutes of the meeting.

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 development 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. These declarations will be recorded in the Minutes of the meeting.

11. BREACHES

Any member of staff who fails to comply with the requirements of this Code of Conduct, or is found to have abused their official position, or knowledge, for the purpose of self-benefit, or that of family or friends, may be liable to disciplinary action under the Board's Disciplinary Policy and Procedure. If through their actions or omissions, managers or staff are found to be in contravention of either this guidance or indeed their legal responsibilities then NHS Borders reserves the right to take legal action, if necessary. Where staff suspect, or are aware of non-compliance with these Standards, they should report any such instances to their line manager or the Director of Finance.

12. COMMUNICATION

The Standards of Business Conduct for NHS Staff is applicable to every NHS Borders employee and therefore it is imperative that all staff are informed of its contents. Each manager within NHS Borders will receive a copy of the Standards of Business Conduct and will confirm their receipt and understanding of it. Each member of staff will receive a copy at induction and also confirm their understanding of it as part of the Confidentiality Statement sign off every two years.

13. INDUCTION OF NEW STAFF

All new staff will be made aware of the Standards of Business Conduct for NHS Staff and its implications for them at induction.

14. POLITICAL ACTIVITY

Staff of public bodies, like all public servants, are required to maintain political impartiality in the way in which they go about their public duties. There is no absolute prohibition on political activity for staff of NHS Borders, but NHS Borders must be sure that, as a minimum, staff engaging in political activity avoid any comment on the business of NHS

Borders itself, bring any political involvement into their day-to-day work or engage in controversy relevant to NHS Borders work.

15. SUMMARY GUIDANCE

a. **Declaration of Interest** – Any personal interest which may impinge or might reasonably be deemed by others to impinge on a staff member's impartiality in any matter relevant to his/her duties should be declared.
b. **Confidentiality and accuracy of information** – The confidentiality of information received in the course of duty should be respected and should never be used for personal gain; information given in the course of duty should be true and fair and never designed to mislead.
c. **Competition** – While bearing in mind the advantages to the staff member's employing organisation of maintaining a continuing relationship with a supplier, any arrangement which might, in the long term, prevent the effective operation of fair competition, should be avoided.
d. **Business gifts** – Business gifts, other than very small intrinsic value such as business diaries or calendars, should not be accepted.
e. **Hospitality** – Modest hospitality is an accepted courtesy of a business relationship. However, the recipient should not allow him or herself to reach a position whereby he or she might be or might be deemed by others to have been influenced in making a business decision as a consequence of accepting such hospitality; the frequency and scale of hospitality accepted should not be significantly greater than the recipients employer would be likely to provide in return.
f. When it is not easy to decide between what is and is not acceptable in terms of gifts or hospitality, the offer should be declined or advice sought from the staff member's line manager.

16. SUMMARY TABLE OF ACCEPTABLE GIFTS AND HOSPITALITY

GIFT/ HOSPITALITY	Acceptable**	Approval Required	Declarable
Low value promotional gifts such as: Diaries/Calendars under £50	**Yes***	**No**	**No**
Token gifts given at a courtesy visit/ VIP visit	**Yes***	**No**	**Yes**
Infrequent working breakfast	**Yes***	**No**	**Only if considered greater than £50 in value**
Infrequent working lunch	**Yes***	**No**	**Only if considered greater than £50 in value**
Biscuits, chocolates, flowers, alcohol from patients/relatives/friends of patients	**Yes***	**No**	**Only if considered greater than £50 in value**
Formal dinners/evenings	**In some situations**	**Yes**	**Yes**
Visits to view equipment paid for by outside companies	**In some situations**	**Yes**	**Yes**
Other forms of commercial sponsorship including drug company sponsorship for example to attend a conference, study leave	**In some situations**	**Yes**	**Yes**
Gifts to friends/relatives of NHS Borders staff	**No – to be declined ** **	**Should be declined**	**Yes, regardless of value**
Holiday accommodation	**No – to be declined ** **	**Should be declined**	**Yes**
Casual gifts offered by contractors/ potential suppliers under £50	**Yes (so long as it does not create a sense of obligation)**	**If any doubt**	**Yes**
Gifts/ equipment offered by contractors/ potential suppliers over £50 (such as concert/ sporting event tickets)	**No – to be declined****	**Should be declined**	**Yes**
Other promotional gifts	**No – to be declined****	**Should be declined**	**Yes, regardless of value**
Invitations to sporting or cultural events	**No – to be declined****	**Should be declined**	**Yes, regardless of value**
Gifts of cash or gift vouchers (any amounts) - persons offering cash should be advised of the existence of Endowment Funds as an alternative.	**No – to be declined****	**Should be declined**	**Yes, regardless of value**

* Acceptable where the gift/ hospitality does not create a sense of obligation or constitute an incentive or bribe.
** Where it is felt that declining the gift will cause offence, approval should be sought on how best to handle receipt of the gift – for example by submitting it to a team fund/

raffling the gift etc. Under such circumstances, the fear of causing offence should not create a conflict of interest for the recipient.

17. FURTHER REFERENCE DOCUMENTS

- **Standing Financial Instructions**
- **Scottish Public Finance Manual (SPFM)**
- **Standards of Business Conduct – Code of Conduct**
- **Association of British Pharmaceutical Industry (ABPI) Code of Conduct**
- **The Legislative Framework** is contained in the Prevention of Corruption Acts 1906 and 1916 and the Ethical Standards in Public Life (Scotland) Act 2000.
- **NHS Circulars - MEL (1994) 80** entitled Corporate Governance in the NHS, **and MEL (2000) 13,** entitled Fundraising, Income Generation and Sponsorship within the NHSiS, **NHS Circular No 1989 (GEN) 32** entitled Acceptance of Financial Assistance, Gifts and Hospitality and Declaration of Interest.
- **Guidance** contained in the **Code of Accountability for Boards 1994** and **A Common Understanding; Guidance on Joint working between NHS Scotland and the Pharmaceutical Industry 2003**
- **The Bribery Act 2010**

Section C - Appendix A
NHS Borders
Chair & Chief Executive's Office

Chair & Chief Executive's Office
NHS Borders
Headquarters
Education Centre
Borders General Hospital
Roxburghshire TD6 9BD

www.nhsborders.scot.nhs.uk

NHS BORDERS REGISTER OF GIFTS & HOSPITALITY FORM

Name:
Title:
This form should be completed to record all hospitality or gifts received as well as all hospitality or gifts declined. NHS Borders has set an acceptable limit of £50 per gift/hospitality. Details of Hospitality/Gift Received or Declined (including value/estimated value):-
Signature: ..... Date: .....
Approved by Line Manager Name:..... Signature: ..... Date: .....
Please return this signed form to Iris Bishop, Board Secretary, NHS Borders, Education Centre, Borders General Hospital, Melrose, TD6 9BD for inclusion in the Borders NHS Board Hospitality Register.

Section C - Appendix B
NHS Borders

Staff Members Register of Interests

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Staff Member: ……..… *(please insert your full name in capital letters)*

Registerable Interest	Members Interest
Remuneration Remuneration by virtue of being • employed or self employed • the holder of an office • a director of an undertaking • a partner in a firm • undertaking a trade, profession or vocation or any other work • allowances in relationship to membership of an organisation	
Related undertakings Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.	
Contracts Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.	
Houses, land and buildings Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders	
Shares and securities Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.	
Gifts and hospitality Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.	
Non financial interests Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.	

Signed……..... Date ……...……...

Section C - Appendix C:

Criteria for NHS Borders Corporate Endorsements

Criteria for NHS Borders Corporate Endorsements	**Yes**	**Unsure**	**No**	**Rationale**
1. Is there any financial or reputational risk associated with this endorsement?	☐	☐	☐	
2. Will the endorsement have any impact on discrimination, equality of opportunity or relations between groups?	☐	☐	☐	
3. Is the endorsement controversial or does it have the potential of being controversial in any way (political, media, academic, specific interest)?	☐	☐	☐	
4. Will any of the workforce, public or patients disagree with this corporate endorsement?	☐	☐	☐	
5. Is there any doubt about answers to any of these questions (e.g. there is not enough information to draw a conclusion)?	☐	☐	☐	
Please provide a detailed explanation of how this endorsement will further the Corporate Objectives of NHS Borders.				
If the answer to any of the above questions is yes or unsure or there is no clear link between the endorsement and the organisations' Corporate Objectives the Executive Director should table a paper at the Board Executive Team for discussion and approval. ***IN ALL CASES THIS FORM MUST BE SIGNED BY AN EXECUTIVE DIRECTOR AND SENT TO THE BOARD SECRETARY.***				

Endorsement details:	Date of endorsement:	Approved by:	Review date:

SECTION F

RESERVATION OF POWERS AND DELEGATION OF AUTHORITY

RESERVATION OF POWERS AND DELEGATION OF AUTHORITY

1. Schedule of Matters Reserved for Board Agreement
2. Schedule of Matters Delegated to Officers of the Board
3. Scheme of Delegation Framework & Key Roles
4. Delegated Limits and Authorised Signatories
5. Delegation of Powers for Appointment of Staff

1. SCHEDULE OF MATTERS RESERVED FOR BOARD AGREEMENT

1.1 Background

As a board of governance, Borders Health Board delivers a corporate approach to collective decision making based on the principles of good Governance, 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 Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs and that of the Board and Executive Team and Clinical Executive. This includes 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 a responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The Board is required to promote that it conducts a review of its systems of internal control, including in particular its arrangements for risk management, at least annually. In additional to reporting publicly on its compliance with the principles of good corporate governance and guidance from the Corporate Governance Steering Group through the governance statement within the Borders Health Board Annual Accounts.

Everyone needs to be clear about their role, responsibilities and their accountability.

The main purposes and functions of NHS Borders are set out below.

The purpose and function of the Board will be:-

- Efficient, effective and accountable governance.
- Strategic leadership and direction for the Borders NHS system.
- To support the delivery of Health & Social Care Integration Strategic Commissioning Plan and associated outcomes as agreed by the Scottish Borders Health and Social Care Integration Joint Board (IJB) for functions delegated by the Borders Health Board to the IJB.
- Strategy development including the Annual Operational Plan.
- Approve resource allocation to address local priorities.
- Performance management of the NHS Borders system.
- Compliance with the NHSScotland Staff Governance Standard

The Scheme of Delegation provides a mechanism to empower frontline staff to make decisions close to the point of care delivery, within a framework of delegated and reserved powers for NHS Borders

1.2 Matters Reserved for Board Agreement

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

1.2.1 Standing Orders.
1.2.2 Organisational Values.
1.2.3 Corporate Objectives or corporate plans which have ben created to implement its agreed strategies.

1.2.4 The Annual Operational Plan and underpinning Financial Plan;

1.2.5~~2~~ The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.

1.2.6 Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.

~~The acceptance of contracts in respect of the Capital Programme Budget where the value exceeds £500,000. Where the contract value is greater than £3,000,000 this must be submitted to the Scottish Government Health & Social Care Directorate for approval;~~

1.2.~~3~~7 The acceptance of commercial contracts in respect of the Board's Revenue where the value exceeds £250,000;

1.2.~~8~~4 NHS Service Agreements with an annual value over £1,000,000 excepting the Lothian Service Level Agreement where authorisation is delegated to the Director of Finance;

1.2.~~9~~5 Contracts for goods/services above European Commission Tendering Limits;

1.2.~~10~~6 Appointment of External Specialists over £25,000;

1.2.11 The Appointment of the Board's Chief Internal Auditor (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.);

1.2.~~12~~7 Approval of the overall Revenue and Capital Budget for the Board;

1.2.~~13~~8 Approval of the disposal of all property assets including land;

1.2.~~14~~9 Approval of the disposal of fixed assets with an estimated value over £100,000;

1.2.~~15~~0 The making, alteration and revocation of the Code of Corporate Governance and its component parts, including Standing Orders, Standing Financial Instructions; Scheme of Delegation; Counter Fraud Policy and Action Plan;

1.2.~~16~~1 The establishment of terms of reference and reporting arrangements for all Committees of the Board and the determination of differences between such committees;

1.2.~~17~~2 Financial and performance reporting arrangements to the Board;

1.2.18 Risk Management Policy

1.2.~~19~~3 Approval to delegate health functions and provide resources to the IJB

1.2.~~20~~14 Approval of arrangements for discharge of Board Members' responsibilities in relation to Endowment funds;

1.2.~~21~~15 Approval of the Annual Report and accounts;

1.2.~~22~~16 The incurring of expenditure for which no provision or insufficient provision has been made in the annual Budget of the Board;

1.2.~~23~~17 Any proposal, which in the opinion of the Chief Executive will result in sensitivity and reputational issues, significant, permanent service change and will require public consultation in accordance with Scottish Government guidance;

1.2.~~24~~18 The dismissal of executive members of the Board and other senior members of staff where the filling of posts concerned require the involvement of non-executive members of the Board;

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1.2.2519 On the recommendation of the Chair, appointments of Non Executive Members to committees, steering groups, project boards or if allocated a role by the Chair or Chief Executive;

1.2.26 Appointment of Consultants.

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2. SCHEDULE OF MATTERS DELEGATED TO OFFICERS OF THE BOARD

2.1 Interpretation

- Any reference to a statutory or other provision shall be interpreted as a reference amended from time to time by any subsequent legislation.
- The Chief Executive as Accountable Officer can exercise delegated authority across all NHS Borders services and functions excluding those services, functions or resources delegated to the IJB.
- Powers delegated to the Chief Executive in terms of this scheme may be exercised by such an officer or officers as the Chief Executive may authorise.

2.2 Chief Executive

2.2.1 General Provisions

In the context of the Board's principal role to protect and improve the health of Borders residents, the Chief Executive as Accountable Officer shall have delegated authority and responsibility to secure the economical, efficient and effective operation and management of NHS Borders and to safeguard its assets in accordance with

- The statutory requirements and responsibilities laid upon the Chief Executive as Accountable Officer for NHS Borders;
- Direction from the Scottish Government Health and Social Care Directorates;
- Current policies and decisions made by the Board;
- The limits of the resources available, subject to the approval of the Board;
- The Code of Corporate Governance.

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, with the Chair and the Vice-Chair of the Board, and the relevant Committee Chair. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Committees shall be reported to the Board or appropriate Committee as soon as possible thereafter. Where such measures or actions relate to functions or resources delegated to the IJB the Chief Executive shall work in partnership with the Chief Officer and the IJB.

The Chief Executive is authorised to give an instruction in special circumstances that any official shall not exercise a delegated function subject to reporting on the terms of the instruction to the next meeting of the appropriate Committee.

2.2.2 Finance

For functions delegated and resources provided by Borders Health Board to the IJB, resources shall be used only for the purpose for which they are allocated, unless tri-partite agreement is given by the IJB and Scottish Borders Council to any proposal made by the Chief Executive and the Director of Finance.

For services, functions and resources of Borders Health Board resources will be used for the purpose allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance. The Chief Executive acting together with the Director of Finance has delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to a maximum of £250,000 in any one instance. The Chief Executive shall report to the Strategic and Performance Committee for formal inclusion in the minutes those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.

The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the limits laid down from time to time by the Scottish Government Health and Social Care Directorate.

2.2.3 Legal Matters

The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.

In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.

In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board.

The Chief Executive, acting together with the Director of Finance, may make ex-gratia payments, subject to the limits laid down from time to time by the Scottish Government Health and Social Care Directorate.

The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive is currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.

The Board Secretary shall have responsibility for the safekeeping of the Board's Seal, and together with the Chair or other nominated non-executive member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.

2.2.4 Procurement

The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.

Where post tender negotiations are required, the Chief Executive shall nominate officers and/or agents to act on behalf of the Board.

The Chief Executive, acting together with the Director of Finance, has authority to approve on behalf of the Board, the acceptance of tenders, submitted in accordance with the Board's Code of Corporate Governance, up to a value of £500,000 (Capital) and £250,000 (Revenue) (including VAT suffered) within the limits of previously approved Revenue and Capital Budgets.

The exercise of this authority for tenders in excess of £10,000 up to £500,000 must be included in the tender register.

In accepting a tender, which is not the lowest tender received, it is mandatory that a detailed explanation for accepting the tender must be clearly recorded in the tender register. This must include an explicit detail of why this is the most advantageous tender for NHS Borders.

The Chief Executive shall provide the Director of Finance with a listing, including specimen signatures, of those officers or authorised agents to whom he has given delegated authority to sign official orders on behalf of the Board.

2.2.5 Human Resources

The Chief Executive may appoint staff in accordance with the Code of Corporate Governance Section F, Reservation of Powers and Delegation of Authority, Section 5, Delegation of Powers for the Appointment of Staff.

The Chief Executive may, after consultation and agreement with the Director of Workforce, and the relevant officer, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must confirm that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or Staff Governance Committee.

The Chief Executive may attend and may authorise any member of staff to attend, within and outwith the United Kingdom, conferences, courses or meetings of relevant professional bodies and associations, provided that:

- Attendance is relevant to the duties or professional development of such member of staff; and
- Appropriate allowance has been made within approved budgets; or
- External reimbursement of costs is to be made to the Board.

The Chief Executive may, in accordance with the Board's agreed Disciplinary Procedures, take disciplinary action in respect of members of staff, including dismissal where appropriate.

The Chief Executive shall have responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board Policies.

The Chief Executive may grant paid or unpaid special leave of absence to any employee for up to five working days. The Chief Executive may approve other paid or unpaid leave within the limits defined in the board's Leave Policy.

The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance and approval of the Remuneration Committee, approve payment of honoraria to any employee.

2.2.6 Patients Property

The Chief Executive has overall responsibility for ensuring that the Board complies with legislation in respect of patient's property. The term 'property' means all assets other than land and building (e.g. furniture, pictures, jewellery, bank accounts, shares, cash).

2.3 Director of Finance

Authority is delegated to the Director of Finance to take the necessary measures as undernoted, in order to assist the Board and the Chief Executive in fulfilling their corporate responsibilities.

2.3.1 Accountable Officer

The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.

2.3.2 Financial Statements

The Director of Finance is empowered to take all steps necessary to assist the Board to:-

- Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;
- Maintain proper accounting records;
- Prepare and submit for audit, timeous financial statements, which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question.

2.3.3 Corporate Governance and Management

The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:-

- The development of financial plans, budgets and projections;
- Compliance with statutory financial requirements and achievement of financial targets;
- The impact of planned future policies and known or foreseeable developments on the Board's financial position.

The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:-

- Developing, promoting and monitoring compliance with the Code of Corporate Governance.
- Developing and implementing systems of internal control, including systems of financial, operational and compliance controls;
- Developing and implementing strategies for the prevention and detection of fraud and irregularity;
- Internal Audit.

2.3.4 Performance Management

The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:

- For planning, appraisal, authorisation and control, accountability and evaluation of the use of resources;
- To promote that performance targets and required outcomes are met.

2.3.5 Banking

The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board as part of the national contract with Government Banking Services and the commercial bankers appointed by the Board.

The Director of Finance will maintain a database of authorised signatories.

The Director of Finance will be responsible for ensuring that the Board operates within the Scottish Government Public Sector Banking Contract and that the National Contract Bank and the commercial bankers are advised in writing of amendments to the panel of authorised signatories.

2.3.6 Patients' Property

The Director of Finance has delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs.

2.4 Director of Nursing, Midwifery & Operations ~~Acute Services~~ and the Chief Officer Health & Social Care

2.4.1 General Provisions

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and the Chief Officer Health & Social Care have delegated authority and responsibility to secure the economical, efficient and effective operation and management of the Clinical Executive and of their own Directorate or Departments to safeguard the Board's assets:

- In accordance with the current policies and decisions made by the Board;
- Within the limits of the resources made available to the Clinical Executive by the Board;
- In accordance with the Code of Corporate Governance.

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and the Chief Officer Health & Social Care have a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and the Chief Officer Health & Social Care are authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, the Chair of the Clinical Executive, the Chair or the Vice-Chair of the Board, the Chief Executive and where appropriate, the relevant Committee Chair. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Committees and shall be reported to the Board or appropriate Committee as soon as possible thereafter.

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and the Chief Officer Health & Social Care are authorised to give an instruction in special circumstances that any officer within the Clinical Executive shall not exercise a delegated function subject to reporting on the terms of the instruction to the next meeting of the Clinical Executive.

2.4.2 Finance

Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Director of Nursing, Midwifery & ~~Acute Services~~Operations and/or the Chief Officer Health & Social Cares, after taking account of the advice of the Finance Business Partner. The Director of Nursing, Midwifery & ~~Acute Services~~Operations and/or the Chief Officer Health & Social Care acting together with the Clinical Executive Finance Representative, have delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to a maximum of £50,000 in any one instance. The Director of Nursing, Midwifery & ~~Acute Services~~Operations and/or the Chief Officer Health & Social Care shall report to the Clinical Executive for formal inclusion in the minutes those instances where this authority is exercised and/or the change in use of the funds related to matters of public interest.

2.4.3 Procurement of Supplies and Services

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and/or the Chief Officer Health & Social Care acting together with the Finance Business Partner have authority to approve on behalf of the Board the acceptance of tenders, in respect of the Clinical Executive submitted in accordance with the Board's Code of Corporate Governance, up to a value of £50,000 (including VAT suffered) within the limits of previously approved Revenue and Capital Budgets.

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and/or the Chief Officer Health & Social Care acting together with the Director of Finance have authority to approve on behalf of the Board the acceptance of tenders, in respect of the Clinical Executive submitted in accordance with the Board's Code of Corporate Governance, up to a value of £125,000 (including VAT suffered) within the limits of previously approved Revenue and Capital Budgets.

The exercise of this authority for tenders in excess of £50,000 up to £125,000 must be reported to the Clinical Executive.

The exercise of this authority for tenders in excess of £10,000 up to £50,000 must be included in the tender register.

In accepting a tender, which is not the lowest tender received, it is mandatory that a detailed explanation for accepting the tender must be clearly recorded in the tender register. This must include an explicit detail of why this is the most advantageous tender for NHS Borders.

2.4.4 Patients' Property

The Director of Nursing, Midwifery & ~~Acute Services~~Operations and the Chief Officer Health & Social Care have overall responsibility for ensuring that the Clinical Executive complies with legislation in respect of patients' property and that effective management arrangements are in place.

2.5 Clinical Executive Finance Business Partner

Authority is delegated to the Clinical Executive Finance Business Partners to take the necessary measures as undernoted, in order to assist the Clinical Executive and the Directors in fulfilling their corporate responsibilities.

The Head of Finance and Finance Business Partners have a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board. In exercising these delegated powers the Head of Finance and Finance Business Partners are also acting as the Director of Finance's representatives.

2.5.1 Financial Statements

The Head of Finance is empowered to take all steps necessary to assist and contribute to the Board in order that it:

- Acts within the Law;
- Ensures the regularity of transactions by maintaining approved systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;
- Maintains proper accounting records;
- Assists and participates as appropriate in the completion of the Board's Annual Accounts.
- supports the financial accountability, monitoring and reporting as required by the IJB for functions delegated and resources provided by health to the IJB.

2.5.2 Corporate Governance and Management

The Head of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Clinical Executive is sound by ensuring that the Clinical Executive and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:

- The development of financial plans, budgets and projections;
- Compliance with statutory financial requirements and achievement of financial targets;

- The impact of planned future policies and known or foreseeable developments on the Clinical Executive's financial position.

The Head of Finance is empowered to take steps to ensure that proper arrangements are in place for:

- Monitoring compliance with the Code of Corporate Governance and appropriate guidance on standards of business conduct. Contribute to the development and promotion of the Code of Corporate Governance.
- Developing and implementing systems of internal control, including systems of financial, operational and compliance controls.
- Developing and implementing strategies for the prevention and detection of fraud and irregularity.

2.5.3 Performance Management

The Head of Finance and Finance Business Partners are authorised to assist the Directors to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:

- For planning, appraisal authorisation and control, accountability and evaluation of the use of resources;
- To ensure that performance targets and required outcomes are met and achieved.

2.5.4 Patients' Property

The Head of Finance shall have delegated authority to provide detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) for use by staff involved in the management of patients' property and financial affairs.

2.6 Provisions Applicable to Executive Directors/Directors who are members of the Board

- Director of Finance
- Director of Nursing, Midwifery & ~~Acute Services~~Operations
- Director of Public Health (responsible for risk management)
- Medical Director
- Director of Workforce
- Director of Strategic Change & Performance
- Chief Officer Health & Social Care

2.6.1 General Provisions

Executive Directors/Directors have delegated authority and responsibility with the Chief Executive, for securing the economical, efficient and effective operation and management of their own Directorates or Departments and for safeguarding the assets of the Board.

Executive Directors/Directors are authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, the Chief Executive, the Chair

and the Vice-Chair of the Board or relevant Committee Chair as appropriate. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Committees to the relevant Executive Director/Director/Chief Officer, shall be reported to the Board or appropriate Committee as soon as possible thereafter. Where such measures or actions relate to functions delegated and resources provided to the IJB the Executive Director through the Board's Chief Executive shall report to the Chief Officer and the IJB as soon as possible thereafter.

2.6.2 Human Resources

Executive Directors/Directors may appoint staff in accordance with the Board's Scheme of Delegation for the Appointment of Staff as detailed in Standing Orders Section E.

Executive Directors/Directors may, after consultation and agreement with the Director of Workforce propose the amendment of staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must confirm that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to human resource planning, approved by the Board or Staff Governance Committee.

Executive Directors/Directors may attend and may authorise any member of staff to attend within the United Kingdom, conferences courses or meetings of relevant professional bodies and associations, provided that:

- Attendance is relevant to the duties or professional development of such member of staff; and
- Appropriate allowance is contained within approved budgets; or
- External reimbursement of costs is to be made to the Board.

Executive Directors/Directors have overall responsibility within their Directorates/ Departments for ensuring compliance with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.

2.7 Recruitment of Consultants

Consultant recruitment regulations are contained in Scottish Statutory Instrument (SSI) 166, National Health Service (Appointment of Consultants) (Scotland) Regulations 2009 and CEL 25 (2009). Local guidance is in place which reflects these requirements.

3. SCHEME OF DELEGATION FRAMEWORK & KEY ROLES

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
STRATEGY DEVELOPMENT (INCLUDING THE ANNUAL OPERATIONAL PLAN)	• Overarching co-ordination and development of strategy. • Public consultation on strategy and Annual Operational Plan. • Support the IJB Strategic Commissioning Plan to ensure alignment to Annual Operational Plan.	• To plan and manage delivery of services as directed by the IJB. • Support the delivery of the outcomes required by the Strategic Commissioning Plan. • Undertake responsibility for modernisation of all services provided locally. • Directly influence Board/ BET level strategic planning. • Plan primary, secondary and community based services with delegated authority from Board/BET and, where appropriate, as commissioned by the IJB.	• Be involved in the development and influence content. • Empower staff to contribute. • Provide clear direction for strategic development of own Clinical Board's service.	• To be involved and contribute to the development of the strategy.	• Contribute to development of Annual Operational Plan and service strategy.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
PROVISION OF HEALTHCARE SERVICES	• Resource allocation. • Strategic decision making. • Securing and influencing funding with SGHSCD. • Establish rules for intervention when exception reporting indicates need.	• Ensure service provision according to overarching strategy. • Accountable for the operational delivery of services based on patient need and resource availability. • The development of business cases to support service changes. • Meet National and Local priorities. • Ensure provision of those services locally which it is the duty of NHS Borders to provide, or secure provision of. • Responsibility to deliver integrated services as commissioned by the IJB.	• Ensure service provision according to overarching strategy. • Accountable for the operational delivery of services based on patient need and resource availability. • The preparation of business cases to support service changes. • Meet National and Local priorities. • To work with other Clinical Boards to ensure integrated services.	• Direct delivery of patient care. • Meet Professional standards. • Advise on 'gaps'/improvements to services to contribute to business cases. • To lead/contribute to the redesign of services – patient centred. • To actively participate in integration of primary and secondary care service provision.	• Provide feedback for service providers on patient / public experience. • Support education of service users.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
SERVICE RE-DESIGN	• To develop Annual Operational Plan. • To set the framework for service redesign, including priorities.	• Responsibility to plan and develop those services which it is the duty of NHS Borders to provide or secure the provision of, with a view to improving those services. • To ensure services are redesigned in accordance with the Board's and the IJB planning priorities. • To co-ordinate development of all services in line with the Annual Operational Plan and the IJB Strategic Commissioning Plan	• To implement a program of re-design within the strategy.	• Drive and lead re-design of services within clinical practice.	• Support service redesign through active participation • Support education of service users.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
LEADERSHIP	• To provide strategic leadership for NHS Borders. • Links to the SGHSCD. • To develop an organisational development strategy for NHS Borders. (Setting culture, values and behaviour for all staff). • To provide an example of effective behaviours.	• To develop management arrangements that enables NHS Borders to delegate power and resources. • To provide operational leadership for the delivery of services. • Responsibility to empower frontline staff by devolving management authority and accountability. • To provide visible leadership and support to frontline staff encouraging team working.	• To provide operational leadership for the delivery of services. • To empower frontline staff by devolving management authority and accountability. • To provide visible leadership and support to frontline staff encouraging team working.	• Accessibility of Professional leadership. • Local leaders. • To participate in the leadership and decision making of the organisation.	• Support the development of leaders to ensure they are fully informed on the needs and contribution of partner organisations.
CLINICAL LEADERSHIP DEVELOPMENT	• To establish a strategy for clinical leadership and succession planning.	• Facilitating change in culture. • Responsible for creating opportunities for re-design. • To develop staff and independent contractors through shared training, induction and communication and provide a renewed focus on staff partnership. • To develop detailed management structures that supports the development of clinical leads.	• Personal development plans. • To provide and implement Clinical Leadership programme – commitment to support and develop workforce. • Training and development programme. • Creating opportunities for re-design.	• Participate in clinical leadership development • Facilitating change in culture.	• Support the development of Clinical Leaders to ensure they are fully informed on the needs and contribution of partner organisations.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
MANAGED CLINICAL NETWORKS	• Set strategic content for the development of MCN's. • Promote links with regional planning. • Building on the Clinical Strategy for NHS Borders and Regional planning priorities. • Clinical Networking.	• Provide Resource. • Identify key areas in which to develop MCN's. • Facilitate the development of managed clinical networks. • To employ shared network manager and redesign facilities to support service improvements. • Identify key areas in which to develop managers.	• To participate in managed clinical networks. • Facilitate the development of managed clinical networks. • Provide training and development to support MCN.	• Identify individual staff's role identity within the function of the MCN. • Ownership and definition of the composition of the team and their roles – particularly around leadership.	• Support and influence the development of MCNs to ensure 'fit'.
CLINICAL GOVERNANCE	• To develop Clinical Governance and Risk Management strategy. • To ensure equity of patient care across Borders.	• To implement clinical governance and risk management strategy. • To audit and monitor standards, including the provision of appropriate resources. • Ensure national standards communicated /implemented. • Ratify local standards. • Ensure opportunities to make improvement through integration are maximised.	• To implement clinical governance and risk management strategy. • To audit and monitor standards, including the provision of appropriate resources. • Ensure national standards communicated /implemented. • Ratify local standards.	• Delivery to National standards. • Develop, set and monitor local standards.	• Recognise and support requirements of clinical governance accountabilities on NHS Borders.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
STAFF GOVERNANCE	• Set culture and values to ensure effective partnership working and staff engagement across NHS Borders. • Make expectations clear in regard to PDPs, Lifelong learning, Study leave, Appraisal. • Ensure compliance with the Staff Governance Standard.	• To implement staff governance agreeing local priorities. • Responsibility for development of staff governance arrangements in line with the Health & Social Care Integration agenda in partnership with Joint Management Teams and sub groups • Responsibility to develop workforce capacity to deliver the full range of primary and community based services.	• Working with Partnership Forums, implement agreed local priorities for staff governance, for example Nursing Revalidation.	• To support the implementation and assist the identification of priorities.	• Recognise and support requirements of staff governance accountabilities on NHS Borders. • Create conditions to support effective joint working arrangements for staff

PUBLIC GOVERNANCE	• Set culture and provide strategic leadership to ensure patients and the public are involved in the delivery and design of health services. • To ensure adherence to the Community Engagement Standards. • To ensure that NHS Borders is fully compliant with the Equality & Diversity Agenda including The Gender Scheme, the Race Relations Action Plan and the Disability Scheme. • To work towards achieving 'Investors in Volunteering 'by 2011 in line with National Directives	• To implement Public Governance ensuring consistent standards across the Clinical Boards. • To support the Clinical Boards in the implementation of the Public Governance work programme. • To monitor performance management in respect of national standards. • To monitor performance to assure compliance with the Equality & Diversity Agenda including the Gender Scheme, the Race Relations Action Plan and the Disability Scheme.	• To implement and monitor the progress of the Public Governance Action Plan. • To ensure patient and public involvement in individual service redesign. • To oversee the implementation of the Carers Strategy and the Carers Information Strategy.	• To ensure that the Community Engagements Standards are fully integrated within service delivery / service redesign. • To ensure compliance with the Equality & Diversity Standards including the Gender Scheme, the Race Relations Action Plan and The Disability Scheme.	• To maintain a consistent standard of approach and involvement with service users and members of the public across organisations and within the Voluntary Sector.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
FINANCIAL GOVERNANCE	• To set the financial framework including investment plan and overall savings programme. • approve the delegation of health functions and provision of resources to the IJB • To monitor overall budgets of Clinical Executive and other Departments and NHS Borders budgets. • Propose and implement any agreed corrective action. • To ensure appropriate audit and monitoring arrangements are established and maintained. • Accountable Officer for the use of resources within NHS Borders.	• To maintain spending within financial limits. • To devolve budgets to frontline management teams providing appropriate information and support. • Facilitate flexibility in the use of budgets across Clinical / Care Boards. • To monitor overall budgets of Clinical / Care Boards. • Propose and implement any agreed corrective action. • Responsibility for the development of joint health and social care budgets and financial frameworks. • To develop business cases. • To influence the equitable distribution of existing resources, both within the Clinical Executive and across the wider NHS system.	• To maintain spending within financial limits. • To ensure financial probity. • To devolve budgets to frontline management teams providing appropriate information and support. • To monitor budgets. • Propose and implement any agreed corrective action. • To ensure that financial audit standards are met. • To prepare and submit business cases. • To influence use of NHS Borders investment in relevant areas. • To co-operate in the joint financial structures.	• Able to influence the allocation of resources based on need and performance. • Recognise budget constraints and responsibilities. • Manage devolved budget to optimise clinical decision-making.	• Recognise and support requirements of financial governance accountabilities on NHS Borders.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
COMMUNICATION	• To develop internal and external communication strategy which promote the values and positive messages about health and health improvement.	• To implement internal and external communication strategies. • To establish, develop and support public participation.	• To implement internal and external communication strategy.	• Support to implementation internal and external communication strategies, specifically in terms of staff, patients and the public.	• Support effective communication with users and the public

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
PERFORMANCE MANAGEMENT	• To agree and establish overall strategic performance management framework to support SGHSCD requirements and local issues. • To monitor performance of Clinical Executive elements and other Support Service Depts, recognising good performance and intervening where there is a breach of statutory obligation. • To oversee value for money, efficiency and benchmarking programmes as part of the wider performance management framework.	• Support the NHS Board in the overall performance management of NHS Borders performance. • To monitor performance of Clinical Boards, recognising good performance and intervening where required.	• Contribute to the development of the Performance Framework. • Ensure effective performance management of Clinical Board and component services. • Give recognition to good performance. • Escalate issues of poor performance which require NHS Borders intervention.	• Agree and communicate performance targets to staff. • Deliver performance targets. • To contribute to monitoring of performance of services.	• Support performance as required.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM & JOINT MANAGEMENT TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
JOINT WORKING	• Establish governance arrangements and framework for effective joint working with Scottish Borders Council. • Monitor effectiveness of joint working. • Develop strong community planning for Scottish Borders through membership of the Community Planning Partnership • Work as a partner with the IJB in relation to community planning and in developing and delivering integrated services across health and social care.	• Provide the operational focus for partnership with Scottish Borders Council . • Provide main focus for service integration for the local community.	• Support the IJB to deliver the agreed outcomes as detailed in the Strategic Commissioning Plan. • To seek opportunities for joint working to improve experiences of people who provide and use services. • Work within strategies to develop joint working/local services.	• Deliver joint working arrangements. • To participate in activities which through joint working improve the experiences of people who use services.	• Engage with NHS colleagues to ensure effective delivery of integrated services at Board and local levels.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF CLINICAL EXECUTIVE & SUPPORT DIRECTORATES	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
SUPPORT SERVICES	• To develop a strategy for support services ensuring effective interface with core clinical services. • Ensure equity of access. Agree accountability arrangements and standards of practice.	• Ensure alignment between support service and service needs. • To highlight opportunities for increased integration of support services.	• Ensure alignment between support service and service needs.	• Involvement in developing of services specification from support services.	▪ Participate in development of common systems and harmonisation arrangements as appropriate.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF CLINICAL EXECUTIVE & SUPPORT DIRECTORATES	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
HEALTH IMPROVEMENT	• Establish system-wide priorities in context of national priorities. • Implement system-wide initiatives for health improvement. • Work in conjunction with community planning partners to ensure delivery of integrated health improvement agenda. • Undertake a wide public health perspective locally. • Ensure national and NHS Borders health improvement priorities are delivered, taking responsibility for needs assessment for local communities. • Provide local focus for health education and promotion.	• Contribute to health improvement approaches across Clinical / Care Boards. • Implement system wide initiatives for improving health. • Work in conjunction with other partners to ensure delivery of integrated health improving services. • Provide local focus for health improvement through delivery of the outcomes of the Strategic Commissioning Plan	• Contribute to health improvement approaches for patients and staff. • Deliver Clinical Board wide initiatives for improving health. • Work in conjunction with partners to ensure delivery of integrated health improving services.	• Contribute to and lead health improvement activities for patients and staff.	• Influence priority setting. • Contribute to health promotion activities.

AREA OF RESPONSIBILITY	ROLE OF BOARD/ EXEC TEAM	ROLE OF STRATEGY GROUP/CLINICAL EXECUTIVE	ROLE OF CLINICAL/CARE BOARDS	ROLE OF FRONTLINE STAFF	HEALTH PARTNERS
INDEPENDENT CONTRACTOR SERVICES RESPONSIBILITIES	• Devolve management and governance of independent contractor services to Clinical Executive. • Develop clear strategic framework for the development of independent contractor services. •	• Through devolvement to the Primary & Community Services Board: manage independent contractor service contracts for pharmacists, dentists, opticians, GPs and PMS, to ensure services are provided in an interactive and complementary manner for the benefit of the local community. • To integrate independent contractors and their staff within the Health & Social Care Integration Agenda 'corporate identity' through shared training, education and communication and staff partnership arrangements.	• Support the development of Primary Care services • On behalf of BET and Clinical Executive manage and govern primary and community services, including manage independent contractor service contracts. for pharmacists, dentists, opticians, GPs and PMS, to ensure services are provided in an interactive and complementary manner for the benefit of the local community.	• Support the development of Primary Care services	• Independent contractors to actively contribute to corporate activity of NHS Borders

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Workforce Plan**	• To ratify and approve the Workforce Plan	▪ To develop in partnership with the Area Partnership Forum a Workforce Plan which supports the Annual Operational Plan, ▪ To promote a culture of partnership working.	▪ To implement with the Local Partnership Forums NHS Borders Workforce Plan	▪ To promote and drive at local level a culture of partnership working. ▪ To identify opportunities across the service to implement the Workforce Plan. ▪ To identify system wide issues for Workforce Development.	▪ Through local partnership forums to be able to influence Workforce Plan development.
▪ **Workforce Development Strategy**	• To ratify and approve the Workforce Development Strategy	▪ To develop in partnership through the NHS Borders Workforce Planning Group a Workforce Development strategy in order to provide a capable and competent workforce, taking into account national, regional and local service planning priorities.	▪ To participate and influence workforce development and planning. ▪ To have clear and proportionate influence on the distribution of resources.	▪ To implement agreed change in accordance with NHS Borders organisational change policy.	▪ To be kept informed of strategic plans and priorities. ▪ To be supported during periods of organisational change. ▪ To be involved and contribute to the development of strategy.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **HR Performance Management**	• To be aware of the performance of Human Resources	▪ To set key performance indicators for human resource in order to monitor performance.	▪ To achieve system with key performance indicator targets.	▪ To achieve key performance indicator targets.	▪ To be briefed on expected targets and how to achieve these.
▪ **Pay**	• To ensure proper and effective arrangements are in place with respect to pay	▪ To support a Workforce Board for NHS Borders; ▪ To ensure NHS Borders implements national pay; ▪ To determine pay, terms and conditions of service for NHS Borders staff. ▪ To ensure pay reforms support service modernisation and redesign, through a Workforce Board.	▪ To implement pay arrangements, agenda for change, GMS and consultant contracts. ▪ To identify/ implement opportunities across the system .	▪ To implement pay arrangements, agenda for change, GMS and consultant contracts. ▪ To identify/ implement opportunities across the system.	▪ To be paid fairly and consistently. ▪ To have pay policies which support delivery of services.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Partnership Working**	• To ensure proper and effective arrangements are in place with respect to Partnership Working	▪ To develop a Partnership Working strategy	▪ To ensure systems and processes are in place to develop and encourage partnership working. ▪ To support NHS Borders Partnership Forum ensuring membership of key representatives.	▪ On each Clinical/Care Board a staff representative should be included in the membership of that team and attend meetings.	▪ To be able to access partnership forums and be able to influence the agenda.
▪ **Communications**	• To ensure proper and effective arrangements are in place with respect to Communications	▪ To develop an internal and external communications strategy. ▪ To monitor the implementation of the strategy and to report progress bi-annually to the NHS Board/Staff Governance Committee.	▪ To appraise Board/BET of situations which may be political sensitive and potentially could attract media coverage. ▪ To notify the Board of major incidents.	▪ To implement the internal and external communications strategy.	▪ To have in place a robust two-way communication process. ▪ To receive regular communications to support decision-making. ▪ To notify Clinical Executive and Clinical/Care Boards of communication needs and difficulties.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Development of Clinical Leadership**	• To ensure proper and effective arrangements are in place with respect to Clinical Leadership	▪ To establish a strategy for clinical leadership and succession planning.	▪ To provide and implement the clinical leadership programme. ▪ To demonstrate commitment to both Clinical Executive and in Clinical/Care Boards developing the workforce.	▪ To provide and implement the clinical leadership programme.	▪ To participate and influence in clinical development. ▪ For all staff to have a personal development plan.
▪ **Staff Governance**	▪ To have in place a Staff Governance Committee with an agreed remit. ▪ To develop an annual action plan. ▪ To ensure achievement of the staff governance standard. ▪ To provide quarterly progress reports to the Staff Governance Committee.	▪ To implement the staff governance standard	▪ To implement the staff governance standard	▪ To implement the staff governance standard. ▪ To monitor and audit action plans from Clinical Boards.	▪ To be treated fairly and consistently. ▪ To work in a safe working environment. ▪ To be appropriately trained. ▪ To be involved in decisions which affect you.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Learning Together**	▪ To ensure proper and effective arrangements are in place with respect to learning	▪ To develop a Learning Plan for NHS Borders setting out priorities in terms of education training and development strategies.	▪ Based on the principles within the NHS Borders Learning Plan, develop a local implementation plan based on a local training needs analysis.	▪ To support Life Long learning and afford learning representatives facility time.	▪ Access to training and development to assist the delivery of patient care.
▪ **Remuneration Committee**	▪ To maintain a Remuneration Committee for NHS Borders with a clear remit and role. ▪ To determine the policy in respect of pay and conditions for Executive Directors and Senior Managers.	▪ To receive fair and consistent pay, terms and conditions.	▪ To receive fair and consistent pay, terms and conditions.	▪ To receive fair and consistent pay, terms and conditions.	▪ To receive fair and consistent pay, terms and conditions.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Contracts of Employment**	▪ To ensure proper and effective arrangements are in place with respect to Contracts of Employment	▪ To ensure all employees are issued with a Contract of Employment in accordance with Board policy, which complies with employment legislation. ▪ To approve any premature retirement and severance payments.	▪ To support and recommend justification paper for any premature retirement and severance payments to the BET/Board for approval.	▪ To provide a justification paper for any premature retirement and severance payments to the BET/Board for approval.	▪ To receive fair and consistent contracts of employment.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **HR Policies and Procedures**	▪ To ratify and approve HR Policies and Procedures	▪ To ensure HR Policies are developed in partnership with the Area Partnership forum. Policies should support the achievement of the Staff Governance Standard, PIN guidelines and comply with current Employment Legislation.	▪ To implement HR policies and procedures, developing appropriate action plans and supportive training.	▪ To implement HR policies and procedures, developing appropriate action plans and supportive training.	▪ To have supportive HR policies and procedures in place which assist service delivery.
▪ **Appeals against termination of employment/ discipline**	▪ To hear appeals for termination of employment or a disciplinary action taken against Chief Executive.	▪ To ensure through negotiation with staff representatives there is an agreed policy for appeals against termination of employment.	▪ To ensure the appeals procedure is implemented at Clinical Board level	▪ To implement the appeals procedure at Clinical Board level.	▪ To have in place a clear, fair and consistent policy and procedure.
▪ **Disputes Procedure**	▪ To ensure proper and effective arrangements are in place with respect to disputes	▪ To ensure through negotiation there is an agreed policy to deal with disputes.	▪ To ensure the disputes procedure is implemented at Clinical Board level	▪ To implement the disputes procedure.	▪ To have a clear process for dealing with disputes timeously.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Strategy and Policy Pathways**	▪ All strategies and policies must be ratified and approved by the NHS Borders Board.	▪ Any Human Resources Strategy, and supporting policy requires to be developed in partnership.	▪ To participate and influence strategy and policy development.	▪ To implement policies, developing appropriate action plans and supportive training	▪ To be involved through partnership forums and working groups in the development of strategy and supporting policies.
▪ **Health & Safety**	▪ To ratify and approve the Occupational Health & Safety Policy.	▪ To maintain an Occupational Health and Safety policy.	▪ To implement Occupational Health and Safety policy. ▪ To establish Occupational Health and Safety Forum. Monitor potential litigations.	▪ To implement Occupational Health and Safety policy. ▪ To be active members of Occupational Health and Safety Forum	▪ To have clear guidelines and training on Occupational Health & Safety. ▪ To comply with those guidelines and practices.
▪ **Financial Strategy and Planning**	▪ To approve the Annual Operational Plan	▪ To develop financial strategy which supports the delivery of the Annual Operational Plan.	▪ To support the development and the delivery of the financial strategy in the Annual Operational Plan. ▪ To advise of any corrective action required to deliver financial plans.	▪ Implement the financial strategy in the Annual Operational Plan.	▪ Through local partnership forums influence the Annual Operational Planand supporting financial strategy.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
• **Resource Allocation**	▪ To allocate resources consistent with the Financial Plan and Annual OpertionalPlan ▪ to approve the delegated functions and the provision of resources to the IJB	▪ To ensure systems are in place to allocate resources consistent with the Financial Plan.	▪ To set budgets which support the delivery of agreed objectives within the resource limit.	▪ To set budgets which support the delivery of agreed objectives within the resource limit.	▪ To be involved and have the opportunity to influence the distribution of resources.
▪ **Financial Monitoring**	▪ To be aware of the financial position including any corrective action required to achieve balance.	▪ To have in place robust financial monitoring framework.	▪ Monitor financial performance against budget and advise of any significant variance from financial plan. ▪ To propose and implement agreed corrective action.	▪ Monitor financial performance against budget and advise of any significant variance from financial plan. ▪ To propose and implement agreed corrective action. ▪ Ensure adequate training is delivered to budget holders. ▪ Devise and maintain detailed systems of budgetary control.	▪ To be kept informed of financial performance. ▪ To access training when required.
▪ **Audit Committee**	▪ To maintain an Audit Committee for NHS Borders with a clear remit. ▪ To agree and monitor an annual Audit plan with	▪ To support the discharge of the Internal Audit Plan	▪ To support the discharge of the Internal Audit plan and agree monitoring arrangements where appropriate	▪ To agree and implement audit recommendations.	▪ To be kept informed of relevant audit issues. ▪ To contribute to audit activities as required.

	input from the Board Executive Team.				

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Annual Accounts and Reports**	▪ Approval of the Annual Accounts.	▪ To provide financial information as required for Annual Accounts. ▪ To be kept informed of relevant annual accounts issues.	▪ To provide financial information as required for Annual Accounts.	▪ To provide financial information as required for Annual Accounts.	▪ To be kept informed of relevant annual accounts issues.
▪ **Capital Approvals**	▪ To allocate capital resources which support the delivery of the Annual Operational Plan. ▪ Consider Business Cases for Capital Investment.	▪ To manage capital spend within the available resources.	▪ To ensure there is an adequate appraisal and approval process in place for determining capital expenditure.	▪ To prepare and submit business cases for capital requirements.	▪ To be able to influence the allocation of resource.
▪ **Asset Management**	▪ The Board shall delegate responsibility to the Clinical Executive for the overall control of fixed assets.	▪ To develop a Property and Asset Management Strategy which is consistent with the Annual Operational Plan.	▪ Implementation of property strategy including development of robust business cases in support of strategy.	▪ Devolved responsibility for asset management.	▪ Responsibility for ensuring safe keeping and effective use of assets.
▪ **Financial Policies and Procedures**	▪ To have mechanisms to ensure consistent financial policies and procedures are in place.	▪ To ensure financial policies and procedures are applied on a consistent basis	▪ Maintaining an effective system of internal financial control. ▪ Ensure all staff are aware of, and	▪ Maintaining an effective system of internal financial control. ▪ Ensure all staff are aware of, and understand their	▪ To have financial policies and procedures in place which support effective decision-making.

			understand their responsibilities within the SFI's.	responsibilities within the Standing Financial Instructions.	▪ To comply with those policies.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Payment of Staff**	▪ To ensure proper and effective arrangements are in place with respect to the payment of staff	▪ Establish policy in relation to any variations in agreed rates of pay and conditions of service.	▪ To secure funding prior to approval for any increase in establishment. ▪ Ensuring all payments are properly authorised in line with national agreed pay scales.	▪ Reporting financial impact of all changes in staffing including impact of early retirement.	▪ Through partnership forums be able to influence all policies in relation to payment of staff.
▪ **Payment of Accounts**	▪ To ensure proper and effective arrangements are in place with respect to the payment of accounts	▪ To agree Borders wide policies and standards for the payment of accounts. ▪ Responsible for prompt payment of all accounts and claims. ▪ Ensuring all payments are made in accordance with Scheme of Delegation. ▪ Responsibility for designing and maintaining systems for verification, recording and payment of all accounts.	▪ To support payment of accounts in line with agreed policy.	▪ To support payment of accounts in line with agreed policy.	▪ N/A
▪ **Bank Accounts and Government Banking Services**	▪ To ensure proper and effective banking arrangements are in place	▪ To ensure effective management of all bank accounts	▪ To support effective management of bank accounts and Government Banking Services.	▪ To support effective management of bank accounts and Government Banking Services.	▪ N/A

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Security of Cash, Cheques and other Negotiable Instruments**	▪ To ensure proper and effective security arrangements are in place	▪ Responsibility for security of cash, cheques and other negotiable instruments as appropriate.	▪ Responsibility for security of cash, cheques and other negotiable instruments	▪ Responsibility for security of cash, cheques and other negotiable instruments.	▪ N/A
▪ **Procurement and Tendering**	▪ To agree NHS Borders wide policies and standards for procurement and tendering and incorporate in Standing Orders. ▪ Setting of thresholds for tenders and for obtaining goods services and works.	▪ To ensure all procurement and tendering processes comply with NHS Borders Standing Orders and provide value for money ▪ To ensure that where national, regional or local contracts exist (including framework arrangements) the use of these contracts is mandatory	▪ Ensuring best value for money. ▪ Compliance with Standing Orders.	▪ Ensuring best value for money. ▪ Compliance with Standing Orders.	▪ Ensuring best value for money. ▪ Compliance with Standing Orders.
▪ **Endowment Funds**	▪ To establish an Endowment Fund Board of Trustees for NHS Borders.	▪ To determine the policy in respect of Endowment Funds.	▪ To advise on the financial implications of any proposal for either fundraising or investment of endowments funds.	▪ To implement the Endowment Policy.	▪ Through partnership forum to be able to influence all policies in relation to Endowment funds.

Key Issues	NHS Borders Board	Board Executive Team	Clinical Executive	Clinical / Care Board	Front Line Staff
▪ **Risk Management**	▪ To maintain a Risk Management Board for NHS Borders with a clear remit.	▪ To develop the Risk Management Strategy. ▪	▪ To implement and monitor the Risk Management Strategy.	▪ To implement and monitor the Risk Management Strategy. ▪ To implement and monitor the Organisational Resilience and Business Continuity Planning.	▪ To have supportive Risk Management policies and procedures in place which assist service delivery. ▪ To comply with those policies and procedures.

4. DELEGATED LIMITS AND AUTHORISED SIGNATORIES

4.1 Introduction

The Chief Executive has delegated authority to secure the efficient operation and management of services in accordance with the current policies of the Board, and within the limits of the resources available, subject to the approval of the Board, through Standing Financial Instructions.

Any changes to Delegated Limits and Authorised Signatories must be notified to the Director of Finance in writing. Departmental structure changes will be reflected in the Delegated Limits within the Code of Corporate Governance on an ongoing basis.

4.2 Schedule of Delegated Limits and Authorised Signatories

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. All items concerning finance must be carried out in accordance with Standing Financial Instruction and Standing Orders.

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Quotations, Tendering and Contract Procedures			
a) NHS Service Agreements annual values	Over £ 1,000,000	Borders NHS Board Excepting the Lothian Service Level Agreement where authorisation is delegated to the Director of Finance	
	Over £250,000 to £1,000,000	Chief Executive	
	Over £125,000 to £250,000	NHS Borders Resources - Director of Finance, with one Executive Director	
	Over £50,000 to £125,000	Medical Director Director of Nursing, Midwifery & ~~Acute Services~~Operations Director of Workforce Director of Strategic Change & Performance Chief Officer	
	Up to £50,000	Clinical Board Chairs General Managers Commissioning Manager Delegated Budget Holders	

b) i. EC Tendering Procedure (OJEU Advertisement) ii. Award of tender	Contracts for goods/services above EC Tendering Limits *Current EC limits are contained within NHS HDL (2002) 27 Revision of Thresholds for the World Trade Agreement on Government Procurement (valid until 31 December 2003)*	Adjudication of tender by Project Director, Project Manager, representative of Director of Finance, and, if value over £500,000 a non-executive Board member Borders NHS Board	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Quotations, Tendering & Contract Procedures (continued)			
c) Capital/Estates Works (unless covered by EC tendering limits – see b above)			
• Minimum number of invited tenders	Over £250,000	4 tenders	
	Over £50,000 to £250,000	3 tenders	
	Over £10,000 to £50,000	3 quotations	
	Under £10,000	At discretion of Director of Finance	
• Authority to open tenders/review quotations	Over £500,000	As £10,000 to £500,000 plus a non-executive Board member	
	Over £10,000 to £500,000	Representative of Director of Finance and Head of Estates & Facilities	
	Under £10,000 (Quotations)	Two Estates Officers	
• Authority to adjudicate tender	Over £500,000	As £10,000 to £500,000 plus non-executive Board member	
	Over £10,000 to £500,000	Head of Estates & Facilities, representative of Director of Finance plus Estates Officer	
	Under £10,000	Estates Officer	
• Award of Tenders	Over £500,000	Borders NHS Board	
	Over £100,000 to £500,000	Chief Executive	
	Over £25,000 to £100,000	Director of Finance	
	Under £25,000 (Quotations)	Estates Officer	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Quotations, Tendering & Contract Procedures (continued) d) General Purchase Orders (unless covered by EC tendering limits – see b above)			
• Minimum number of invited tenders	Over £250,000	4 tenders	
	Over £50,000 to £250,000	3 tenders	
	Over £15,000 to £50,000	3 quotations	
	Under £15,000	At discretion of Head of Procurement	
• Authority to open tenders/review quotations	Over £500,000	As below plus a non-executive Board member	
	Over £50,000 to £500,000	Representative of Director of Finance and Head of Procurement	
	Under £50,000 (Quotations)	Head of Procurement and Delegated Budget Holder	
• Authority to adjudicate tender	Over £500,000	As £50,000 to £500,000 plus non-executive Board member	
	Over £50,000 to £500,000	Head of Procurement, representative of Director of Finance, plus Technical Advisor	
	Under £50,000	Head of Procurement	
• Award of Tenders/Authorised Purchase Orders	Over £ 250,000	Borders NHS Board	
	Over £ 125,000 to £ 250,000	Chief Executive	
	Over £50,000 to £125,000	NHS Borders resources - Director of Finance and one Executive Director.	

• Award of Tenders/Authorised Purchase Orders (Cont)	Over £10,000 to £50,000	Director of Finance Director of Public Health Director of Workforce Director of Strategic Change & Performance Medical Director Director of Nursing, Midwifery & ~~Acute Services~~Operations Head of IM&T Director of Pharmacy Clinical Board Chairs Clinical Board General Managers Head of Procurement	
	Over £30,000 to £50,000	Deputy Director of Pharmacy Chief Pharmacy Technician Senior Pharmacist Estates Managers Commissioning Manager Senior Clinical Managers	
	Over £10,000 to £30,000 (Pharmaceutical Supplies)	Senior Pharmacy Technician	
	Up to £ 10,000 (Quotations)	Head of Procurement Delegated Budget Holders Human Resource Managers	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Quotations, Tendering & Contract Procedures (continued)			
e) Management Consultants			
• Minimum number of tenders	Over £25,000	3 tenders	
	Under £25,000	At discretion of Chief Executive & Director of Finance,	
• Authority to open tenders	Over £25,000	Chief Executive & Director of Finance Chief Executive & Director of Finance	
• Authority to adjudicate tender	Under £25,000	Borders NHS Board	
• Award of Tenders	Over £25,000	Chief Executive & Director of Finance	
	Under £25,000		
f) **UK** Travel Conference/Course/Training Expenses Payment	Over £25,000	Chief Executive	
	Over £5,000 to £25,000	Director of Workforce and Clinical Board General Manager	
	Up to £5,000	Budget holder	
g) **OVERSEAS** Travel Conference/Course/Training Expenses Payment	All	Chair of NHS Borders Board for Non Executive Members Chief Executive (or appointed deputy) for all NHS Borders employees	
h) Leased Cars Ordering	All	Director of Finance	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
i) Engagement of Agency/Locum Staff (single instance or arrangement for period of time)	Over £100,000 Over £40,000 up to £100,000 SHOULD THIS BE £50K ? Up to £40,000	Chief Executive NHS Borders resources - Director of Finance with the Medical Director or Director of Nursing, Midwifery & ~~Acute Services~~Operations or Chief Officer Clinical Chairs, General Managers &/or delegated Budget Holders	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Endowment Projects, Payments (incl. Capital Expenditure	Over £100,000	Endowment Fund Board of Trustees	
	Between £25,000 and £100,000	As £1k to £10k plus Chairman & Chief Executive and for noting by the Endowment Fund Board of Trustees	
	Between £10,000 and £25,000	As £1k to £10k plus Chief Executive and Director of Finance	
	Between £1,000 and £10,000	Fund Manager and Chair of Clinical Board (or nominated deputy)	
	Up to £1,000	Fund Manager	
Endowment Investments		Delegated Fund Advisor	
Cheque Signatories	Over £5,000	Two authorised bank signatories one of whom shall be at least a Senior Finance Manager.	Authorised Bank Signatory Levels
	Up to £5,000	One authorised signatory	
Response to Emergency Situation / Major Incident	£1million	Chief Executive	Refer to paragraph 2.2.1

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Property Disposals	All	Borders NHS Board	
Fixed Asset Disposals	Over £ 100,000	Borders NHS Board	
	£ 1 to £ 100,000	Director of Finance, Clinical Chairs, Other Directors, General Managers/ Heads of Department	
	Zero Net Book Value		
Establishment of Cash Float	Over £250 up to £1,000	Director of Finance	
	Over £50 up to £250	Head of Finance Senior Finance Manager	
	Up to £50	Budget holder	

DELEGATED MATTER	DELEGATED LIMITS	AUTHORISED SIGNATORY	REFERENCE DOCUMENTS
Virement of budgets between budget headings within services/departments	Over £ 250,000 Over £50,000 up to £250,000 Over £10,000 up to £50,000 Over £1,000 upt o £10,000 Below £1,000 Over £ 250,000 Over £50,000 up to £250,000 Over £20,000 up to £50,000 Up to £20,000	Borders NHS Board Chief Executive, & Director of Finance with one Executive Director Director of Finance General Manager & Budget Manager Budget Manager Borders NHS Board Chief Executive, Director of Finance with one Executive Director Director of Finance & General Manager General Manager	
Virement of budgets across services/departments			

Scheme of Delegation

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. ***The delegation below is the lowest level to which authority is delegated.*** Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate. All items concerning finance must be carried out in accordance with Standing Financial Instruction and Standing Orders.

DELEGATED MATTER	DELEGATED AMOUNT (£)	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
1. Management of Budgets			
1.1 Budgetary Control			
a) Prepare and submit a financial plan to the Board reconciling anticipated income and expenditure plans.		Director of Finance	
b) Submit reports to the Board highlighting significant variances and details of action taken, trends to date and forecasts of year end position.		Director of Finance Head of Finance	
c) Design, implement and supervise the financial controls and the accounting system.		Head of Finance	
d) Prepare and issue operational procedures governing the accounting system to all staff empowered to incur expenditure and generate or collect income.		Head of Finance & Business Partner	
e) Provide relevant budgetary (financial and management) information to aid decision making and financial control.		Budget Managers and Business Partners Head of Finance	
f) Report and investigate financial activity and manpower variances from budget to a specified timetable.			
g) Budget holders to receive adequate financial training.		Head of Finance	
h) Providing appropriate support from the Management Accounting Team.		Board for overall strategy; Clinical	
i) Approval of Budgets.			

j) Set and agree detailed budgets. k) Provide Budget Managers with monthly budget statements.		Executive for detailed framework Director of Finance; Chief Executive Clinical Executive; Clinical Boards and Budget Managers Head of Finance	

DELEGATED MATTER	DELEGATED AMOUNT (£)	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
Management of Budgets (continued)			
1.2 Budgetary Control Responsibility for keeping expenditure within budgets:			
At individual budget level (pay and non-pay)		Budget Holder	
At service/department level		General Manager	
At Clinical Board		Clinical Chair	
For reserves and contingencies		Director of Finance	
Virement of budget		See earlier section	
Agreement to any transfer of allocation required by the Board from or to capital		Director of Finance	
1.3 Authorisation of Expenditure **Non Discretionary Expenditure only** Commit expenditure on behalf of the Board against approved budget allocations. (Non discretionary expenditure covers supplies and services **excluding** equipment, training and stationery)	Over £ 250,000 Over £ 125,000 to £ 250,000 Over £50,000 to £125,000 Over £10,000 to £ 50,000	Borders NHS Board Chief Executive NHS Borders resources - Director of Finance and one Executive Director Director of Finance Director of Public Health Director of Workforce Director of Strategic Change & Performance Head of Estates Medical Director Chief Officer	

		Director of Nursing, Midwifery & ~~Acute Services~~Operations Head of IM&T Clinical Board General Managers Clinical Board Chairs Director of Pharmacy Head of Procurement	

DELEGATED MATTER	DELEGATED AMOUNT (£)	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
1. Management of Budgets (continued)			
1.3 Authorisation of Expenditure (continued)	Over £30,000 to £50,000	Deputy Director of Pharmacy Chief Pharmacy Technician Senior Pharmacist Estates Managers Commissioning Manager	
	Over £ 10,000 to £ 30,000	Senior Pharmacy Technician Senior Clinical Managers	
	Up to £10,000	Delegated Budget Holders Head of Procurement Human Resources Managers	
1.3 Authorisation of Expenditure (continued) **Discretionary Expenditure only** Commit expenditure on behalf of the Board against approved budget allocations. (Discretionary expenditure covers equipment, training and stationery)	Over £ 250,000	Borders NHS Board	
	Over £ 125,000 to £ 250,000	Chief Executive	
	Over £50,000 to £125,000	NHS Borders resources - Director of Finance and one Executive Director	
	Up to £ 50,000	Director of FinanceDirector of Public Health Director of Workforce Director of Strategic Change & Performance Medical Director Director of Nursing, Midwifery & ~~Acute Services~~Operations Clinical Board General Managers Director of Pharmacy	
1.4 Budget Adjustments			

a) Authorise all Clinical Board / Department Budget Adjustments.		Head of Finance	

DELEGATED MATTER	DELEGATED AMOUNT (£)	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
2. Capital			
2.1 Management of Fixed Assets			
a) Delegation of responsibility for the physical security and control of assets located within a specific location.		General Managers	
b) Complete and update procedure notes for maintaining fixed asset register.		Head of Finance	
c) Physical verification of fixed asset.		General Manager	
d) Notify Head of Finance on additions, Transfers and Disposal of fixed assets.		General Manager	
e) Maintain register of all assets given out on loan.		Nominated Ward/Dept Manager	

DELEGATED MATTER	DELEGATED AMOUNT (£)	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
2. Capital (continued)			
2.2 Project Management Arrangements			
a) Each project must have a project director		Director of Finance	NHS HDL (2002) 47 Construction Procurement Policy NHS HDL (2002) 13 Revised Green Book Guidance
b) Formal appointment of a project manager		Capital Management Team	
c) Set up Project Board meetings		Project Director, Project Sponsor and Project Manager	
d) Authority to proceed	See above section		
e) Accountable officer approval	See above section		
f) Cost and budgetary control - report cost control to Capital Management Team		Project Manager & Head of Finance Head of Finance	
- report cost control to Project Management Team			
g) Delegated authority to approve project spend		Project Board	
h) Project Monitoring and Review		Project Management Team, Financial Accounting Team	
i) Post project/post occupancy evaluation (PPE/POE) - to be carried out 6 month after commissioning/operational		General Manager / Estates Manager End User	

Delegated Authority for Losses & Special Payments – Limits Delegated by SGHSCD to NHS Borders

DELEGATED MATTER	DELEGATED AMOUNT (£)	DELEGATED AUTHORITY	REFERENCE DOCUMENTS
1. Losses of Cash due to:			
Theft, fraud, etc. (ALL cases of fraud over £1,000 must be reported to the SGHSCD before write-off)	£5,000	Director of Finance	
Overpayment of salaries, wages, fees and allowances	£5,000	Director of Finance	
Other causes, including unvouched or incompletely couched payments, overpayments, loss by fire (excluding arson), physical cash, stamp or cash equivalent losses	£5,000	Director of Finance	
2. Negatory and Fruitless Payments	£5,000	Director of Finance	
3. Bad Debts and Claims Abandoned:			
a) Private inpatients (Section 57 NHS (Scotland) Act 1978)	£5,000	Director of Finance	
Private non-resident patients (Section 58 NHS (Scotland) Act 1978)	£5,000	Director of Finance	
b) Overseas visitors (Section 59 NHS (Scotland) Act 1978)	£5,000	Director of Finance	
c) Road Traffic Claims	£5,000	Director of Finance	
d) Cases other than a) to c)	£5,000	Director of Finance	

Delegated Authority for Losses & Special Payments – Limits Delegated by SGHSCD to Borders NHS Board

DELEGATED MATTER	DELEGATED AMOUNT (£)	DELEGATED AUTHORITY	REFERENCE DOCUMENTS
4) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use Losses:			
a) Culpable causes e.g. theft, fraud arson, etc, whether proved or suspected, neglect of duty or gross carelessness:			
Other equipment and property	£20,000	Director of Finance / Director of Workforce / Director of Strategic Change & Performance	
Bedding and Linen	£10,000	Director of Finance / Director of Workforce/Director of Strategic Change & Performance	
b) Discrepancies and unexplained issues:			
Other equipment and property	£20,000	Director of Finance / Director of Workforce / Director of Strategic Change & Performance	
Bedding and Linen	£10,000	Director of Finance / Director of Workforce / Director of Strategic Change & Performance	
c) Incidents of Service (as a result of fire, flood etc., motor vehicle accidents, damage to vehicles	£20,000	Director of Finance / Director of Workforce / Director of Strategic Change & Performance	
d) Other causes	£20,000	Director of Finance / Director of Workforce / Director of Strategic Change & Performance	

Delegated Authority for Losses & Special Payments – Limits Delegated by SGHSCD to NHS Borders

DELEGATED MATTER	DELEGATED AMOUNT (£)	DELEGATED AUTHORITY	REFERENCE DOCUMENTS
Special payments (except in respect of family practitioner services)			
5. Compensation Payments (made under legal obligation):			
Clinical	£250,000 or above	SGHSCD prior approval	NHS HDL (2002) 65
Non Clinical	£100,000 or above	SGHSCD prior approval	NHS HDL (2002) 65
Financial Loss	£25,000 or above	SGHSCD prior approval	NHS HDL (2002) 65
6. Extra contractual payments to Contractors	£5,000	Director of Finance	
7. Ex-Gratia Payments:			
a) Compensation payments (including payments for loss of personal effects)	£5,000	Director of Finance	
b) For medical and clinical negligence (negotiated settlements following legal advice and issued guidance)			
Clinical	Up to £250,000	Chief Executive	
Non – clinical	Up to £100,000	Director of Workforce	
Other clinical negligence cases	Up to £25,000	Director of Strategic Change & Performance Director of Nursing, Midwifery & ~~Acute Services~~Operations	
c) Personal injury claims	NIL		
d) Other, except cases of maladministration where there was no financial loss by claimant	£5,000	Director of Workforce Director of Strategic Change & Performance	
e) Maladministration where there was no financial loss by claimant	NIL		

Delegated Authority for Losses & Special Payments – Limits Delegated by SGHSCD to NHS Borders

DELEGATED MATTER	DELEGATED AMOUNT (£)	DELEGATED AUTHORITY	REFERENCE DOCUMENTS
8. Extra Statutory & Extra Regulatory Payments: **Losses and special payments in respect of provision of family practitioner services.**	NIL		
9. Losses: a) Losses due to overpayments to practitioners of fees allowances or salary i. involving fraud ii. other	 £1,000 £1,000	 Director of FinanceDirector of Finance	
b) Unvouched or incompletely vouched payments	£1,000	Director of Finance	
10. Claims Abandoned	£1,000	Director of Finance	
Special Payments			
11. Ex Gratia Payment	£1,000	Director of Finance	
12. Extra Statutory and Extra Regulatory payments a) To chemist contractors for drugs supplied in good faith in respect of forged, etc. prescription forms	 £1,000	 Director of Finance	
b) Other	NIL		

Losses & Special Payments - NOTES

1. Cases not covered by the limits set out above should be referred to the SGHSCD as soon as the salient facts are clear and not delayed because of difficulties of unravelling complicated or inadequately documented transactions, or of assessing the amount of the final loss.
2. The limits set out above apply to individual incidents except as qualified in these notes.
3. The limits for Cash Losses refer to the gross loss, irrespective of any subsequent recovery. The limits for all other losses refer to the net loss.
4. The limit for overpayments of salaries, etc refers to the total involved at any one time through the same error or misinterpretation.
5. The limit for claims abandoned refers to the total of all cases arising from a single cause, but the loss in respect of each individual debtor should be recorded as one case.
6. The total net stores loss at any one hospital within the year should be aggregated and treated as one case. Similarly, the total net inventory losses at any one hospital within the year should be treated as one case.
7. In the case of central stores, the total beddage covered by the central store should determine the delegation limit for write-off purposes. For establishments, such as administrative offices and clinics, where the bed criterion cannot be used, the lowest limit of delegation for stores and inventory losses will apply.
8. Where an accident, such as fire or flood, involves losses under several heads, the limit for incidents of the service (i.e. £20,000) applies to the total of the damage incurred.
9. Where an extra contractual payment arises from a change in subsidy or other Government action, the first application for such payments should be referred to SGHSCD, irrespective of the limit of delegation.
10. **SGHSCD must be notified immediately of all possible cases of compensation payments (made under legal obligation**), irrespective of the limit of delegation.

5. DELEGATION OF POWERS FOR APPOINTMENT OF STAFF

5.1 Use of Powers

The powers delegated are to be exercised in accordance with procedures or guidance issued by the Scottish Government Health & Social Care Directorate, or approved by the Board.

Procedures governing the appointment of Consultants and other medical and dental grades are contained in Statutory Instruments issued by Scottish Ministers.

Appointments will be made within the delegated authority and budgetary responsibility in accordance with Standing Financial Instructions. Schemes of Delegation for appointment of staff will specify appointing officers, and, where necessary, the composition of appointment panels.

5.2 Appointment of Staff

Canvassing of Appointing Officers or Members of the Appointment Panel directly or indirectly for any appointment shall disqualify the candidate for such appointment.

A Member of the Board shall not solicit for any person any appointment under the Board, or recommend any person for any such appointment. This, however, shall not preclude any Member from giving a written testimonial of a candidate's suitability, experience or character for submission to the Board.

Every Member of the Board shall disclose to the Board any known relationship to a candidate for an appointment with the Board, It shall be the duty of the Chief Executive to report to the Board any such disclosure made.

It shall be the duty of the Appointing Officer to disclose to his or her Line Manager any known relationship to a candidate for an appointment for which he or she is responsible.

Where a relationship of a candidate for appointment to a Member of the Board is disclosed, that Member must play no part in the appointment process.

Two persons shall be deemed to be related if they are husband and wife, or partners or if either of the two, or the spouse or partner of either of them is the son or grandson, daughter or granddaughter, or brother or sister, or nephew or niece, of the other, or of the spouse or partner of the other.

5.3 Authority to Appoint

Chief Executive and posts at Director level. (Other than Director of Public Health/Medical Director)	The appropriate Board Appointments Committee
Director of Public Health/Medical Director	The Board on the recommendation of an Advisory Appointments Committee
Other Staff	Appointment Panel or Officer specified in the Scheme of Delegation

5.4 Composition of Appointment Committees

Chief Executive

The Board Appointments Committee shall be constituted in line with DL(2018)10 Values Based Recruitment for NHS Board Executive Level Appointments

Posts at Director Level (Other than Medical)

The Board Appointments Committee shall be constituted in line with DL(2018)10 Values Based Recruitment for NHS Board Executive Level Appointments

Director of Public Health and Medical Director

Where applicable the appointment is made by a Board Committee on the recommendation of an Advisory Appointments Committee, constituted in accordance with The National Health Service Guidance on the Appointment of Medical Directors (NHS MEL 1998 13). https://www.sehd.scot.nhs.uk/mels/1998_13.pdf

Appointment of Consultants

The Board is responsible for the recruitment, and authorisation of the appointment of, consultants as required under the National Health Service (Appointment of Consultants) (Scotland) Regulation 2009. The Chair has delegated authority to the Chief Executive to Chair the Consultant Interview panels.

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Other Staff in Accordance with Detailed Schemes of Delegation

5.5 Disciplinary Procedures

The Disciplinary Procedures regarding the Board staff are contained in the Employee Conduct Policy. In the case of Executive Members and other Directors, such procedures shall be a matter for panels convened on behalf of the Board.

It is delegated to Chief Executive/Nominated Director, as appropriate, to apply the terms of the Board's Employee Conduct Policy.