



# **NHS FORTH VALLEY**

## **STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF FORTH VALLEY NHS BOARD**

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## **1. FORTH VALLEY NHS BOARD**

1.1 Forth Valley NHS Board is constituted under Scottish Statutory Instrument 2001 No 302 The Health Board (Membership and Procedure) (Scotland) Regulations 2001

The role of Forth Valley NHS Board will be

- to ensure continuing improvement in the health of the population of Forth Valley and to develop effective, integrated services to meet the needs of individuals;
- to provide assurance that resources are utilised effectively and efficiently and targeted at the areas of greatest need.

1.2 Until primary legislation is enacted, the NHS Board's formal, legal title remains Forth Valley Health Board and it will continue to be identified as such on certain legal and financial documents.

1.3 Members of the NHS Board are expected to subscribe to and comply with:-

- a) The Code of Conduct
- b) The Code of Accountability
- c) The Code of Practice on Openness issued by the Scottish Executive
- d) The NHS Forth Valley Code of Conduct made under the Ethical Standards in Public Life, etc. (Scotland) Act 2000

All of which shall be regarded as if incorporated in these Standing Orders.

1.4 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with Standing Orders.

1.5 Any Standing Order may be suspended at any meeting provided that a majority of the members present and voting so decide.

1.6 On a motion for which notice has duly been given, the NHS Board may revoke or vary any of these Standing Orders, subject always to the Health Boards (Membership and Procedure) (Scotland) Regulations 2001.

1.7 A copy of current Standing Orders shall be provided to all Members of the NHS Board at appointment and on each occasion the Standing Orders are subject to amendment. Copies of the Standing Orders shall also be provided to senior managers of the NHS Board.

## **2. MEMBERSHIP**

### **2.1 Membership, Appointment and Term of Office**

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

Membership is as follows:

Chairperson  
6 Non-Executive Members  
3 Local Authority Elected Members  
Chairperson, Area Clinical Forum  
Chairperson, Community Health Partnership Professional Committee  
Chairperson, Area Partnership Forum (Employee Director)  
Chief Executive  
Chief Operating Officer  
Director of Public Health  
Director of Finance  
Director of Human Resources  
Medical Director  
Nurse Director

- ii. The term of office of the Members shall, subject to Standing Order Section 5, be for such period as the Scottish Ministers shall specify on appointment.
- iii. After the expiration of a term of office a Member shall, subject to Standing Order Section 5, be eligible for re-appointment.

## **3. CHAIRPERSON**

- 3.1 At every meeting of the NHS Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting, the Vice Chairperson, if present, shall preside. If both the Chairperson and Vice Chairperson are absent, Members present at the meeting shall elect a Non Executive Member to act as Chairperson for that meeting. (See section 4 Appointment of Vice Chairperson).
- 3.2 The duty of the person presiding at a meeting of the NHS Board or its Committees is to ensure that the Standing Orders are observed and applied, to preserve order in discussion and debate, to ensure fairness between Members, to determine all questions of order and competence, and to ensure clarity on decisions made. The ruling of the person presiding on the conduct of the meeting and the application of Standing Orders shall be final and shall not be open to question or discussion.

3.3 The Chairperson may resign office at any time on giving notice to the Scottish Ministers and shall hold office in accordance with appointment by Scottish Ministers unless he/she is disqualified (see Standing Order Section 6).

#### **4. VICE CHAIRPERSON**

4.1 For the purpose of enabling the business of the NHS Board in the absence of the Chairperson, a Non Executive Member shall be elected Vice Chairperson by Members and the person appointed shall, so long as they remain a Member of the NHS Board, continue in office until the next appointment of Vice Chairperson. This is subject to annual review.

4.2 The Member appointed as Vice Chairperson 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 Non Executive Member as Vice Chairperson in accordance with Standing Order 4.1.

4.3 Where the Chairperson of the NHS Board has died, ceased to hold office, or is unable to perform his or her duties due to illness, absence from Scotland or for any other cause, the Vice Chairperson shall assume the role of the Chairperson in the conduct of the business of the NHS Board and references to the Chairperson shall, so long as there is no Chairperson able to perform the duties, be taken to include references to the Vice Chairperson.

#### **5. 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 Minister to this effect.

5.2 If the Scottish Minister considers that it is not in the interests of the Health Service that a Member of the NHS Board should continue to hold that office, the Scottish Minister may forthwith terminate the person's appointment.

5.3 If a Member has not attended any meeting of the NHS Board, or of any Committee of which they are a Member for a period of six consecutive months, the Scottish Minister shall terminate that person's appointment unless the Scottish Minister is satisfied that

- The absence was due to illness or other reasonable cause, and
- The Member will be able to attend meetings within such period as the Scottish Minister considers reasonable.

5.4 When any Member comes disqualified in terms of Standing Order 6 that Member shall forthwith cease to be a Member.

## **6. SUSPENSION AND DISQUALIFICATION**

- 6.1 Any Member of the NHS Board may, on reasonable cause shown, be suspended from the NHS Board or disqualified from taking part in any business of the NHS Board in the circumstances specified in Scottish Statutory Instrument 2001 No 302. The Health Boards (Membership and Procedures) (Scotland) Regulations 2001. (See Annex A).
- 6.2 Any Member who disregards the authority of the Chairperson, obstructs the proceedings of a meeting, or conducts themselves offensively, shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for their suspension is carried.
- 6.3 Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting. If a person so suspended refuses to leave the meeting when required to do so by the Chairperson, the Chairperson may authorise any person to assist in seeking their immediate removal.

## **7. PROCEEDINGS**

### **7.1 Ordinary Meetings**

- i. The meetings and proceedings of the NHS Board shall be conducted in accordance with its Standing Orders.
- ii. The NHS Board shall meet at least 6 times in the year and unless the NHS Board resolves otherwise, these meetings will be held on the last Tuesday of the months of January, March, May, July, September and November. Meetings shall be held at such place and time as the NHS Board shall determine and shall be specified.
- iii. The Chairperson may call a meeting of the NHS Board at any time provided notice has been given in accordance with Standing Order 7.1(iv).
- iv. The Chairperson shall convene meetings of the NHS Board by issuing to each Member a notice of the meeting specifying the time, place and business to be conducted, together with all relevant papers. These shall be issued to each Member not less than 5 clear days before the meeting.
- v. The notice of meeting shall be delivered to every Member or sent by post to the Members place of residence, or such other address notified by them.
- vi. Lack of service of the notice on any Member shall not affect the validity of a meeting.

- vii. In accordance with the provisions of the Public Bodies (Admission to Meetings) Act 1960, notice of the time and place of the meeting shall be published at the principal office of the NHS Board and will also be notified to the public via notices in the local media.

## **7.2 Requisitioned (Special Meetings)**

- i. The Chairperson of the NHS Board may call a meeting of the NHS Board at any time and shall do so on receipt of a requisition in writing for that purpose which specifies the business to be transacted at the meeting and is signed by one-third of the whole number of Members of the NHS Board.
- ii. In the case of a requisitioned meeting, the meeting shall be held within 14 days of receipt of the requisition and no business shall be transacted at the meeting other than that specified in the requisition.
- iii. If the Chairperson refuses to call a meeting of the NHS Board after a requisition for that purpose or if, without so refusing, does not call a meeting within 7 days after such a requisition has been presented, those Members who presented the requisition may forthwith call a meeting by signing the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

## **8. CONDUCT OF MEETINGS**

### **8.1 Quorum**

- i. No business shall be transacted at a meeting of the NHS Board unless there are present and entitled to vote at least one third of the whole number of Members of whom at least two are Non Executive Members and at least one is an Executive Director (Chief Executive, Director of Finance, Director of Public Health, Chief Operating Officer, Director of Human Resources, Medical Director or Nurse Director).

### **8.2 Business Transaction and Voting**

- i. No business shall be transacted at any meeting of the NHS Board other than that specified in the agenda/notice except on grounds of urgency and with the consent of the majority of the Members present. Any request for the consideration of an additional item of business shall be raised at the start of the meeting and the consent of the majority of Members for the inclusion must be obtained at that time.

- ii. All acts of, and all questions coming and arising before, the NHS Board shall be done and decided by a majority of the Members of the NHS Board present voting at a meeting of the NHS Board. Majority agreement may be reached by consensus without a formal vote.
- iii. In the event of a vote being necessary, the question shall be determined by a majority of the votes of the members present and voting on the question and, in the case of an equality of votes, the person presiding shall have a second or casting vote.
- iv. A motion which contradicts a previous decision of the NHS Board shall not be competent within six months of the date of such decision, unless submitted in the Minutes of a Committee, or notice of the proposed variation is provided in the notice of the NHS Board meeting. When a decision is rescinded, it shall not affect or prejudice any action, proceeding or liability which may have been competently done or undertaken before such decision was rescinded.

### **8.3 Minutes**

- i. The names of Members and other persons present at a Meeting, or of a Committee, shall be recorded in the Minute of the meeting.
- ii. Minutes of the proceedings of the NHS Board and its Committees and decisions thereof shall be drawn up and submitted to the next meeting of the NHS Board or relevant Committee for approval as to their accuracy and signed by the person presiding at the next meeting.

### **8.4 Order of Debate**

- i. Every notice of motion for NHS Board meetings shall be in writing and signed by the Member giving the notice (or their nominated deputy). It shall be given to the Head of Corporate Services, filed and be open to inspection by every member of the NHS Board. A notice of motion that has not been received (except by prior agreement) prior to one o'clock in the afternoon preceding the usual day for issuing the notice for any meeting of the NHS Board Meeting shall not be specified in the circular calling such a meeting.
- ii. After debate, the mover of the original motion shall have the right to reply. In replying, no new matter shall be introduced and the mover shall confine strictly to answering previous observations. Immediately after reply, the question shall be put by the Chairperson without further debate.

- iii. When more than one amendment is proposed, the Chairperson of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.
- iv. A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be put to the next meeting.

## **8.5 Adjournment of Meetings**

- i. Meetings of the NHS Board, or of a Committee of the NHS Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned until the next scheduled meeting or to such day, time and place as may be specified in the motion.

## **9. DECLARATION OF INTERESTS, REGISTER OF INTERESTS AND CONFLICT OF INTEREST**

### **9.1 Declaration**

Members of the NHS Board shall observe all their obligations under the Code of Conduct for Members of the Forth Valley NHS made under the Ethical Standards in Public Life etc (Scotland) Act 2000.

- 9.2 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or the Head of Corporate Services as to whether a notice/declaration should be made.
- 9.3 Where the Code requires an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Corporate Services by giving notice in writing using the standard form available from the Head of Corporate Services within one month of the interest or change arising. The Head of Corporate Services will write to Members every six months to request them formally to review their declaration.
- 9.4 Persons appointed to the NHS Board as Members shall have one month to give notice of any registerable interests under the Code, or to make a declaration that they have no registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Corporate Services.

9.5 The Head of Corporate Services will be responsible for maintaining the Register of Interest and for ensuring it is available for public inspection at the principal offices of the NHS Board at all reasonable times and will be included on the NHS Board's web site.

9.6 The Register shall include information on:

- the date of receipt of every notice;
- the name of the person who gave the notice which forms the entry in the Register; and
- a statement of the information contained in the notice, or a copy of that notice.

9.7 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the NHS Board. Such declarations shall be made to the Head of Corporate Services who shall make them available for public inspection at all reasonable times at the Principal Offices of the NHS Board and on the NHS Board's website.

9.8 The Head of Corporate Services (or authorised nominee) shall maintain Registers under the provisions of NHS Circular HDL (2003)62 covering:

- Joint working arrangements between employees and independent Family Health Service Contractors and the pharmaceutical industry; and
- Financial interests held by employees and independent Family Health Service contractors with any organisations which may impact upon any funding arrangements made between the NHS Board and any non-NHS organisations.

The Register shall be made publicly available during normal office hours at the Principal Offices of the NHS Board.

9.9 Subject to such exceptions and qualifications as may, with the approval of the Scottish Ministers be specified in Standing Orders, if a member of associate or 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 NHS 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.

## **10. ADMISSION OF PUBLIC AND PRESS**

- 10.1 Members of the public and representatives of the press shall be notified of meetings and shall be admitted to meetings of the NHS Board in accordance with the provision of the Public Bodies (Admission to Meetings) Act 1960.
- 10.2 Members of the public and representatives of the press admitted to meetings of the NHS Board may be excluded from any meeting by decision of the NHS Board, where, in the opinion of the majority of Members present, publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or such other special reason as may be specified in the decision.
- 10.3 Representatives of the press and members of the public admitted to meetings shall require the authority of the NHS Board for each occasion they may wish to record the proceedings of the meeting (including the use of photographic apparatus) other than by written notes.
- 10.4 No member of the public may take part in the debate unless invited to do so by the Chairperson or Acting Chairperson.
- 10.5 Nothing in this Standing Order shall preclude the Chairperson from requiring the removal from a meeting of any person or persons who persistently disrupts the proceedings of a meeting.

## **11. COMMON SEAL AND EXECUTION OF DOCUMENTS**

- 11.1 The Common Seal of the NHS Board shall be kept in a safe place by the Head of Corporate Services who shall be responsible for its safe custody and for recording its use.
- 11.2 Any document or proceeding requiring authentication by the NHS Board by affixation of its Common Seal shall be subscribed by the Chairperson or Vice Chairperson, Chief Executive and Director of Finance.
- 11.3 The Director of Finance shall be responsible for maintaining a record of officers authorised to sign documents on behalf of the NHS Board in accordance with provisions contained within Standing Financial Instructions.

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

## **12. APPOINTMENT AND FUNCTIONS OF COMMITTEES**

- 12.1 Subject to any direction issued by Scottish Ministers, the NHS Board shall appoint such Committees and Sub-Committees as it thinks fit. The remits of Committees and Sub-Committees, their quora and reporting arrangements shall be reviewed annually by the NHS Board.
- 12.2 Subject to any direction or regulation issued by Scottish Ministers, Committees of the NHS Board may co-opt persons as Members of NHS Board Committees and Sub-Committees, as and when required.
- 12.3 The Chairperson of a Committee may call a meeting of that Committee any time and shall call a meeting when requested to do so by the NHS Board.
- 12.4 The foregoing Standing Orders, so far as applicable, shall be the rules and regulations for the proceedings of formally constituted Committees and Sub-Committees, subject to the following additional provisions:-
- a) NHS Board Members have the right to receive all papers of, and the right to attend all Committees/Sub-Committees except where the Committee resolves otherwise.
  - b) Meetings of Committees and Sub-Committees shall not be open to the public and press unless the NHS Board decides otherwise in respect to a particular Committee or a particular meeting of a Committee.

- c) Committees of the NHS Board and the membership thereof shall be appointed annually at the meeting of the NHS Board in March or at a meeting to be held as soon as convenient thereafter. Casual vacancies in the membership of Committees thereof shall be filled, so far as practicable, by the NHS Board at the next scheduled meeting following a vacancy occurring.
- d) Committees of the NHS Board may appoint Sub-Committees and Members thereof as may be considered necessary ensuring compliance with regulations and Standing Orders.
- e) Draft minutes of the proceedings of Committees shall be drawn up and submitted to the NHS Board at the first scheduled meeting after the meeting of the Committee for the purpose of advising the NHS Board of decisions taken.
- f) Draft minutes of meetings of Sub-Committees shall be submitted to their parent Committee at the first scheduled meeting of the parent Committee after the meeting of the Sub-Committee for the purpose of advising the Committee of decisions taken.
- g) A Committee, or Sub-Committee may, notwithstanding that a matter is delegated to it, direct that a decision shall be submitted by way of recommendation to the NHS Board or parent Committee for approval.

12.5 Remits of Committees and Sub-Committees form part of the Standing Orders. Remits for the following Committees are contained in Annex B

- Audit Committee
- Staff Governance Committee
- Staff Governance Remuneration Sub-Committee
- Clinical Governance Committee
- Ethical Issues Sub-Committee
- Organ Donations Sub-Committee
- Endowments Committee
- Charitable Development Group
- Strategic Projects and Property Committee
- Acute Services Committee
- Clackmannanshire Community Health Partnership Committee
- Falkirk Community Health Partnership Committee
- Stirling Community Health Partnership Committee
- Pharmacy Practices Committee
- Ethics of Research Committee (NHS Forth Valley & NHS Fife Common Committee)

**13. DECISIONS RETAINED BY FORTH VALLEY NHS BOARD AND SCHEME OF DELEGATION**

- 13.1 The Code of Conduct and Accountability for NHS Boards requires each NHS Board to adopt and specify a Scheme of Decisions retained by Forth Valley NHS Board are reserved for the NHS Board and which may only be determined at a meeting of the NHS Board. The Decisions retained by Forth Valley NHS Board are detailed in Annex C.

**14. SCHEME OF DELEGATION**

- 14.1 Subject to the Standing Orders of the NHS Board, Forth Valley NHS Board may delegate responsibilities for conduct of its business to Committees (Annex B), to individual Directors or to senior managers. The NHS Board's Scheme of Delegation specifying areas of responsibility, nominated officers (and those who may act in their place during their absence), and the scope of the delegation is detailed in Annex D.

**15. STANDING FINANCIAL INSTRUCTIONS**

- 15.1 The NHS Board shall prepare, in accordance with statutory requirements, Standing Financial Instructions for ensuring the maintenance of proper financial control of its affairs. These shall form part of the Standing Orders and are incorporated in Annex E.

## **FORTH VALLEY NHS BOARD**

### **STANDING ORDERS**

#### **SUSPENSION AND DISQUALIFICATION**

- (1) Subject to paragraphs (2) and (3), a person shall be disqualified from 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 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 outwith the Forth Valley NHS Board area;
  - (f) they have had their name removed, by a direction under section 29 of the Act, 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 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; 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.

**STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF  
FORTH VALLEY NHS BOARD**

**COMMITTEE REMITS**

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- Audit Committee
- Staff Governance Committee
- Staff Governance Remuneration Sub-Committee
- Clinical Governance Committee
- Clinical Governance Ethical Issues Sub-Committee
- Clinical Governance Organ Donations Sub-Committee
- Endowments Committee
- Charitable Development Group
- Strategic Projects and Property Committee
- Acute Services Committee
- Clackmannanshire Community Health Partnership Committee
- Falkirk Community Health Partnership Committee
- Stirling Community Health Partnership Committee
- Pharmacy Practices Committee
- Ethics of Research Committee (NHS Forth Valley & NHS Fife Common Committee)

## **FORTH VALLEY NHS BOARD**

### **AUDIT COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

The purpose of the Audit Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- within the law and regulations governing the NHS;
- that an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced and that value for money is continuously sought.

##### **2. COMPOSITION**

###### **2.1 Membership**

The membership of the Committee shall consist of four Non-Executive Members of the NHS Board. The Chair of NHS Forth Valley and Executive NHS Board Members are not eligible for Membership.

###### **2.2 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

###### **2.3 Attendance**

The Chief Executive and the Director of Finance of NHS Forth Valley, the Chief Internal Auditor and the Statutory External Auditor shall normally attend meetings. The Committee can request the attendance of any officer of NHS Forth Valley. All NHS Board Members shall have the right of attendance and have access to papers, except where the Committee resolves otherwise.

### **3. MEETINGS**

#### **3.1 Frequency**

Meetings of the Committee will be timetabled annually to coincide with the important events of the year and before important decisions are made.

Meetings will be held at a minimum of four times per annum. This schedule should also identify the key items of business to be discussed at each meeting.

#### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

#### **3.3 Quorum**

No business shall be transacted unless a minimum of two Audit Committee Members are present.

#### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of the relative timing and scheduling of meetings, Minutes of the Audit Committee will be presented in draft form to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees. The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director prior to distribution.

#### **3.5 Other**

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

### **4. REMIT**

#### **4.1 Objectives**

The main objectives of the Audit Committee are to ensure that NHS Forth Valley acts within the law, regulations and code of conduct applicable to it and that an effective system of internal control is maintained. The duties of the Audit Committee are in accordance with the Government Internal Audit Standards.

## **4.2 Internal Control and Corporate Governance**

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

- Control environment
- Risk management strategy and procedures
- Decision-making processes
- Information and communication
- Monitoring and corrective action

**4.2.2** To review the system of internal financial control which includes:

- The safeguarding of assets against unauthorised use and disposition.
- Maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

**4.2.3** To ensure the NHS Board's activities are within the law and regulations governing the NHS

**4.2.4** To monitor performance and best value by reviewing the economy, efficiency and effectiveness of operations including periodic review of the delivery of efficiency programmes with a focus on real cash savings.

**4.2.5** To present an annual assurance statement on the above to the NHS Board to support the Directors' Statement on Internal Control

**4.2.6** To take account of the implications of publications detailing best audit practice

**4.2.7** To take account of recommendations contained in the relevant reports of the Auditor General and the Scottish Parliament

## **4.3 Internal Audit**

**4.3.1** To review and approve the Internal Audit Strategic and Annual Plan

**4.3.2** To monitor audit progress and review audit reports

**4.3.3** To monitor the management action taken in response to the audit recommendations through an agreed follow-up mechanism

**4.3.4** To consider the Chief Internal Auditor's annual report and assurance statement

**4.3.5** To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures

**4.3.6** To ensure there is direct contact between the Audit Committee and Internal Audit and the opportunity is given for discussions with the Chief Internal Auditor as required without the presence of the Executive Directors

**4.3.7** To review the terms of reference and appointment of the Internal Auditors

#### **4.4 External Audit**

**4.4.1** To review the Audit Strategy and Plan, including the Performance Audit Programme.

**4.4.2** To consider all statutory audit material, in particular:

- Audit Reports (including Performance Audit Studies)
- Annual Reports
- Management Letters

relating to the certification of the NHS Board.

**4.4.3** To monitor management action taken in response to all External Audit recommendations including Performance Audit Studies following consideration by the relevant Committee.

**4.4.4** To hold meetings with the External Auditors at least once per year without the presence of the Executive Directors.

**4.4.5** To review the extent of co-operation between External and Internal Audit.

**4.4.6** Annually appraise the performance of the External Auditors.

**4.4.7** To note the appointment and remuneration of External Auditors and to examine any reason for the resignation or dismissal of the Auditors.

#### **4.5 Standing Orders and Standing Financial Instructions**

**4.5.1** To review changes to the Standing Orders and Standing Financial Instructions.

**4.5.2** To examine the circumstances associated with each occasion when Standing Orders are waived or suspended.

**4.5.3** To review the Scheme of Delegation.

## **4.6 Annual Accounts**

- 4.6.1** To review annually (and approve) any changes in accounting policy.
- 4.6.2** To review schedule of losses and compensation payments.
- 4.6.3** To review and recommend approval to the NHS Board of the Annual Accounts.
- 4.6.4** To report in the Directors Report on the roles and responsibilities of the Audit Committee and actions taken to discharge those.
- 4.6.5** To review and recommend approval to the NHS Board of the Patients Funds Annual Accounts.

**4.7** Receive reports from the FHS (Family Health Service) Performance Review / Reference Group which is responsible for dealing with Primary Care contractor issues and alleged breaches of terms of reference.

## **5. OTHER**

- 5.1** The Committee has a duty to review its own performance, effectiveness and terms of reference on an annual basis.
- 5.2** The Committee shall monitor the mechanism to keep up-to-date with changes to topical laws and regulations.
- 5.3** The Chairperson shall submit an Annual Report of the work of the Committee to the NHS Board.
- 5.4** The Committee is authorised to obtain outside legal or other professional advice it considers necessary.

## **FORTH VALLEY NHS BOARD**

### **STAFF GOVERNANCE COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

**1.1** The purpose of the Staff Governance Committee is to provide the NHS Board with the assurance that –

- There is a culture within NHS Forth Valley where the highest possible standard of staff management is understood to be the responsibility of everyone working in Forth Valley and is built upon partnership and collaboration.
- Staff governance mechanisms are in place and effective throughout the local NHS system.
- Performance is reviewed against the Staff Governance standard.

##### **2. COMPOSITION**

###### **2.1 Membership**

The membership of the Committee shall consist of 4 Non Executive Members of the NHS Board one of whom must be the Employee Director and 2 lay representatives from the Trade Unions and Professional Organisation nominated by the Area Partnership Forum resulting in membership as follows :-

- Two Non-Executive NHS Board Members
- Chair of the NHS Board
- Employee Director
- Two Lay members

###### **2.2 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

### **2.3 Attendance**

The Chief Executive of NHS Forth Valley and the Director of Human Resources shall normally attend meetings. The Committee can request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

## **3. MEETINGS**

### **3.1 Frequency**

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting. The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

### **3.3 Quorum**

No business shall be transacted unless a minimum of two Staff Governance Committee Members are present.

### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling meetings, Minutes of the Staff Governance Committee will be presented in draft form to the next NHS Board meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees. The draft Minutes will be cleared by the Chair of the Committee and the nominated lead Executive prior to distribution.

### **3.5 Remuneration Sub-Committee**

Minutes (or draft Minutes) of the Remuneration Sub-Committee will be presented to the next Staff Governance Committee. The Remuneration Sub-Committee remit and membership is attached as Annex 1. The Sub-Committee reports to the Staff Governance Committee.

### **3.6 Other**

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

## **4. REMIT**

### **4.1 Objectives**

The main objectives of the Staff Governance Committee are to ensure that staff governance mechanisms are in place and effective throughout the local NHS System and that performance is reviewed against relevant Staff Governance standards. The Committee shall support the creation of a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration.

### **4.2 Systems Assurance and Staff Governance**

4.2.1 To receive summary reports from the Area Partnership Forum in relation to Human Resource and Organisational Development Strategy and Policies. Policy development and approval is delegated to the Area Partnership Forum.

4.2.2 To monitor implementation of the Workforce Modernisation Agenda and receive reports and minutes from the Workforce Modernisation Board.

4.2.3 To commission the introduction of structures and processes which ensure that delivery against the Staff Governance Standard is being achieved.

4.2.4 To ensure consistency of policy and equity of treatment of employees

4.2.5 To ensure that a consistent approach to the job evaluation is in place

4.2.6 To monitor Workforce Plan development and its associated action plan

4.2.7 To ensure that an appropriate approach is in place to deal with staff risk management (including staff and patient safety) across the system working within NHS Forth Valley Risk Management Strategy.

4.2.8 To provide staff governance information for the statement of internal control

### **4.3 Internal Review**

4.3.1 To monitor and evaluate strategies and implementation plans relating to people management.

- 4.3.2 To review staff survey results and to monitor implementation of agreed action plans.
- 4.3.3 To monitor performance in NHS Forth Valley in
- Staff communications
  - learning and development
  - partnership working (through links with Area Partnership Forum)
  - safe and healthy working environment
  - Human Resource Policies and Procedures
- 4.3.4 To propose and support any policy amendment, funding or resource submission to achieve the Staff Governance Standard recognising that such proposals will require to be assessed as part of the over-arching local prioritisation process.
- 4.3.5 To receive minutes from Area Health and Safety Committee and to monitor governance arrangements as they relate to staff.

#### **4.4 External Review**

- 4.4.1 To take responsibility for the timely submission of all staff governance information required for national monitoring arrangements and ensure follow-up action is taken in respect of relevant external reviews such as Audit Reports.
- 4.4.2 To oversee the implementation of
- The National Learning Strategy – Learning Together
  - Partnership Information Network Guidelines
  - The National Occupational Health and Safety Strategy – Towards a Safer Healthier Workforce
  - Fair for All
  - A Force for Improvement – Workforce response to Better Health, Better Care
- 4.4.3 To review all appropriate Performance elements routinely.

#### **5. Other**

- 5.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis
- 5.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.
- 5.3 The Committee is authorised to obtain professional advice it considers necessary.

**FORTH VALLEY NHS BOARD**

**STAFF GOVERNANCE REMUNERATION SUB-COMMITTEE**

**TERMS OF REFERENCE**

**1. Purpose**

**1.1** The Committee shall be known as the Remuneration Sub-Committee of the Staff Governance Committee. Its main function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and SGHD and described in MEL(1993)114 and subsequent amendments. The Remuneration Committee will also, through the Staff Governance Committee be required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114 (amended) so that the 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 Sub-Committee; these can only be considered by Non-Executive Directors of the Board. It shall approve performance management arrangements and terms and conditions for the Chief Executive and Executive Directors, monitor and review Executive cohort and Senior Managers performance. The Performance Management Good Practice Guide and Remuneration Committee Self Assessment Pack provides guidance to support the Remuneration Committee fulfil its purpose.

**2. Composition**

**2.1 Membership**

The Remuneration Sub-Committee members will be appointed by the NHS Board and will consist of

- The Chairman of the NHS Board
- Two Non-Executive Directors including Chair of Staff Governance Committee

**2.2 Attendance**

The Chief Executive and Director of Human Resources will attend meetings of the Remuneration Sub-Committee as Professional Advisers and Assessors and provide appropriate support. They will not be present when the terms and conditions for their own posts are being discussed.

### **2.3 Appointment of Chairperson**

The Chair of Staff Governance Committee will act as Chairman of the Remuneration Sub-Committee

## **3. Meetings**

### **3.1 Frequency of Meetings**

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and meetings will be held at a minimum of once every quarter.

### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper, together with the action the Sub-Committee are asked to consider.

### **3.3 Quorum**

No business shall be transacted unless a minimum of two Sub-Committee Members are present.

### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing of meetings, Minutes of the Remuneration Sub-Committee will be presented in draft form to the next Staff Governance Committee to ensure awareness of issues considered and decisions taken by the respective Sub-Committee. The draft Minutes will be cleared by the Chair of the Sub-Committee and the nominated lead Executive.

### **3.5 Other**

In order to fulfil its remit, the Remuneration Sub-Committee can obtain whatever professional advice it requires and invite if necessary external experts to meetings.

## **4. Remit**

**4.1** To agree all terms and conditions of employment of the Chief Executive and Executive Directors and other designated posts of the NHS Board in the following respects:

- Content and format of job descriptions

- Terms of employment including tenure
  - Basic pay
  - Individual performance pay
  - Group performance pay
  - Benefits including pension, superannuation arrangements, removal arrangements and motor cars
  - Annual salary review.
- 4.2** To receive reports as appropriate from the Director of Human Resources on Executive Level Grading Decisions.
- 4.3** The NHS Board will consider and approve annually the Forth Valley Health Plan, from which all corporate objectives will be determined. The Remuneration Sub Committee will then determine the corporate objectives for the Chief Executive and Executive Directors of the NHS Board are at the start of the year in which performance is assessed by
- Receiving a report from the Chairman of the NHS Board on the Board Chief Executive's proposed objectives.
  - Receiving a report from the Chief Executive on the proposed objectives for the other Executive Directors of the NHS Board.
  - Receiving reports mid year on performance of objectives.
  - Receiving reports at the end of the year including information on weightings and ratings for salary determination.
- 4.4** To agree the NHS Board arrangements for performance management of senior management and ensure that the performance of the Executive Members is rigorously assessed against agreed objectives within the terms of the performance management arrangements referred to above.
- 4.5** To regularly review the NHS Board's policy for the remuneration and performance management of Senior Management in the light of guidance issued by the Scottish Government Health Department.
- 4.6** The Sub-Committee has a duty to review its own performance, effectiveness including running costs and Terms of Reference on an annual basis.
- 4.7** To ensure that a consistent approach to job evaluation is in place.

## **FORTH VALLEY NHS BOARD**

### **CLINICAL GOVERNANCE COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

The purpose of the Clinical Governance Committee is to provide the NHS Board with

- Systems Assurance – to ensure that clinical governance mechanisms are in place and effective throughout the local NHS system and services that are commissioned from independent providers and other partner agencies.
- Public Health Governance – to ensure that the principles and standards of clinical governance are applied to the health improvement and health protection activities of the NHS Board.

##### **2. Composition**

###### **2.1 Membership**

The Membership of the Committee shall consist of

- Two Non-Executive Members of the NHS Board
- Chair of Area Clinical Forum
- One Member of the NHS Forth Valley Public Involvement Network
- Chair of the CHP Professional Committee
- One member from the Local Advisory Council

###### **2.2 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

###### **2.3 Attendance**

The Chief Executive of NHS Forth Valley, the Chief Operating Officer, the Medical Director, the Nurse Director, the Director of Public Health and the Director of Pharmacy. Additionally the Deputy Director of Human Resources with responsibility for staff governance shall also normally attend. The Committee can request the attendance of any officer or family practitioner of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

### **3. MEETINGS**

#### **3.1 Frequency**

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

#### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

#### **3.3 Quorum**

No business shall be transacted unless a minimum of two Non Executive Members are present

#### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of meetings, Minutes of the Clinical Governance Committee will be presented in draft form to the next Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees. The draft Minutes will be cleared by the Chair of the Committee and the nominated lead Director prior to distribution.

#### **3.5 Other**

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

#### **3.6 Ethical Issues Sub-Committee**

Minutes (or draft Minutes) of the Ethical Issues Sub-Committee will be presented to the next Clinical Governance Committee. The Sub-Committee reports to the Clinical Governance Committee

### **3.7 Organ Donation Sub-Committee**

Minutes (or draft Minutes) of the Organ Donation Sub-Committee will be presented to the next Clinical Governance Committee. The Sub-Committee reports to the Clinical Governance Committee

## **4. REMIT**

### **4.1 Objectives**

The main objectives of the Clinical Governance Committee are to provide:-

- Systems Assurance – to ensure that clinical governance mechanisms are in place and effective throughout the local NHS system.
- Public Health Governance – to ensure that the principles and standards of clinical governance are applied to the health improvement and health protection activities of the NHS Board

### **4.2 Remit**

The overall remit of the Committee shall be to:

- 4.2.1 Ensure that appropriate Clinical Governance systems are in place across all parts of NHS Forth Valley.
- 4.2.2 Ensure that an overall approach to clinical quality improvement is developed across NHS Forth Valley
- 4.2.3 Ensure that an appropriate approach is in place to deal with clinical risk management (including staff and patient safety) across the system working within NHS Forth Valley Risk Management Strategy
- 4.2.4 Identify priorities for action as a result of the work of the Committee

### **4.3 Responsibilities**

The responsibilities of the Committee shall be to:-

- 4.3.1 Ensure that all elements of the Clinical Governance Strategy are being adequately taken forward. Co-ordinate the clinical governance work within acute care and primary and community care to ensure that the clinical governance strategy is implemented effectively and efficiently across the system.
- 4.3.2 Ensure that appropriate standards of clinical governance are being applied to the health improvement and health protection activities of the Board.

- 4.3.3 Ensure that follow-up action is taken in relation to NHS Quality Improvement Scotland and other external reviews to provide assurance that the quality of services is being improved.
- 4.3.4 Promote positive complaints handling, advocacy and feedback including learning from adverse events and near misses.
- 4.3.5 Ensure review of clinical governance objectives bi-annually to gain assurance across the whole NHS system with appropriate monitoring and action planning.
- 4.3.6 Ensure systems dealing with revalidation/fitness to practice are in place.
- 4.3.7 Review performance in management of clinical and population-based risk and delivery of services, including emergency planning and service continuity planning
- 4.3.8 Promote work in partnership with outside agencies, such as Scottish Ambulance Service and NHS 24.
- 4.3.9 Receive regular reports that allow the Committee to assure the Board on key clinical priorities e.g. the Patient Safety Programme, HAI, Child Protection, Research Governance.
- 4.3.10 Receive reports from the Patient Focused Public Involvement Steering Group to ensure that public involvement and patient focus is being adequately supported to improve the quality of health services across Forth Valley
- 4.3.11 Receive reports from the Clinical Governance Management Group, Forth Valley Information Governance Group, Emergency Planning Action Group, Radiation Protection Committee, Research & Development Committee, Forth Valley Prevention & Control of Infection Committee, Medical Equipment Committee, Acute Services Clinical Governance Working Group, Joint CHP Clinical Governance Working Group and Child Protection Action Group.

## **5. Other**

- 5.1** The Committee has a duty to review its own performance, effectiveness, including running costs and terms of reference on an annual basis.
- 5.2** The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.
- 5.3** The Committee is authorised to obtain professional advice it considers necessary.

## **FORTH VALLEY NHS BOARD**

### **ETHICAL ISSUES SUB-COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

- 1.1** The Ethical Issues Sub-Committee will ensure that ethical issues are given due consideration appropriate to an NHS provider of healthcare.

##### **3. COMPOSITION**

###### **2.4 Membership**

The membership of the Committee shall consist of:

- Chair of the Forth Valley clinical Governance Committee
- Non-clinical member of Clinical Governance Committee
- Medical Director

###### **2.5 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of the Clinical Governance Committee.

###### **2.6 Attendance**

The Committee can obtain professional advice required and request the attendance of any officer of NHS Forth Valley to attend meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

##### **3. MEETINGS**

###### **3.7 Frequency**

The Committee shall meet as appropriate to fulfil its remit. Meetings will be held as necessary where there is business to consider.

### **3.8 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

### **3.9 Quorum**

No business shall be transacted unless a minimum of three Committee Members are present.

### **3.10 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting, recognising the issue of relative timing of meetings. Minutes of the Ethical Issues Sub-Committee will be presented in draft form to the next Clinical Governance Committee meeting to ensure Clinical Governance Committee Members are aware of issues considered and decisions taken. The draft Minute will be cleared by the Chair of the Committee and the nominated lead Executive prior to distribution.

### **3.11 Other**

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

## **4. REMIT**

### **4.3 Objectives**

The main objectives of the Ethical Issues Sub-Committee are to ensure that the purpose is met.

To ensure the purpose is met, the group is responsible for the following:

- To consider in detail all issues remitted and bring forward advice, judgements and recommendations to the Clinical Governance Committee, which maintain integrity an highest level of public confidence in NHS Forth Valley
- To ensure issues referred are competent having been through an appropriate referral process
- To determine if the issue is subject to legal process or whether there is an indication it may be subject to such a process, in which case any consideration by the Committee should be suspended
- To examine and address education and training needs of members and others asked to attend.

- To consider if other reasonable means of resolving the issue have been exhausted and refer the issue to an alternative process where this is not the case
- To, where necessary, clarify the “question” being asked together with the options and their potential implications and impacts
- To seek all reasonable opinion and evidence to allow informed discussion
- To be familiar with any significant legal or regulatory issues that may relate to the matter in question; this includes “case studies” and conclusions reached by others on similar matters
- To analyse the issue using any suitable or relevant methodologies such as risk management
- To provide reports to the Clinical Governance Committee that clearly set out the issues, analysis undertaken and recommendations

## **6. Other**

- 6.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis
- 5.2 Reports will conform to national and NHS Forth Valley Information Governance standards and should not divulge any personal information without consent

## **FORTH VALLEY NHS BOARD**

### **ORGAN DONATION COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

**1.1** The purpose of the Organ Donation Committee is:

- To influence policy and practice in order to ensure that organ donation is considered in all appropriate situations. To identify and resolve any obstacles to this.
- To ensure that a discussion about donation features in all end of life care across the Board, wherever appropriate, recognising and respecting the wishes of individuals.
- To maximise the overall number of organs donated, through better support to potential donors and their families

##### **4. COMPOSITION**

###### **2.7 Membership**

The membership of the Committee shall consist of:

- A Non-Executive NHS Board Member
- Medical Director
- Clinical Lead for Organ Donation
- Donor Transplant Coordinator
- ICU Clinical Lead/Senior Nurse
- ICU Link Nurse
- Renal Physician
- Emergency Medicine Clinical Lead/Senior Nurse
- Clinical Governance Representative
- Communication Representative
- Patient Representative

###### **2.8 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of the Clinical Governance Committee.

## **2.9 Attendance**

The Committee can request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

## **3. MEETINGS**

### **3.12 Frequency**

Meetings of the Committee will be timetabled annually. The Committee shall meet as necessary to fulfil its remit. Meetings will be held at a minimum of once in every quarter, to be reviewed at the end of the first year of operation.

### **3.13 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

### **3.14 Quorum**

No business shall be transacted unless a minimum of three Organ Donation Committee Members are present.

### **3.15 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting, recognising the issue of relative timing of meetings. Minutes of the Organ Donation Committee will be presented in draft form to the next Clinical Governance Committee meeting to ensure Clinical Governance Committee Members are aware of issues considered and decisions taken. The draft Minute will be cleared by the Chair of the Committee and the nominated lead Executive prior to distribution.

### **3.16 Other**

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

## **4. REMIT**

### **4.4 Objectives**

The main objectives of the Organ Donation Committee are to ensure that the purpose is met.

To ensure the purpose is met, the group is responsible for the following:

- To lead on donation policy and practice across the Board, to raise awareness, and to ensure that donation is accepted and viewed as usual, not unusual. To maximise organ donation from the Board. The Committee will have the authority to make and implement decisions on donation policy and practice ensuring full consultation with clinical and management staff as integral to the implementation process
- To ensure Board policies and all operational aspects of donation are reviewed, developed and implemented in line with current and future national guidelines and policies.
- To monitor donation activity from all relevant hospitals - primarily from Critical Care areas, including Emergency Medicine. Rates of donor identification, referral, approach to the family and consent to donation will be collected through the UK Transplant Potential Donor Audit. To ensure submission of the data to NHSBT on an agreed basis and to receive and analyse comparative data from other Boards.
- To report to the Medical Director not less than quarterly on absolute and comparative donation activity and any remedial action required.
- To participate in all relevant national audit processes; to review audit data on donation activity; to monitor standards, test adherence to local policy and instigate any required actions.
- To actively promote communication about donation activity to all appropriate areas of the Board and to ensure that the information is received and understood.
- To ensure a discussion about donation features in all end of life care wherever appropriate and to ensure this is reflected in the Board's end of life policies, procedures and pathways.
- To support the Donor Transplant Coordinators and Clinical Champions in the Board's area.
- To identify and ensure delivery of educational programmes to meet recognised training needs.

**7. Other**

- 7.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis
- 5.2 The Organ Donation Committee will formally report at six monthly intervals to the Clinical Governance Committee.
- 5.3 National comparisons, benchmarking and the spread of good practice may be undertaken by NHS Quality Improvement Scotland.

# **FORTH VALLEY NHS BOARD**

## **ENDOWMENTS COMMITTEE**

### **TERMS OF REFERENCE**

#### **1. PURPOSE**

The purpose of the Endowments Committee is to ensure that endowment funds held in trust comply with the relevant laws and regulations and that an effective system of financial control is in place. In so far as they are able, the Committee would manage the Endowments Funds in accordance with the wishes of donors.

#### **2. COMPOSITION**

##### **2.1 Trustees**

All Members of the Forth Valley NHS Board shall be Members of the Endowment Fund.

##### **2.2 Membership of Endowments Committee**

The membership of the Committee shall consist of all Members of the NHS Board.

It is expected that as a matter of routine three Non-Executive Members, the Chief Executive and the Director of Finance shall attend meetings.

##### **2.3 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

##### **2.4 Attendance**

The lead Endowments Officer within NHS Forth Valley shall normally attend meetings. The NHS Board Investment Advisors shall attend as required but at least annually. The appointed Endowment Auditors shall attend as required.

The Committee can request the attendance of any officer of NHS Forth Valley.

All NHS Board Members shall have access to the papers of the Committee.

### **3. MEETINGS**

#### **3.1 Frequency of Meetings**

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and meetings will be held at a minimum of once in every quarter.

#### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper, together with the action the Committee are asked to consider.

#### **3.3 Quorum**

No business shall be transacted unless a minimum of three Endowment Committee Members are present.

#### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, Minutes of the Endowments Committee will be presented in draft form to the next NHS Board Meeting. The draft Minutes will be cleared by the Chair of the Committee and the nominated lead Executive.

#### **3.5 Charitable Development Sub-Committee**

The Charitable Development Group reports to the Endowment Committee. Recognising the issue of relative timing and scheduling of meetings, Minutes (or draft Minutes) of the Charitable Development Group will be presented to the next Endowment Committee..

### **4. REMIT**

The main objectives of the Endowments Committee are:

- 4.1 To ensure that financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, Regulation 8 of the Charities Accounts (Scotland) Regulations 2006, United Kingdom Generally Accepted Accounting Practice and appropriate NHS legislation.
- 4.2 To accept hold and administer legacies, donations and grants that may be used for purposes relating to Health Service functions or to research.

- 4.3 To appoint Investment Advisors to ensure best possible investment advice is available to invest in the best interests of the Fund. The Advisors should be appropriately regulated by the Financial Services Authority (F.S.A.)
- 4.4 To monitor investment performance and agree distribution of investment income.
- 4.5 To consider recommendations for use of funds and to approve a Scheme of Delegation for Endowment Funds.
- 4.6 To approve annual budget for unrestricted funds against plan and monitor expenditure of funds.
- 4.7 To review system of internal control including evaluating the control environment and decision-making process. To receive Internal Audit Reports in respect of Endowment Funds
- 4.8 To appoint the External Auditor for the Endowment Fund and to review the management letter to the Annual Accounts
- 4.9 To adopt the audited Annual Accounts and to review the Endowment Fund Annual Report

## **5. OTHER**

- 5.1 The Committee has a duty to review its own performance, effectiveness including running costs and Terms of Reference on an annual basis.
- 5.2 The Chairperson shall submit an Annual Report of the work of the Committee to the NHS Board.
- 5.3 The Committee is authorised to obtain professional advice it considers necessary.
- 5.4 The Committee should ensure compliance with the requirement of the Office of the Scottish Charity Regulator including the submission of an Annual Monitoring Return.

## **FORTH VALLEY NHS BOARD**

### **CHARITABLE DEVELOPMENT GROUP**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

- 1.1** The Group shall be known as the Charitable Development Group. Its main function is to support, lead and oversee the implementation of the NHS Forth Valley Fundraising Strategy.

##### **2. COMPOSITION**

###### **2.1 Membership**

The membership of the Group shall consist of:

- Two Non Executive Members (1 of which should be the Forth Valley NHS Chairman) as Chair of the Group
- Executive lead
- Two Representatives from Society of Friends, Stirling Royal Infirmary (one of which should be the Chair of the Society)
- Two Representatives from League of Friends, Falkirk Royal Infirmary (one of which should be the Chair of the League of Friends)
- Public Representative
- Senior Finance Representative
- Head of Communications

###### **2.2 Attendance**

The New Acute Hospital Project Director and the Fundraising and Art Co-ordinator shall normally attend meetings.

##### **3. MEETINGS**

###### **3.1 Frequency of Meetings**

Meetings of the Group will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Group shall meet as necessary to fulfil its remit and meetings will be held at a minimum of once in every quarter.

### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper, together with the action the Group are asked to consider.

### **3.3 Quorum**

No business shall be transacted unless four members are present.

### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, Minutes of the Charitable Development Group will be presented in draft form to the next Endowment Committee. The draft Minutes will be cleared by the Chair of the Group and the nominated lead Executive.

## **4. REMIT**

The main objectives of the Charitable Development Group are:

- 4.1 To provide support and encouragement for those who wished to donate to the NHS Forth Valley Endowment funds.
- 4.2 To generate additional resources for Endowment Funds in accordance with the social and ethical objectives of the Endowment Committee's Investment Policy.

## **5. OTHER**

- 5.1 The Group has a duty to review its own performance, effectiveness including running costs and Terms of Reference on an annual basis.
- 5.2 In order to fulfil its remit, the Charitable Development Group - can obtain whatever professional advice it requires and invite if necessary external experts to meetings.

## **FORTH VALLEY NHS BOARD**

### **STRATEGIC PROJECTS AND PROPERTY COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. Purpose**

The purpose of the Strategic Projects and Property Committee is to ensure that

- The Board's Property and Asset Management Strategy is developed and supported and that it meets the strategic service plans needs
- The property portfolio of NHS Forth Valley and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework
- The Healthcare Strategy Programme is
  - Supported by affordable and deliverable Business Cases
  - Supported by detailed Project Plans
  - Delivered within agreed timescales and resources

to secure modern well designed, patient focussed services and facilities

##### **2. Composition**

###### **Membership**

The membership of the Strategic Projects and Property Committee shall consist of

- Four non-Executive Directors
- Chief Executive (Chair Healthcare Strategy Programme Board)
- Director of Finance and Planning
- Director of Strategic Projects and Property
- Chief Operating Officer
- Medical Director

## **Appointment of Chairperson**

The Chairperson of the Strategic Projects and Property Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

## **Attendance**

A representative from the Communications Department shall normally attend meetings.

The Committee can request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

The Committee shall have the right to invite, as required, external experts to attend meetings. In particular, it is expected that the Board's property Adviser shall attend at least one meeting during the year.

## **3. Meetings**

### **Frequency**

Meetings of the Strategic Projects and Property Committee will be timetabled annually to coincide with the important events of the year and before important decisions are made. The meeting schedule should also identify the key items of business to be discussed at each meeting.

The Strategic Projects and Property Committee shall meet as necessary to fulfil its remit and meetings will be held at a minimum of bi-monthly.

### **Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the papers together with the action the Strategic Projects and Property Committee are asked to consider.

### **Quorum**

No business shall be transacted unless a minimum of two non-Executive Members and one Executive Director are present.

## **Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of meetings, Minutes of the Strategic Projects and Property Committee will be presented in draft form to the next Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken. The draft Minutes will be cleared by the Chair of the Strategic Projects and Property Committee and the nominated Lead Director prior to distribution. Given the potential for Minutes to contain Commercial in Confidence information, these Minutes may require to be considered in a closed session of the NHS Board.

## **Other**

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

## **4. Remit**

### **4.1 Objectives**

The purpose of the Strategic Projects and Property Committee is to ensure that

- The Board's Property and Asset Management Strategy is developed and supported and that it meets the strategic service plans needs
- The property portfolio of NHS Forth Valley and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework
- The Healthcare Strategy Programme is
  - Supported by affordable and deliverable Business Cases
  - Supported by detailed Project Plans
  - Delivered within agreed timescales and resources

to secure modern and well designed, patient focussed services and facilities

### **4.2 Property and Asset Management Strategy**

4.2.1 to ensure the Property Strategy is developed and that procedures are in place to ensure that it is maintained, reviewed and remains deliverable;

to ensure that all aspects of major property and land issues are dealt with in accordance with due process and approve property sales with a value of less than £150,000

- 4.2.2 To review all proposed property acquisitions and disposals in accordance with the NHS Property Transactions Handbook ensuring that due process has been followed to permit Board approval to proceed;
- 4.2.3 To review the terms of reference and the appointment of all consultants and advisors for estate and property matters

### **4.3 Strategic/Capital Projects**

- 4.3.1 To approve the appointment of consultants and contractors for Capital Schemes whose value exceeds £1m ;
- 4.3.2 To review arrangements for a contractor/consultant database and periodically appraise the performance of those on it;
- 4.3.3 To review overall development of major schemes including capital investment business cases and consider the implications of time slippage and / or cost overrun. Instruct and review the outcome of the post project evaluation ;
- 4.3.4 To ensure that key projects within the Healthcare Strategy Programme are complimentary and are consistent with a shift in the balance of care;
- 4.3.5 To undertake a strategic review of significant Capital Projects prior to approval of the Capital Plan by the NHS Board;
- 4.3.6 To receive and review reports on significant Capital Projects;
- 4.3.7 To ensure appropriate governance in respect of risks associated with the Healthcare Strategy Programme ;
- 4.3.8 To receive reports from the Healthcare Strategy Programme Board
- 4.3.9 To approve Change Control notifications exceeding £20,000 for both Acute Hospital and Clackmannanshire Community Healthcare Centre Projects. Processes below £20,000 are contained within the Scheme of Delegation.
- 4.3.10 To advise and support the Chair of the Healthcare Strategy Programme Board in the delivery of the programme.
- 4.3.11 To champion the programme by providing continued commitment and endorsement in the support of the programme objectives at executive and communication events.

#### **4.4 Policies and Procedures**

- 4.4.1 To review periodically all NHS Board Policies relating to capital and estates;
- 4.4.2 To review periodically the procedures for tendering for Capital Projects and major equipment;
- 4.4.3 To review compliance with relevant legislation and guidance including the Property Transaction Handbook and the Scottish Capital Investment Manual (SCIM);
- 4.4.4 To ensure that there are appropriate arrangements for recording NHS Board Property within an asset register and that the Committee maintains an overview of assets within NHS Forth Valley estate including land, buildings and equipment;
- 4.4.5 To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CELs, audit reports and other Scottish Government Guidance;

#### **5. Other**

- 5.1 The Strategic Projects and Property Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.
- 5.2 The Strategic Projects and Property Committee is authorised to obtain professional advice it considers necessary.
- 5.3 The Chairperson shall submit and Annual Report of the work of the Strategic Projects and Property Committee to the NHS Board.

## **FORTH VALLEY NHS BOARD**

### **ACUTE SERVICES COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

The purpose of the Acute Services Committee is to ensure the effective organisation and provision of Acute Services.

##### **2. COMPOSITION**

###### **2.1 Membership**

The membership of the Acute Services Committee shall consist of

- Three Non-Executive Members
- Chief Operating Officer
- Medical Director
- Nurse Director
- Assistant Director of Finance (Acute Services)
- Director of Strategic Access and Capacity

###### **2.2 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

###### **2.3 Attendance**

The Chair of the Acute Partnership Forum and the Chair of Area Clinical Forum and representative from communications shall normally attend meetings.

All NHS Board Members shall have the right of attendance and have access to papers.

### **3. MEETINGS**

#### **3.1 Frequency**

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting. The Committee shall meet as a minimum bi-monthly.

#### **3.2 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

#### **3.3 Quorum**

No business shall be transacted unless a minimum of two Non-Executive Members and one Executive Director are present.

#### **3.4 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of Meetings, Minutes of the Acute Services Committee will be presented in draft form to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees. The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Executive prior to distribution.

### **4. REMIT**

#### **4.1 Objectives**

The main purpose of the Acute Services Committee is to ensure the provision and organisation of Acute Services. This covers -

- Ensure implementation of the relevant strategic plans of the NHS System.
- Oversee the implementation and operational delivery of clinical change models working with clinicians and patients to support the delivery of the Acute Hospital Project and development of patient focussed services.
- Ensure systems and processes are in place to manage the operational delivery of the relevant actions of the Corporate Plan.
- Ensure efficient and effective management of the resources allocated to the Acute Services.

- Ensure performance management and monitoring mechanisms are in place to provide assurance to the Committee in terms of :-
  - Delivery against agreed local and system-wide objectives ;
  - Risk Management and appropriate actions
  - Clinical Governance activity
- Through links with other Board Committees ensure compliance with corporate, clinical, staff and care governance standards ;
- Ensure appropriate involvement with Regional Planning Networks
- Managing disciplinary and appeals procedures for Consultants
- Ensure compliance with national health governance standards including NHS QIS standards
- Ensure delivery of agreed action plans in respect of audit reports and clinical governance reports
- Receive Acute Services Risk Register
- Receive Acute Services Quarterly Health & Safety Report
- Receive progress from Acute Services Hospital Project Board
- Receive Minutes from Acute Clinical Governance Working Group
- Receive Minutes from the Acute Partnership Forum

## **5. OTHER**

- 5.1** The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.
- 5.2** The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.

**FORTH VALLEY NHS BOARD**

**CLACKMANNANSHIRE COMMUNITY HEALTH PARTNERSHIP  
COMMITTEE**

**TERMS OF REFERENCE**

**1. PURPOSE**

- 1.1 The Community Health Partnership Committee is constituted under Scottish Statutory Instrument 2004 No. 386 'The Community Health Partnerships (Scotland) Regulations 2004.

The Community Health Partnership Committee will scrutinise the process of enhancing health and improving health and related services across health, local authorities, voluntary organisations and communities. The Committee will identify local need and agree local priorities within the context of NHS and local partners' priorities.

**2. APPOINTMENT AND TERM OF OFFICE**

- 2.1 All Members shall be appointed by the Board.
- 2.2 Appointments will be bound by the rules laid out in The NHS Community Health Partnerships (Scotland) Regulations 2004;
- 2.3 Appointments will comply with NHS Forth Valley Standing orders, Code of Conduct and Equal Opportunities Policy;
- 2.4 All Appointments will be made through a fair and consistent, open and transparent process. Advisory Groups should agree the process of appointment for their respective professional groups;
- 2.5 The term of office of a member shall be for such period as the Board shall specify on making the appointment and shall be for no longer than four years.
- 2.6 After the expiration of a term of office a member shall be eligible for re-appointment

### **3. MEMBERSHIP**

3.1 The Board shall ensure that so far as practicable at least one person falling within each of the following sub paragraphs is appointed as a member:-

- (a) a medical practitioner whose name is included in a list of primary medical services performers prepared in accordance with section 17P of the NHS (Scotland) Act 1978 (a list maintained under regulation by the Board);
- (b) a nurse who is registered on the Nursing and Midwifery Council's professional register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract;
- (c) a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the NHS (General Pharmaceutical Services) (Scotland) Regulations 1995;
- (d) a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the NHS (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978;
- (e) an ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the NHS (General Ophthalmic Services) (Scotland) Regulations 1986;
- (f) a person registered as an allied health professional with the Health Professions Council;
- (g) an officer of the Board who is a member of, or is nominated by, the area partnership forum;
- (h) a member or officer of a local authority;
- (i) a member of the public partnership forum;
- (j) a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the NHS (Scotland) Act 1978;
- (k) an officer of the Board; Membership should include the CHP General Manager and a Director;
- (l) a registered medical practitioner not providing primary medical services;
- (m) a non Executive Board Member;

- (n) a representative from Public Health/Health Promotion.
- 3.2 Every person appointed by the Board as a member shall, so far as practicable, be employed or perform services in, or have a substantial connections with, the area of the Community Health Partnership.

**3.3 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

3.4 Where:

- (a) a member ceases to satisfy paragraph (2); or
- (b) a member appointed pursuant to paragraph (1) ceases to fulfill the requirements of the sub-paragraph of paragraph (1) under which that person has been appointed;

the Board shall, by giving notice in writing, remove that person from office as a member.

- 3.5 When determining who to appoint as a member, the Board shall have regard to the need to ensure membership of the Community Health Partnership reflects a reasonable balance of interest.

**3.6 Conflict of Interest**

- (1) If a member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that member is present at a meeting of the Community Health Partnership Committee, that member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it.
- (2) A member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with respect to that contract or matter.

**3.7 Attendance**

All NHS Board Members shall have the right of attendance and have access to papers.

The CHP Clinical Lead, Acute Services General Manager and a representative from the Communications Department shall normally attend meetings.

Any other attendees at Committee meetings require to be agreed with the Chair, via the Community Health Partnership General Manager, in advance of the meeting.

### **3.8 Deputies**

The only members of the Committee to have deputies will be the members from the Voluntary Sector and the Public Partnership Forum (PPF) who will each have two deputies who can be in attendance at each meeting. Should the Committee have to vote on a certain issue, deputies would not have formal voting rights unless they are specifically representing the Voluntary Sector or PPF member at that meeting.

## **4. CHAIRPERSON**

- 4.1 At any meeting of the Community Health Partnership Committee, the chairperson of the Committee, if present, shall preside.
- 4.2 If the chairperson is absent from a meeting of the Community Health Partnership Committee, a member chosen at the meeting by the members present, shall preside.
- 4.3 If it is necessary, or expedient to do so, a meeting may be adjourned to another day, time and place.

## **5. SUSPENSION AND DISQUALIFICATION**

- 5.1 Any member of a Community Health Partnership Committee may, on reasonable cause shown, be suspended from the Community Health Partnership Committee, or disqualified from taking part in any business of the Community Health Partnership Committee in specified circumstances.
- 5.2 A person may resign their membership at any time during their term of office by giving notice in writing to the Board and that person shall thereupon cease to be a member.
- 5.3 If the Board, having consulted with the CHP (where applicable to do so) considers that it is not in the interests of the CHP or the Board that a person should continue to hold office as a member, it shall by giving notice in writing to the person, remove that person from office.
- 5.4 If a member has not attended three consecutive meetings of the CHP, the Board shall, by giving notice in writing to the person, remove that person from office unless the Board is satisfied that –
  - (a) the absence was due to illness or other reasonable cause; and
  - (b) the member will be able to attend future meetings within such period as the Board considers reasonable.

## 5.5 Disqualification

- (1) A person to whom paragraph (2) applies is disqualified from being a member.
- (2) The persons to whom this paragraph applies are – (the following have been paraphrased)
  - (a) people convicted within the 5 years immediately preceding date of appointment who have received a prison sentence of more than 3 months without the option of a fine (whether suspended or not);
  - (b) people who have been sequestrated in Scotland or bankrupted (see full Regulations – Regulation 7 (4) if this paragraph applies for further clarification);
  - (c) people removed or dismissed from paid employment or office with a health service body, other than redundancy;
  - (d) people who have had their appointments as chairperson, member or director of a health service body terminated, other than by resignation or expiry of term of office;
  - (e) people who have had their name removed by a direction under the NHS (Scotland) Act 1978 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
  - (f) people who have had their name included in the list under Part I or Part II of the NHS (Scotland) Act 1978 and have subsequently withdrawn their name on their own application;
  - (g) people who have had their name removed by a direction under the NHS (Scotland) Act 1977, section 46 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
  - (h) people who have had their name included in the list under Part I or Part II of the NHS (Scotland) Act 1977 and have subsequently withdrawn their name on their own application;
  - (i) people subject to a disqualification order under the Company Directors Disqualification Act 1986;
  - (j) people removed from position of trustee of a charity, either by the Court or by the Charity Commissioner.

## **6. DECLARATION OF INTERESTS, REGISTER OF INTERESTS AND CONFLICT OF INTEREST**

### **6.1 Declaration**

Members of the Community Health Partnership Committee shall observe all their obligations under the Code of Conduct for Members of the Forth Valley NHS made under the Ethical Standards in Public Life etc (Scotland) Act 2000.

- 6.2 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Corporate Services as to whether a notice/declaration should be made.
- 6.3 Where the Code requires an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Corporate Services by giving notice in writing using the standard form available from the Head of Corporate Services within one month of the interest or change arising. The Head of Corporate Services will write to Members every six months to request them formally to review their declaration.
- 6.4 Persons appointed to the Community Health Partnership Committee as Members shall have one month to give notice of any registerable interests under the Code, or to make a declaration that they have no registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Corporate Services.
- 6.5 The Head of Corporate Services will be responsible for maintaining the Register of Interest and for ensuring it is available for public inspection at all reasonable times and will be included on the NHS Board's web site.
- 6.6 The Register shall include information on:
- the date of receipt of every notice;
  - the name of the person who gave the notice which forms the entry in the Register; and
  - a statement of the information contained in the notice, or a copy of that notice.
- 6.7 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the Community Health Partnership. Such declarations shall be made to the Head of Corporate Services who shall make them available for public inspection at all reasonable times and on the NHS Board's website.

6.8 The Head of Corporate Services (or authorised nominee) shall maintain Registers under the provisions of NHS Circular HDL (2003) 62 covering:

- Joint working arrangements between employees and independent Family Health Service Contractors and the pharmaceutical industry; and
- Financial interests held by employees and independent Family Health Service contractors with any organisations which may impact upon any funding arrangements made between the NHS Board and any non-NHS organisations.

The Register shall be made publicly available during normal office hours.

6.9 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 or 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 NHS 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.

## **7. MEETINGS**

### **7.1 Calling Meetings**

The chairperson may call a meeting of the Community Health Partnership Committee at any time.

If the chairperson refuses to call a meeting of the Community Health Partnership Committee 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 no business shall be transacted at the meeting other than specified in the requisition.

### **7.2 Notice of Meetings**

The meetings and proceedings of the Community Health Partnership Committee shall be conducted in accordance with the Standing Orders of Forth Valley NHS Board.

Meetings of the Committee will take place on a bi-monthly basis.

Before each meeting of the Community Health Partnership Committee, a notice of the meeting, specifying the time, place and business 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.

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

In the case of a meeting of the Community Health Partnership Committee 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).

### **7.3 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

Where possible, copies of any papers that are available for the Committee in advance of the formal circulation date will also be emailed out to members at the earliest opportunity.

### **7.4 Quorum**

- (1) Subject to sub paragraph (2), no business shall be transacted, at a meeting of the Community Health Partnership Committee unless there are present, and entitled to vote, at least one third of the whole number of members of the Community Health Partnership Committee. This must include one Clinician; one Local Authority representative and one Public/Voluntary Sector representative.
- (2) No act or question relating to a matter referred to in paragraph 7.6(2) shall be considered at a meeting unless all members of the Community Health Partnership Committee, who are members or officers of the local authority concerned, and who are entitled to vote, are present.

### **7.5 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of Meetings, Minutes of the Community Health Partnership Committee will be presented in draft form to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committee. The draft Minutes will be cleared by the Chairperson of the Committee and the General Manager prior to distribution.

## 7.6 Voting

- (1) Subject to paragraph (2), every question at a meeting shall be determined by a majority of votes of the members present and who are entitled to vote on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

The spirit of community Health Partnerships is to work in partnership and the Committee, wherever possible, will endeavour to reach a decision by consensus rather than a vote.

- (2) Where an act or question arising before a Community Health Partnership Committee relates to functions which are or are proposed to be subject to any arrangements pursuant to Part 2 of the Community Care and Health (Scotland) Act 2002, the members of the Community Health Partnership Committee present, who are entitled to vote and who are members or officers of the local authority concerned, shall collectively have half of the available votes (but excluding the second or casting vote of the person presiding).

## 8. REMIT

8.1 The main objectives of the Community Health Partnership Committee will be:

- Ensure performance management and monitoring mechanisms are in place to provide assurance to the Committee in terms of:
  - Delivery against agreed local and system-wide objectives;
  - Risk Management and appropriate actions;
  - Clinical Governance activity;
  - Effective and Efficient Management of Resources.
- Identifying local need and agreeing local priorities within the context of NHS and local partners priorities;
- Ensuring that the Community Health Partnership has appropriate mechanisms in place to engage with local communities;
- Agreeing implementation plans and developing joint local service plans with partners;
- Promoting organisational change and driving forward the service improvement agenda, ensuring delivery of devolved functions;
- Through links with other Board and Partners' Committees, ensuring compliance with corporate, clinical, staff, and care governance standards;
- Ensuring implementation of service change locally consistent with the NHS Board Strategies Plans and agreed Scheme of Delegation.

- Maintain an overview of the development of the Single Outcome Agreement and monitoring thereafter of relevant components.
- Receive reports from the Pharmacy Practices Committee for all Pharmacy matters within the PPSC remit relating to Clackmannanshire Council area.
- Approve minor relocations of Pharmacy Practices taking account of recommendations of the Pharmacy Practices Sub Committee.
- Note additions to and removals from the NHS Forth Valley Performers List, Dental List and Ophthalmic List.
- Approve applications for re-definition of GP Practice areas.
- Note change of ownership of Pharmacy Practices.
- Note applications for inclusion in the NHS Forth Valley Pharmaceutical List approved by the Pharmacy Practices Committee.

## **9. OTHER**

- 9.1 The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.
- 9.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.
- 9.3 The Committee is authorised to obtain professional advice it considers necessary.

**FORTH VALLEY NHS BOARD**

**FALKIRK COMMUNITY HEALTH PARTNERSHIP COMMITTEE**

**TERMS OF REFERENCE**

**1. PURPOSE**

- 1.1 The Community Health Partnership Committee is constituted under Scottish Statutory Instrument 2004 No. 386 'The Community Health Partnerships (Scotland) Regulations 2004.

The Community Health Partnership Committee will scrutinise the process of enhancing health and improving health and related services across health, local authorities, voluntary organisations and communities. The Committee will identify local need and agree local priorities within the context of NHS and local partners' priorities.

**2. APPOINTMENT AND TERM OF OFFICE**

- 2.1 All Members shall be appointed by the Board.
- 2.2 Appointments will be bound by the rules laid out in The NHS Community Health Partnerships (Scotland) Regulations 2004;
- 2.3 Appointments will comply with NHS Forth Valley Standing orders, Code of Conduct and Equal Opportunities Policy;
- 2.4 All Appointments will be made through a fair and consistent, open and transparent process. Advisory Groups should agree the process of appointment for their respective professional groups;
- 2.5 The term of office of a member shall be for such period as the Board shall specify on making the appointment and shall be for no longer than four years.
- 2.6 After the expiration of a term of office a member shall be eligible for re-appointment

### 3. MEMBERSHIP

3.1 The Board shall ensure that so far as practicable at least one person falling within each of the following sub paragraphs is appointed as a member:-

- (a) a medical practitioner whose name is included in a list of primary medical services performers prepared in accordance with section 17P of the NHS (Scotland) Act 1978 (a list maintained under regulation by the Board);
- (b) a nurse who is registered on the Nursing and Midwifery Council's professional register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract;
- (c) a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the NHS (General Pharmaceutical Services) (Scotland) Regulations 1995;
- (d) a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the NHS (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978;
- (e) an ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the NHS (General Ophthalmic Services) (Scotland) Regulations 1986;
- (f) a person registered as an allied health professional with the Health Professions Council;
- (g) an officer of the Board who is a member of, or is nominated by, the area partnership forum;
- (h) a member or officer of a local authority;
- (i) a member of the public partnership forum;
- (j) a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the NHS (Scotland) Act 1978;
- (k) an officer of the Board; Membership should include the CHP General Manager and a Director;
- (l) a registered medical practitioner not providing primary medical services;
- (m) a Non Executive Board Member;

- (n) a representative from Public Health/Health Promotion.
- 3.2 Every person appointed by the Board as a member shall, so far as practicable, be employed or perform services in, or have a substantial connections with, the area of the Community Health Partnership.

**3.3 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

**3.4 Where:**

- 1 a member ceases to satisfy paragraph (2); or
- 2 a member appointed pursuant to paragraph (1) ceases to fulfill the requirements of the sub-paragraph of paragraph (1) under which that person has been appointed;

the Board shall, by giving notice in writing, remove that person from office as a member.

- 3.5 When determining who to appoint as a member, the Board shall have regard to the need to ensure membership of the Community Health Partnership reflects a reasonable balance of interest.

**3.6 Conflict of Interest**

- (1) If a member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that member is present at a meeting of the Community Health Partnership Committee, that member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it.
- (2) A member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with respect to that contract or matter.

### **3.7 Attendance**

All NHS Board Members shall have the right of attendance and have access to papers.

The CHP Clinical Lead, Acute Services General Manager and a representative from the Communications Department shall normally attend meetings

Any other attendees at Committee meetings require to be agreed with the Chair, via the Community Health Partnership General Manager, in advance of the meeting.

### **3.8 Deputies**

The only members of the Committee to have deputies will be the members from the Voluntary Sector and the Public Partnership Forum (PPF) who will each have two deputies who can be in attendance at each meeting. Should the Committee have to vote on a certain issue, deputies would not have formal voting rights unless they are specifically representing the Voluntary Sector or PPF member at that meeting.

## **4. CHAIRPERSON**

4.1 At any meeting of the Community Health Partnership Committee, the chairperson of the Committee, if present, shall preside.

4.2 If the chairperson is absent from a meeting of the Community Health Partnership Committee, a member chosen at the meeting by the members present, shall preside.

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

## **5. SUSPENSION AND DISQUALIFICATION**

5.1 Any member of a Community Health Partnership Committee may, on reasonable cause shown, be suspended from the Community Health Partnership Committee, or disqualified from taking part in any business of the Community Health Partnership Committee in specified circumstances.

5.2 A person may resign their membership at any time during their term of office by giving notice in writing to the Board and that person shall thereupon cease to be a member.

5.3 If the Board, having consulted with the CHP (where applicable to do so) considers that it is not in the interests of the CHP or the Board that a person should continue to hold office as a member, it shall by giving notice in writing to the person, remove that person from office.

5.4 If a member has not attended three consecutive meetings of the CHP, the Board shall, by giving notice in writing to the person, remove that person from office unless the Board is satisfied that –

- (a) the absence was due to illness or other reasonable cause; and
- (b) the member will be able to attend future meetings within such period as the Board considers reasonable.

#### 5.5 **Disqualification**

- (1) A person to whom paragraph (2) applies is disqualified from being a member.
- (2) The persons to whom this paragraph applies are – (the following have been paraphrased)
  - (a) people convicted within the 5 years immediately preceding date of appointment who have received a prison sentence of more than 3 months without the option of a fine (whether suspended or not);
  - (b) people who have been sequestered in Scotland or bankrupted (see full Regulations – Regulation 7 (4) if this paragraph applies for further clarification);
  - (c) people removed or dismissed from paid employment or office with a health service body, other than redundancy;
  - (d) people who have had their appointments as chairperson, member or director of a health service body terminated, other than by resignation or expiry of term of office;
  - (e) people who have had their name removed by a direction under the NHS (Scotland) Act 1978 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
  - (f) people who have had their name included in the list under Part I or Part II of the NHS (Scotland) Act 1978 and have subsequently withdrawn their name on their own application;
  - (g) people who have had their name removed by a direction under the NHS (Scotland) Act 1977, section 46 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
  - (h) people who have had their name included in the list under Part I or Part II of the NHS (Scotland) Act 1977 and have subsequently withdrawn their name on their own application;

- (i) people subject to a disqualification order under the Company Directors Disqualification Act 1986;
- (j) people removed from position of trustee of a charity, either by the Court or by the Charity Commissioner.

## **6. DECLARATION OF INTERESTS, REGISTER OF INTERESTS AND CONFLICT OF INTEREST**

### **6.1 Declaration**

Members of the Community Health Partnership Committee shall observe all their obligations under the Code of Conduct for Members of the Forth Valley NHS made under the Ethical Standards in Public Life etc (Scotland) Act 2000.

- 6.2 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Corporate Services as to whether a notice/declaration should be made.
- 6.3 Where the Code requires an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Corporate Services by giving notice in writing using the standard form available from the Head of Corporate Services within one month of the interest or change arising. The Head of Corporate Services will write to Members every six months to request them formally to review their declaration.
- 6.4 Persons appointed to the Community Health Partnership Committee as Members shall have one month to give notice of any registerable interests under the Code, or to make a declaration that they have no registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Corporate Services.
- 6.5 The Head of Corporate Services will be responsible for maintaining the Register of Interest and for ensuring it is available for public inspection at all reasonable times and will be included on the NHS Board's web site.
- 6.6 The Register shall include information on:
  - the date of receipt of every notice;
  - the name of the person who gave the notice which forms the entry in the Register; and
  - a statement of the information contained in the notice, or a copy of that notice.
- 6.7 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the Community Health Partnership. Such declarations shall be made to the Head of Corporate Services who shall make them available for public inspection at all reasonable times and on the NHS Board's website.

6.8 The Head of Corporate Services (or authorised nominee) shall maintain Registers under the provisions of NHS Circular HDL (2003) 62 covering:

- Joint working arrangements between employees and independent Family Health Service Contractors and the pharmaceutical industry; and
- Financial interests held by employees and independent Family Health Service contractors with any organisations which may impact upon any funding arrangements made between the NHS Board and any non-NHS organisations.

The Register shall be made publicly available during normal office hours.

6.9 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 or 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 NHS 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.

## **7. MEETINGS**

### **7.1 Calling Meetings**

The chairperson may call a meeting of the Community Health Partnership Committee at any time.

If the chairperson refuses to call a meeting of the Community Health Partnership Committee 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 no business shall be transacted at the meeting other than specified in the requisition.

### **7.2 Notice of Meetings**

The meetings and proceedings of the Community Health Partnership Committee shall be conducted in accordance with the Standing Orders of Forth Valley NHS Board.

Meetings of the Committee will take place on a bi-monthly basis.

Before each meeting of the Community Health Partnership Committee, a notice of the meeting, specifying the time, place and business 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.

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

In the case of a meeting of the Community Health Partnership Committee 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).

### **7.3 Agenda and Papers**

The Agenda and supporting papers will be sent out at least five working days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

Where possible, copies of any papers that are available for the Committee in advance of the formal circulation date will also be emailed out to members at the earliest opportunity.

### **7.4 Quorum**

- (1) Subject to sub paragraph (2), no business shall be transacted, at a meeting of the Community Health Partnership Committee unless there are present, and entitled to vote, at least one third of the whole number of members of the Community Health Partnership Committee. This must include one Clinician; one Local Authority representative and one Public/Voluntary Sector representative.
- (2) No act or question relating to a matter referred to in paragraph 7.6(2) shall be considered at a meeting unless all members of the Community Health Partnership Committee, who are members or officers of the local authority concerned, and who are entitled to vote, are present.

### **7.5 Minutes**

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of Meetings, Minutes of the Community Health Partnership Committee will be presented in draft form to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committee. The draft Minutes will be cleared by the Chairperson of the Committee and the General Manager prior to distribution.

## 7.6 Voting

- (1) Subject to paragraph (2), every question at a meeting shall be determined by a majority of votes of the members present and who are entitled to vote on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

The spirit of community Health Partnerships is to work in partnership and the Committee, wherever possible, will endeavour to reach a decision by consensus rather than a vote.

- (2) Where an act or question arising before a Community Health Partnership Committee relates to functions which are or are proposed to be subject to any arrangements pursuant to Part 2 of the Community Care and Health (Scotland) Act 2002, the members of the Community Health Partnership Committee present, who are entitled to vote and who are members or officers of the local authority concerned, shall collectively have half of the available votes (but excluding the second or casting vote of the person presiding).

## 8. REMIT

8.1 The main objectives of the Community Health Partnership Committee will be:

- Ensure performance management and monitoring mechanisms are in place to provide assurance to the Committee in terms of:
  - Delivery against agreed local and system-wide objectives;
  - Risk Management and appropriate actions;
  - Clinical Governance activity;
  - Effective and Efficient Management of Resources.
- Identifying local need and agreeing local priorities within the context of NHS and local partners priorities;
- Ensuring that the Community Health Partnership has appropriate mechanisms in place to engage with local communities;
- Agreeing implementation plans and developing joint local service plans with partners;
- Promoting organisational change and driving forward the service improvement agenda, ensuring delivery of devolved functions;
- Through links with other Board and Partners' Committees, ensuring compliance with corporate, clinical, staff, and care governance standards;

- Ensuring implementation of service change locally consistent with the NHS Board Strategies and Plans and agreed Scheme of Delegation.
- Maintain an overview of the development of the Single Outcome Agreement and monitoring thereafter of relevant components.
- Receive reports from the Pharmacy Practices Committee for all Pharmacy matters within the PPSC remit relating to Falkirk Council area.
- Approve minor relocations of Pharmacy Practices taking account of recommendations of the Pharmacy Practices Sub Committee.
- Note additions to and removals from the NHS Forth Valley Performers List, Dental List and Ophthalmic List.
- Approve applications for re-definition of GP Practice areas.
- Note change of ownership of Pharmacy Practices
- Note applications for inclusion in the NHS Forth Valley Pharmaceutical List approved by the Pharmacy Practices Committee.

## **9. OTHER**

- 9.1 The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.
- 9.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.
- 9.3 The Committee is authorised to obtain professional advice it considers necessary.

## **FORTH VALLEY NHS BOARD**

### **STIRLING COMMUNITY HEALTH PARTNERSHIP COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

- 1.1 The Community Health Partnership Committee is constituted under Scottish Statutory Instrument 2004 No. 386 'The Community Health Partnerships (Scotland) Regulations 2004.

The Community Health Partnership Committee will scrutinise the process of enhancing health and improving health and related services across health, local authorities, voluntary organisations and communities. The Committee will identify local need and agree local priorities within the context of NHS and local partners' priorities.

##### **2. APPOINTMENT AND TERM OF OFFICE**

- 2.1 All Members shall be appointed by the Board.
- 2.2 Appointments will be bound by the rules laid out in The NHS Community Health Partnerships (Scotland) Regulations 2004;
- 2.3 Appointments will comply with NHS Forth Valley Standing orders, Code of Conduct and Equal Opportunities Policy;
- 2.4 All Appointments will be made through a fair and consistent, open and transparent process. Advisory Groups should agree the process of appointment for their respective professional groups;
- 2.5 The term of office of a member shall be for such period as the Board shall specify on making the appointment and shall be for no longer than four years.
- 2.6 After the expiration of a term of office a member shall be eligible for re-appointment

##### **3. MEMBERSHIP**

- 3.1 The Board shall ensure that so far as practicable at least one person falling within each of the following sub paragraphs is appointed as a member:-
- (a) a medical practitioner whose name is included in a list of primary medical services performers prepared in accordance with section 17P of the NHS (Scotland) Act 1978 (a list maintained under regulation by the Board);

- (b) a nurse who is registered on the Nursing and Midwifery Council's professional register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract;
  - (c) a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the NHS (General Pharmaceutical Services) (Scotland) Regulations 1995;
  - (d) a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the NHS (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978;
  - (e) an ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the NHS (General Ophthalmic Services) (Scotland) Regulations 1986;
  - (f) a person registered as an allied health professional with the Health Professions Council;
  - (g) an officer of the Board who is a member of, or is nominated by, the area partnership forum;
  - (h) a member or officer of a local authority;
  - (i) a member of the public partnership forum;
  - (j) a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the NHS (Scotland) Act 1978;
  - (k) an officer of the Board; Membership should include the CHP General Manager and a Director;
  - (l) a registered medical practitioner not providing primary medical services;
  - (m) a Non Executive Board Member;
  - (n) a representative from Public Health/Health Promotion.
- 3.2 Every person appointed by the Board as a member shall, so far as practicable, be employed or perform services in, or have a substantial connection with, the area of the Community Health Partnership.

### **3.3 Appointment of Chairperson**

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders.

#### **3.4 Where:**

- (a) a member ceases to satisfy paragraph (2); or
- (b) a member appointed pursuant to paragraph (1) ceases to fulfill the requirements of the sub-paragraph of paragraph (1) under which that person has been appointed;

the Board shall, by giving notice in writing, remove that person from office as a member.

#### **3.5 When determining who to appoint as a member, the Board shall have regard to the need to ensure membership of the Community Health Partnership reflects a reasonable balance of interest.**

### **3.6 Conflict of Interest**

- (1) If a member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that member is present at a meeting of the Community Health Partnership Committee, that member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it.
- (2) A member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with respect to that contract or matter.

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The CHP Clinical Lead, Acute Services General Manager and a representative from the Communications Department shall normally attend meetings

Any other attendees at Committee meetings require to be agreed with the Chair, via the Community Health Partnership General Manager, in advance of the meeting.

### 3.8 **Deputies**

The only members of the Committee to have deputies will be the members from the Voluntary Sector and the Public Partnership Forum (PPF) who will each have two deputies who can be in attendance at each meeting. Should the Committee have to vote on a certain issue, deputies would not have formal voting rights unless they are specifically representing the Voluntary Sector or PPF member at that meeting.

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- 4.1 At any meeting of the Community Health Partnership Committee, the chairperson of the Committee, if present, shall preside.
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- 5.2 A person may resign their membership at any time during their term of office by giving notice in writing to the Board and that person shall thereupon cease to be a member.
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  - (a) the absence was due to illness or other reasonable cause; and
  - (b) the member will be able to attend future meetings within such period as the Board considers reasonable.

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  - (e) people who have had their name removed by a direction under the NHS (Scotland) Act 1978 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
  - (f) people who have had their name included in the list under Part I or Part II of the NHS (Scotland) Act 1978 and have subsequently withdrawn their name on their own application;
  - (g) people who have had their name removed by a direction under the NHS (Scotland) Act 1977, section 46 from any list prepared under Part I or Part II of that Act and have not had their name subsequently included;
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## **6. DECLARATION OF INTERESTS, REGISTER OF INTERESTS AND CONFLICT OF INTEREST**

### **6.1 Declaration**

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## **7. MEETINGS**

### **7.1 Calling Meetings**

The chairperson may call a meeting of the Community Health Partnership Committee at any time.

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- (1) Subject to sub paragraph (2), no business shall be transacted, at a meeting of the Community Health Partnership Committee unless there are present, and entitled to vote, at least one third of the whole number of members of the Community Health Partnership Committee. This must include one Clinician; one Local Authority representative and one Public/Voluntary Sector representative.
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Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

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- Maintain an overview of the development of the Single Outcome Agreement and monitoring thereafter of relevant components.
- Receive reports from the Pharmacy Practices Committee for all Pharmacy matters within the PPSC remit relating to Stirling Council area.
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- Note additions to and removals from the NHS Forth Valley Performers List, Dental List and Ophthalmic List.
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- 9.1 The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.
- 9.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.
- 9.3 The Committee is authorised to obtain professional advice it considers necessary.

## **FORTH VALLEY NHS BOARD**

### **PHARMACY PRACTICES COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

- 1.1 The Committee shall be known as the Pharmacy Practices Committee and shall determine and approve/reject applications for inclusion in the Pharmaceutical List.
- 1.2 The Committee shall, within 10 working days of taking its decision, give written notification of it to the Board with reasons for that decision.

##### **2. COMPOSITION**

- 2.1 The Pharmacy Practices Committee is appointed by the Board and shall be consist of seven Members whom:
  - 2.1.1 one shall be a Non-Executive Member of the Board who shall be appointed Chair of the Committee and shall not be nor have previously been, a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of a Doctor, Dentist, Ophthalmic Optician or Pharmacist;
  - 2.1.2 three shall be Pharmacists of whom:
    - 2.1.2.1 one shall be a Pharmacist whose name is not included in any Pharmaceutical List and who is not an employee of a person on such a list and who shall be appointed from a list of persons nominated by the Royal Pharmaceutical Society of Great Britain; and
    - 2.1.2.2 two shall be Pharmacists whose names are either included on a Pharmaceutical List or are employees of a person whose name is on such a list and shall be appointed from a list of nominations submitted by the Area Pharmaceutical Committee; and
  - 2.1.3 three shall be Lay Persons appointed by NHS Forth Valley, other than from members of the Board, and shall not be nor have previously been a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of person who is a Doctor, Dentist, Ophthalmic Optician or Pharmacist. Where possible one Lay person should reside in the CHP area of application.

- 2.2 The Board shall also appoint deputies for each Committee Member using the same criteria as set out in 2.1.
- 2.3 The Board shall ensure in appointing Members and Deputies to the Pharmacy Practices Sub-Committee that the eligibility criterion set out in the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 and in accordance with the provision of The Health Act 1999 is met.
- 2.4 Membership shall be reviewed annually.

### **2.5 Attendance**

The Executive Lead for Primary Care Contracts Administration and the Primary Care Contracts Manager shall attend meetings of the Pharmacy Practices Committee and receive all agendas and relevant papers except when the Committee resolves otherwise.

## **3. MEETINGS**

- 3.1 The Pharmacy Practices Committee shall meet as necessary to fulfil its remit.
- 3.2 The agenda and supporting papers will be sent at least five days before the date of the meeting. In any case where oral representations are being heard, at least 7 days notice of the date fixed for the meeting shall be given to all parties.

### **3.3 Quorum**

No business will be conducted at the meeting of the Pharmacy Practices Committee unless five Members or deputies are present of whom:

- 3.3.1 one shall be the Chair of the Committee or deputy Chair;
- 3.3.2 one shall be a non-contractor Pharmacist in accordance with 2.1.2.1 or deputy;
- 3.3.3 one shall be a contractor Pharmacist in accordance with 2.1.2.2 or deputy; and
- 3.3.4 two shall be Lay Persons in accordance with 2.1.3 or deputy.
- 3.4 Formal minutes will be kept of the proceedings of the Committee and approved by Members or deputies in accordance with 3.3, with the decision reported to the relevant CHP Committee.
- 3.5 Each application submitted to the Pharmacy Practices Sub-Committee under Regulation 5 (10) shall be discussed by all Members present at the meeting but shall be determined by the following Members (or their deputies) after the Chemist Contractor Pharmacists appointed by the Pharmacy Practices Committee have withdrawn.
- 3.5.1 non contractor Pharmacist in accordance with 2.1.2.1, and
- 3.5.2 Lay Persons in accordance with 2.1.3.

- 3.6 The Chair or deputy Chair shall not be entitled to vote in respect of a determination of an application submitted under Regulation 5 (10) but in the case of an equality of votes under 3.5 shall have a casting vote.
- 3.7 In the case of all other matters considered under Regulation 5(10) except in respect of an application submitted under Regulation 5(10) all Members of the Committee present shall determine the matter.
- 3.8 In the case of urgent matters the Chair, or in their absence, the deputy Chair shall be empowered by the Committee to determine matters within the remit of the Committee with the exception of applications submitted under Regulation 5(10) in circumstances where it is necessary that, as a matter of urgency, a decision should be reached between scheduled meetings of the Committee.
- 3.9 The Chair or deputy Chair shall not give approval to a proposal under 3.8 where there has been adverse representation received in response to the necessary consultation procedures or the Area Pharmaceutical Committee does not support the proposed decision.
- 3.10 Any decision taken under 3.8 shall be reported to the next meeting of the Committee for endorsement.

#### **4. REMIT**

- 4.1 The Committee shall determine and approve/reject applications for inclusion in the Pharmaceutical List as defined in terms of Regulation 5(10) and paragraph 2 of schedule 3 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 and in accordance with The Health Act 1999.
- 4.2 The Committee shall also be empowered to exercise other functions as are delegated to it by Forth Valley NHS Board under the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 and in accordance with The Health Act 1999 to the extent that those functions are not delegated to an Officer under the Scheme of Delegation.
- 4.3 Any Officer with delegated authority in respect of the provisions of the General Pharmaceutical Services under Part II of the National Health Service (Scotland) Act 1978, may refer to the Committee for determination of any matter within the Officer's delegated authority either as a matter of policy or in respect of a specific issue and the Committee shall be authorised to determine such matters.
- 4.4 In exercising and considering all applications submitted to it, the Committee shall have regard to the provisions of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 and The Health Act 1999 with particular reference to:
- 4.4.1 consultation with interested parties; and
  - 4.4.2 criterion for the granting of pharmaceutical contracts.
- 4.5 The Committee shall approve applications for inclusion in the NHS Forth Valley pharmaceutical list (including major relocations) and report to the individual CHP Committee relevant to the matter of business being discussed.

**5. AUTHORITY**

- 5.1 The Committee is authorised 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.
- 5.2 The Committee has duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.

## **FORTH VALLEY NHS BOARD**

## **ANNEX C**

### **STANDING ORDERS**

#### **SCHEME OF DECISIONS RETAINED BY FORTH VALLEY NHS BOARD**

The Code of Accountability requires the NHS Board to adopt a Schedule of Decisions that are reserved for the NHS Board.

The following decisions are for determination by the NHS Board:-

- 1.** Values and aims of Forth Valley NHS Board
- 2.** Forth Valley Corporate Plan including the Local Delivery Plan and Regional Planning issues
- 3.** Strategic Health Service Plans, all Business Cases where Capital Investment exceeds £1m.
- 4.** Five Year Financial Plan and Annual Financial Plan
- 5.** Five Year Capital Plan and Annual Capital Plan
- 6.** Endorsement of jointly published plans with Health Alliance partners
- 7.** Standing Orders including Decisions retained by the Board and the Scheme of Delegation
- 8.** Standing Financial Instructions
- 9.** Establishment, terms of reference, reporting arrangements and membership of all Committees acting on behalf of the NHS Board
- 10.** NHS Board Members' Register of Interests
- 11.** Approval of NHS Board Annual Report and Annual Accounts
- 12.** Financial and Performance Management Reporting Arrangements
- 13.** Arrangements for approval of policies required as a result of national guidelines with the exception of Human Resource policies (see Staff Governance Committee remit)
- 14.** Recommendations to the Scottish Government relating to the closure or change of use of hospitals

15. Acquisition and disposal of any land and property above £ 150,000
16. Appointment of Executive Directors of Forth Valley NHS Board
17. Appointment of Medical Consultants (for new posts otherwise delegated to Chief Executive via Performance Management Group)
18. Appointment of Management Consultants/Advisors where contract value exceeds £100,000
19. Approval of delegation of any function to an agency outwith the National Health Service

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice Chairperson of the Board and the relevant Standing Committee Chairperson. Where such powers are invoked these shall be formally reported to the next relevant Standing Committee or NHS Board Meeting as appropriate.

## **FORTH VALLEY NHS BOARD**

## **ANNEX D**

### **STANDING ORDERS**

#### **SCHEME OF DELEGATION**

A clear set of rules for delegation, inclusive of financial limits is essential to ensure that effective management control of resources is exercised.

Decisions retained by the NHS Board are identified in Annex C.

All powers not retained by the NHS Board or delegated to a Committee or Sub-Committee shall be exercised on behalf of the NHS Board by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he/she shall perform personally and which functions have been delegated to other Officers.

The Chief Executive as Accountable Officer (Revised Memorandum to National Health Service Accountable Officers: May 2002) is also accountable to the Principal Accounting Officer of the NHS in Scotland and the Scottish Parliament. The role of the Director of Finance in devising, implementing, monitoring and supervising systems of financial control is exercised on behalf of the Chief Executive and the NHS Board.

The Scheme of Delegation and the Standing Financial Instructions form a major part of the system of control. These should be used in conjunction with the system of budgetary control and other established procedures.