

# Shetland NHS Board

## Board Paper 2021/22/24

<b>Meeting:</b>	Shetland NHS Board		
<b>Paper Title:</b>	Corporate Governance Handbook updates and Clinical Governance Committee Terms of Reference		
<b>Date:</b>	25 June 2021		
<b>Author:</b>	Carolyn Hand	<b>Job Title:</b>	Corporate Services Manager
<b>Executive Lead:</b>	Michael Dickson	<b>Job Title:</b>	Chief Executive

### Decision / Action required by meeting:

#### To agree:

- The disestablishment of the Clinical, Care and Professional Governance Committee.
- The establishment of a Clinical Governance Committee.
- The changes to the Corporate Governance Handbook to reflect this (sections 4 and 5 as appended).
- The Terms of Reference for the Clinical Governance Committee.
- One further edit to the Corporate Governance Handbook to specify it is the *voting* NHS members of the IJB that the Board must appoint, as opposed to all NHS membership (sections 3 and 5 as appended).

#### To note:

- If the establishment of the Clinical Governance Committee is agreed, to note that the Terms of Reference will be reviewed by the newly established Committee and any changes will be brought back to the Board for approval.

### High Level Summary:

The remit of the Clinical, Care and Professional Governance Committee established alongside the Integration Joint Board continued to be challenging and it had not proved possible to provide adequate scrutiny and assurance across all relevant areas. NHS Shetland and Shetland Islands Council have therefore agreed the separation of the clinical and care governance remits.

The approval and amendment of NHS Shetland's Standing Orders and the Scheme for Committees, made in accordance with Standing Order No 6.2(b), is a matter reserved for the Board. This includes the establishment of, and terms of reference of all its committees.

<b>Key Issues for attention of meeting:</b>	
<p>The key issues for consideration by the committee are:</p> <p>Whether the remit of the Clinical Governance Committee is felt to be adequate to deliver good clinical governance.</p>	
<b>Corporate Priorities and Strategic Aims:</b>	
Consistent with all Board objectives.	
<b>Implications</b> : <i>Identify any issues or aspects of the report that have implications under the following headings</i>	
<b>Service Users, Patients and Communities:</b>	Should be no direct impact; assuming Governance and planning systems continue to operate effectively.
<b>Human Resources and Organisational Development:</b>	No specific issues identified.
<b>Equality, Diversity and Human Rights:</b>	No specific issues identified.
<b>Partnership Working</b>	SIC to realign governance processes for care service provision.
<b>Legal:</b>	Consistent with corporate governance requirements.
<b>Finance:</b>	No specific issues identified.
<b>Assets and Property:</b>	No specific issues identified.
<b>Environmental:</b>	No specific issues identified.
<b>Risk Management:</b>	No specific issues identified.
<b>Policy and Delegated Authority:</b>	Decisions are reserved for the Board.
<b>Previously considered by:</b>	Joint Governance Group, NHS Board Seminar, IJB Board Seminar, Clinical, Care and Professional Governance Committee and Area Clinical Forum
<b>“Exempt / private” item</b>	<i>Public document</i>

## **Clinical Governance Committee**

### **Terms of Reference**

#### **1. Purpose of the Committee**

- 1.1 The Clinical Governance Committee is a standing committee of the Board, which together with the Audit Committee and Staff Governance Committee forms the full governance framework for NHS Boards.
- 1.2 The Clinical Governance Committee is established by the Board to provide assurance to the Board that appropriately robust clinical governance processes are in place and effective throughout the organisation.

#### **2. Composition of the Committee**

##### **2.1 Membership**

- 2.1.1 The Clinical Governance Committee members will be appointed by the Board. As a minimum, full membership of the committee should include five Non-Executive Board members, one of whom must be the Chair of the Audit Committee and one of whom must be the Area Clinical Forum Chair. Of the Non-Executive Members of Clinical Governance Committee, one must also be a member of the Integration Joint Board.
- 2.1.2 The Chair will be appointed by the Board. The appointment of the Chair will be reviewed biennially in line with current legislation.
- 2.1.3 Current membership comprises:

- Non-Executive Director as Chair (and member of IJB)
- Non-Executive Director, Chair of Audit Committee
- Two x Non-Executive Directors
- Chair, Area Clinical Forum
- Chair, Area Partnership Forum

##### **2.2 Executive Lead**

- 2.2.1 The lead officer for the Clinical Governance Committee shall be the Medical Director. Generally the designated Executive Lead will support the Chair of the Committee in

**Date of last review:**

**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**

ensuring that the Committee operates according to / in fulfilment of its agreed Terms of Reference. Specifically they will:

- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair/Corporate Services Manager in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year end, for endorsement by the Committee and approval by the Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan;
- Lead a midyear review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled;
- Oversee the production of a Committee Annual Report, informed by self-assessment of performance on the delivery of the Committee's Remit, Workplan and key performance indicators for endorsement by the Committee and submission to the Board.

## **2.3 Attendees**

2.3.1 The following shall normally attend meetings:

- Medical Director
- Director of Nursing and Acute Services
- Director of Public Health
- Director of Pharmacy
- Chief Executive
- Chief Officer, Integration Joint Board
- Health and Safety Manager
- Clinical Governance and Risk Lead
- Head of Information and Digital Technology

2.3.2 Where an officer is unable to attend a particular meeting, a named representative shall attend in their place.

2.3.3 Depending on the agenda items, other attendees may include (but are not limited to):

- Associate Medical Director for Acute Services
- Associate Medical Director for Primary Care
- Chief Midwife
- Chief Nurse Acute
- Chief Nurse Community

## **3. Functions**

3.1 Remit

- Provide assurance to the Board on Clinical Governance in NHS Shetland, with the following focus:

**Date of last review:**

**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**

3.1.1 Person-Centred – to provide assurance regarding participation, patient and service users' rights and feedback:

- To provide assurance that there are effective systems and processes in place across NHS Shetland to support participation with patients, service users, carers and communications, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign.
- To monitor complaints response performance on behalf of the Board of NHS Shetland, and promote positive complaints handling including learning from feedback and complaints.

3.1.2 Safe (Clinical Governance and Risk Management) – to provide assurance in respect of clinical governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical control frameworks are in place for the effective management of clinical governance and risk management and that they are working effectively across the whole of NHS Shetland.
- Performance is reviewed in the management of clinical and professional risks, including emergency planning and service/business continuity planning.
- Effective public protection arrangements are in place.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints and Duty of Candour events are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- A culture of continuous improvement in service quality is in place, within the context of the annual efficiency programme.
- Whistleblowing concerns are handled in accordance with the national Whistleblowing Standards and that lessons are learned from their investigations.
- The approach to information governance, including records management is effective and that action is taken to address any areas of concern.
- Recommendations are made to the Shetland NHS Board Audit Committee on requirements for internal audit activity.

3.1.3 Effective (Clinical Performance and Public Health Performance and Evaluation) – to provide assurance that clinical effectiveness and quality improvement arrangements are in place:

- To ensure that recommendations from any inspections have appropriate action plans developed and are monitored and reported on.
- Where performance improvement is necessary, to seek assurance regarding the reliability of the improvement intervention.
- To ensure that clinical dashboards and other data and measurement systems underpin the delivery of care.
- To ensure that the healthcare provided is informed by evidence based clinical and professional practice guidelines.

**Date of last review:**

**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**

- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical governance mechanisms and effective training and development is in place for all staff.

3.1.4 Population Health – to provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health related activities incorporate the key components of population health governance, namely:

- Quality and clinical/professional effectiveness
- Public information and involvement
- Population health research
- Risk management

### 3.2 Standing Items

- Clinical Effectiveness Quarterly Report from Joint Governance Group (JGG)
- Quality Score Card
- Adverse Event Report
- Joint Governance Group Agenda and Key Actions
- Development Session Presentation
- NHS Complaints and Feedback Monitoring Report
- Patient experience feedback (e.g. survey outcomes)

### 3.3 Ad-hoc Reports

Jan/Feb

- Paediatric Service Review
- Self-assessment for Annual Report
- CGC Business Plan

May

- Draft Annual Feedback and Complaints Report
- Draft Duty of Candour Report
- Hospital Transmission Committee Annual Report
- Digital and Information Support Group Annual Report
- Review CGC Terms of Reference and Key Performance Indicators

Aug/Sept

- Medical Director's Annual Report to include DME and Realistic Medicine
- Information Governance Annual Report
- Director of Pharmacy Annual Report
- Mid-year review of CGC Business Plan

Nov

- Shetland Public Protection Annual Report
- CGC Annual Report
- Mid-year review CGC Terms of Reference and Key Performance Indicators

**Date of last review:**

**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**

## **4. Meetings of the Committee**

### **4.1 Frequency**

- 4.1.1 The Committee shall meet 4 times per year, with meetings normally held in May, August, November and February.
- 4.1.2 The Chairman of the Committee may at any time convene additional meetings of the Committee to consider business which may require urgent consideration.

### **4.2 Agenda and Papers**

- 4.2.1 The Chairman will set the agenda in conjunction with the Executive Lead.
- 4.2.2 The agenda and supporting papers will be sent out at least five working days in advance of the meetings. Notice of each meeting will confirm the venue, time and date together with an agenda and shall be made available to each member of the committee.
- 4.2.3 All papers will clearly state the agenda reference, the author, the purpose of the paper and the action the Committee is asked to consider.

### **4.3 Quorum**

- 4.3.1 No business shall be transacted at a meeting of the Clinical Governance Committee unless at least four of the whole number of Members is present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be in attendance.

### **4.4 Minutes**

- 4.4.1 Formal minutes shall be taken of the proceedings of the Committee. Draft Minutes shall be distributed for consideration and review to the Chairman of the Meeting within 10 working days of the meeting except in exceptional circumstances. The Chair must return any edits within a further five working days of receipt.
- 4.4.2 The draft Minutes will be circulated electronically to Committee Members for approval within the following 10 working days.
- 4.4.3 Minutes will be included for noting in subsequent Board Meeting papers following approval by the Clinical Governance Committee.
- 4.4.4 The Committee Chair will provide a short decision note to all Board members following the meeting, and will escalate any pertinent issues to the next Board meeting regardless of the availability of the approved minutes. Escalation issues might include the committee's inability to provide assurance about an area of delegated responsibility, or flag attendance concerns.

**Date of last review:**

**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**

## 5. Authority

- 5.1 The Committee is authorised by the Board, within its Terms of Reference, to investigate any activity undertaken by NHS Shetland. It is authorised to seek and obtain any information it requires from any employee and all employees of NHS Shetland are directed to co-operate with any request made by the Committee.
- 5.2 The Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside NHS Shetland or the wider NHS, with relevant expertise, if it is considered necessary.
- 5.3 The External and Internal Auditors shall have the right of direct access to the Chair of the Committee for audit purposes.

## 6. Reporting Arrangements

- 6.1 The Clinical Governance Committee reports to Shetland NHS Board for non-delegated matters.
- 6.2 The Committee has a duty to review its own performance and effectiveness, including:
  - A midyear review of Terms of Reference, considering the need for any amendment/update to Terms of Reference, which in the event, will require to be approved by the Board;
  - A midyear review of the Committee's established key performance indicators;
  - A midyear review of Annual Workplan, identifying any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end;
  - In accordance with Best Value for Board and Committee Working, the submission of an Annual Report by 5 April each year encompassing: the name of the Committee, the Committee Chair, members, the Executive Lead and officer supports/attendees, frequency and dates of meetings, member attendance, the activities of the Committee during the year including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference and key performance indicators, improvements overseen by the Committee and matters of concern to the Committee (in line with the Annual Report template).

**Date of last review:**

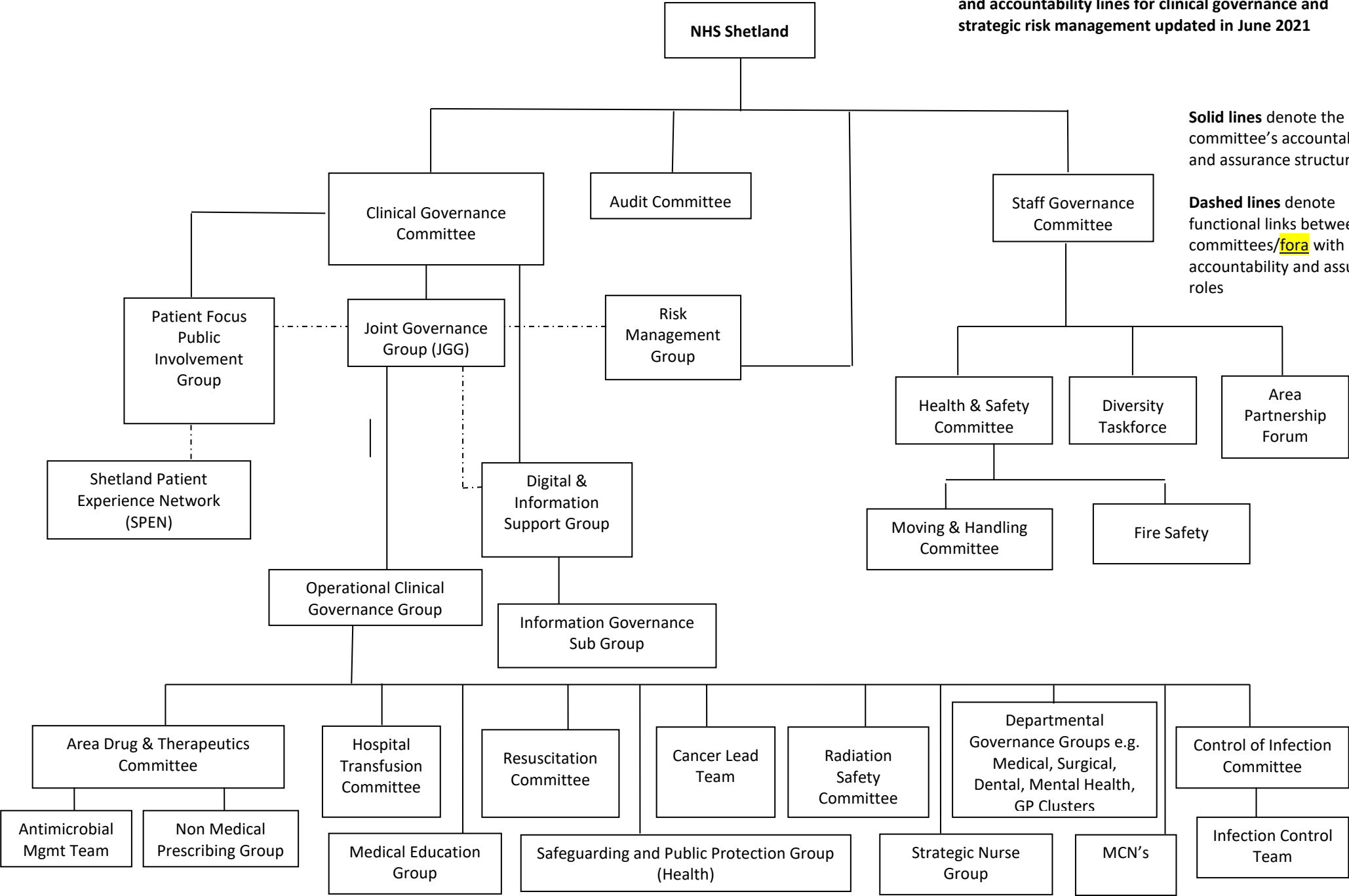
**Date of next review: June 2022**

**Lead Executive Manager: Kirsty Brightwell**

**Approved by:**



**NHS Shetland organisational chart denoting the reporting and accountability lines for clinical governance and strategic risk management updated in June 2021**



**Solid lines** denote the committee's accountability and assurance structure

**Dashed lines** denote functional links between committees/**fora** with shared accountability and assurance roles

## NHS Shetland Corporate Governance Handbook

### Section 3: Standing Orders for the Proceedings and Business of Shetland NHS Board

#### 1 General

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

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

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

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

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

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

the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

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

#### Board Members – Ethical Conduct

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

Register may include the information on any such declarations, or cross-refer to where the information is published.

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

## **2 Chair**

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

## **3 Vice-Chair**

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

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

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

- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

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

a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

#### Deputations and petitions

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

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

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

## **5 Conduct of Meetings**

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

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

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

#### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an

integration joint board when taking part in discussions of general health and social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

#### Adjournment

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

#### Business of the Meeting

##### *The Agenda*

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



### *Decision-Making*

- 5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### *Board Meeting in Private Session*

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### Minutes

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board's Corporate Services Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees on behalf of the respective Chair within 10 working days of the meeting and subsequently circulate in draft to all members. Board minutes shall be approved at the next meeting of the Board. The person presiding at that meeting shall sign the approved minute. Standing committees shall review the draft minutes electronically with official noting at the following meeting.

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

### Introduction

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

6.2 This section summarises the matters reserved to the Board:

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

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

- f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
- g) Risk Management Policy.
- h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
- i) Standing Financial Instructions and a Scheme of Delegation.
- j) Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
- l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
- m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

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

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions <https://www.shb.scot.nhs.uk/board/documents/cgh-s6-dec2020.pdf> and the Scheme of Delegation <https://www.shb.scot.nhs.uk/board/documents/cgh-s5-feb2020.pdf>.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## 8 Execution of Documents

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

## 9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The NHS Scotland Board Development website will identify the committees which the Board must establish. (<https://learn.nes.nhs.scot/17367/board-development>)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within two years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-

executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consists of or includes all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding over the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Shetland NHS Board and is not to be counted when determining the committee's quorum.

## **NHS Shetland Corporate Governance Handbook**

### **Section 4: Scheme made in terms of Standing Order No. 6.2(b) for the Constitution, Composition and Functions of Committees**

#### **1 Standing Committees**

- 1.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub committees) as it thinks fit. The Board shall appoint the Chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.
- 1.2 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required to be constituted with a particular membership, then the regulation must be followed.
- 1.3 Provided there is no Scottish Government instruction to the contrary, any Non Executive Board member may replace a Committee member who is also a Non Executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 1.4 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings and conduct of Board members shall also be applied to committee meetings. The general exception is that committee meetings shall not be held in public.
- 1.5 The Board shall approve in advance a calendar of meeting dates for its committees. Committee members are expected to protect these meeting dates to ensure they are available to meet their commitments.
- 1.6 The Standing Committees of the Board shall be the Audit Committee, the Clinical Governance Committee, the Staff Governance Committee and the Remuneration Committee.
- 1.7 The Terms of Reference (ToR) for these committees are included as appendices to this section. A standardised template for these ToR has been agreed, including version control. [Extant ToR will be added and reformatted as reviewed].
- 1.8 The Board has also established an Integration Joint Board, in conjunction with Shetland Islands Council to oversee the planning and delivery of Community Health and Social Care services (see section 10).

## **2 Special Committees**

- 2.1 The Board may appoint Special Committees from time to time for such purposes as may be necessary and shall in any event as part of the complaints procedure, a Reference Committee.
- 2.2 Reference Committee
  - 2.2.1 The Committee shall consist of one Member (who will also act as Committee Chair), who shall not also be an employee, one Member who also holds the position of Chief Executive, Director of Finance or Director of Public Health and one professional person of the same profession as the practitioner against whom the allegations are made.
  - 2.2.2 The Committee has the general duty of deciding whether allegations of breach of Terms of Service made against Family Health Practitioners should be referred to a Discipline Committee.

## **3 Ad Hoc Committees**

- 3.1 The Board may establish ad hoc Committees from time to time for such purposes as may be necessary. Such Committees shall have terms of reference approved by the Board and shall remain in existence for only so long as the Board shall determine is necessary. The membership and Chair of such a Committee shall be determined by the Board.
- 3.2 The Chair, or failing whom the Vice-Chair, shall be empowered to establish ad hoc Committees, comprising members of the Board, to deal with appeals in connection with the terms and conditions of employment of staff employed by the Board and of related matters.
- 3.3 The Chair, or failing whom the Vice-Chair, shall be empowered to establish Appointment Committees or Advisory Appointment Committees, in accordance with current Regulations and guidance issued by the Scottish Government Health Directorates, for all appropriate senior staff appointments.

## **4 Committee Chairs**

- 4.1 Subject to the provisions already made above in this connection, the chairs of Standing and Special Committees shall be appointed by the Board.
- 4.2 The chairs of Standing and Special Committees shall be appointed by the Board at an Ordinary Meeting, normally in June, every second year. Members appointed shall hold office for two years provided they remain eligible and members of the Board throughout that period.

- 4.3 During intervals between meetings of Standing and Special Committees, the Chairs of the Committee, or in his absence, the Chair of the Board, or failing which the Vice-Chair of the Board, shall have powers to deal with matters of urgency which fall within the terms of reference of the Committee and require a decision on behalf of the Board, but do not involve principle.

## **5 Sub-Committees**

- 5.1 Standing and Special Committees may from time to time appoint Sub-Committees for such purposes as may be necessary.
- 5.2 The Chairs of Sub-Committees shall be appointed by the parent Committee.

## **6 Membership and Quorum of Special Committees and Sub-Committees**

- 6.1 Special Committees and Sub-Committees may include persons who are not members of the Board or who are not members of the appropriate parent Committee, provided that the number of members of the Board shall always exceed the number of persons who are not members of the Board, unless the Board by special resolution determine otherwise in a particular case.
- 6.2 The quorum for a meeting of a Special Committee or Sub-Committee shall be five members where the whole Committee or Sub-Committee consists of seven or more members, four members when the total membership is six; three members when the total membership does not exceed five, provided that a Special Committee or Sub-Committee to which powers are delegated shall exercise these powers only if a majority of those present are members of the Board and those members are in agreement on the measures proposed.

## **7 Meetings of Committees and Sub-Committees**

- 7.1 Meetings of Standing and Special Committees shall be held with such frequency as may be necessary and whenever the Board so determines. Meetings shall be held on days and at times to be arranged and shall be held at the Board Headquarters Offices, unless on exceptional occasions a Committee determines otherwise.
- 7.2 Meetings of other Ad Hoc Committees and Sub-Committees shall be held as circumstances require.

## **8 Variation of Number, Constitution and Functions of Committees; Appointment of Members; Casual Vacancies**

- 8.1 Notwithstanding the foregoing rules, the Board may vary the number, constitution and functions of Committees at any meeting of which due notice



has been given specifying the proposed variation by resolution of a simple majority of the whole number of Members of the Board.

- 8.2 Board Members appointed to Standing and Special Committees, who are not members ex officii, shall be appointed for a two-year term with new appointments being made at the ordinary meeting of the Board in June in every second year.
- 8.3 Board Members appointed to Sub-Committees of Standing and Special Committees, who are not members ex officii, shall be appointed for a two-year term with new appointments being made at the first meeting of the parent Committee held after the meeting of the Board in June every second year.
- 8.4 Casual vacancies arising in the membership of Committees and Sub-Committees may be filled by the Board or the parent Committee at any meeting of the Board or Committee subsequent to the occurrence of the vacancy, but the existence of a casual vacancy shall not invalidate the proceedings of a Committee or Sub-Committee.

## **9 Minutes**

- 9.1 A decision note will be drawn up by the Chair of the Committee immediately following the Standing Committee meeting. This will be sent to all committee members and copied to all other Board Members and the Board Secretary.
- 9.2 Minutes of the proceedings at a meeting of a Standing Committee shall be drawn up by or on behalf of the Chief Executive within ten working days of the meeting, and submitted to the Chair for review. The Chair will respond with any amendments within a further five working days. Standing Committee Minutes will then be circulated to Committee Members for virtual approval. Final approved Committee Minutes will be circulated to Committee Members and also copied to all other Board Members and the Board Secretary.
- 9.3 Minutes of the proceedings at a meeting of a Special Committee, Sub-Committee, Appointments Committee, Advisory Appointments Committee or an Ad Hoc Committee shall likewise be drawn up by or on behalf of the Chief Executive, but these proceedings may be reported to the Board or to any Standing Committees of the Board either by the Minutes or in a report from the Special Committee, Sub-Committee, Appointments Committee, Advisory Appointments Committee or Ad Hoc Committee as may be appropriate.

## **10 Integration Joint Board**

- 10.1 The Board, along with Shetland Islands Council has established an Integration Joint Board. This is in line with responsibilities under the

**Includes amendments agreed up to and including the Board Meeting on: 25 June 2021  
Further review due by: February 2022**

requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

- 10.2 The functioning of the Integration Joint Board is described within the Integration scheme, agreed by the Cabinet Secretary for Health, Wellbeing & Sport and approved by order.

# NHS Shetland Corporate Governance Handbook

## Section 5: Shetland NHS Board Scheme of Delegation made in terms of Standing Order No 6.2

### 1 Decisions reserved for the Board

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

The following decisions are reserved for the Board:

- 1.1 Approval and amendment of Standing Orders.
- 1.2 Approval and amendment of Standing Financial Instructions, made in accordance with Standing Order No 6.2(i).
- 1.3 Approval and amendment of a Scheme for Committees, made in accordance with Standing Order No 6.2(b). This includes the establishment of, and terms of reference of all its committees.
- 1.4 The Board shall appoint all committee members and voting members of the Integration Joint Board.
- 1.5 Approval and amendment of a Scheme of Delegation, made in accordance with Standing Order No 6.2(i).
- 1.6 Approval of NHS Shetland's priorities and organisational values.
- 1.7 Approval of strategies for all the functions that it has planning responsibility for and of key corporate documentation pertaining to (but not limited to):
  - Health and Safety
  - Risk Management
  - Complaints Handling
  - Performance Management
  - Resilience and Business Continuity
- 1.8 Approval of all personnel policies (but not procedures).
- 1.9 Approval of the arrangements for the approval of all other policy documentation.
- 1.10 The Board shall approve the content, format, and frequency of financial and performance monitoring reporting.
- 1.11 Approval of the Annual Operational Plan for submission to the Scottish Government.

- 1.12 Review and approval of the NHS Shetland contribution to the Shetland Community Planning Partnership through the associated improvement plans.
- 1.13 Approval of the Board's Annual Report and Accounts.
- 1.14 Approval of Revenue and Capital Budgets: for non-IM&T capital schemes in excess of £5m (inclusive of VAT, delivery and associated professional fees) and for IM&T schemes in excess of £2m (inclusive of VAT, delivery and associated professional fees), permission must be granted from the Health Department prior to a scheme being approved.
- 1.15 The acceptance of tenders for works, goods or services where the value exceeds £1,000,000 (inclusive of VAT, delivery and associated professional fees)
- 1.16 Approval of the disposal of all property assets including land.
- 1.17 To review the Terms of Reference and appointment of the Internal Auditors.
- 1.18 Approval of arrangements for discharge of Members' responsibilities in relation to non-exchequer funds.
- 1.19 Approval to a change in the establishment of Consultant Medical Staff (in line with the relevant CEL).
- 1.20 The following decisions are reserved for the Non-Executive Members of the Board:
  - Appointment of the Board Chief Executive.
  - Together with the Board Chief Executive, appointment of Directors of the Board.

## **2 Decisions delegated to Committees and Body Corporates of the Board**

- 2.1 The Scheme for Committees sets out the functions which have been delegated to the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Remuneration Sub-Committee, Reference Committee, and ad hoc Committees to deal with appeals in connection with terms and conditions of employment of staff.
- 2.2 Such other ad hoc Committees as the Board may establish from time to time shall have terms of reference approved by the Board and shall remain in existence for only so long as the Board shall determine is necessary.
- 2.3 The award of tenders costing between £500,000 and £1,000,000 (inclusive of VAT, delivery and associated professional fees) will be delegated to a group comprising the Board Chair, the Board Vice Chair, the Chief Executive and the Director of Finance (this group may exercise this authority whether or not the lowest tender is accepted).
- 2.4 The strategic planning and service responsibilities of the Integration Joint Board are set out in the Integration Scheme for the Shetland Islands Health & Social

Care Partnership (Integration Joint Board). This operates as a separate legal entity and has full autonomy and capacity to act on its own behalf, and can accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit.

### **3 Decisions delegated to Officers of the Board**

3.1 Issuing, receiving, opening tenders and post-tender negotiations - in accordance with Standing Financial Instructions - Board Chief Executive or officer acting on his authority.

3.2 Signing of documents in accordance with Standing Order No 8.

3.3 Delegation of budgets and approval to spend funds In accordance with Standing Financial Instructions -

- Board Chief Executive for all revenue expenditure, or as delegated by him;
- Board Chief Executive for all capital expenditure not exceeding £500,000 (inclusive of VAT, delivery and associated professional fees) or within the capital expenditure programme approved by the Board, or as delegated by him;
- The Chief Executive or delegated deputy shall represent the Board at the North of Scotland Planning Group (or any successor to this Group). The Chief Executive will have the delegated authority to represent the Board at the Group and to commit revenue expenditure, in line with above, conforming to the procedure set out in NHS Circular HDL (2004)/26. This will be reviewed if the HDL is superseded at any time.

3.4 Operation of all detailed financial matters, including bank accounts and banking procedures

Subject to limits set by the Standing Financial Instructions - Director of Finance or as delegated by him.

3.5 Management of non-exchequer funds

Subject to Standing Financial Instructions and decisions of the Endowments Committee - Director of Finance or as delegated by him.

3.6 Arrangements for the management of land, buildings and other assets belonging to or leased by the Board

Subject to Standing Financial Instructions, directions and guidance issued by the Scottish Government and statutory requirements as laid out in the NHS Scotland Property Transactions Handbook - Board Chief Executive or as delegated by him.

3.7 Management and control of stocks

Subject to Standing Financial Instructions - Director of Finance or as delegated by him.

### 3.8 Management and control of computer systems and facilities

Subject to Standing Financial Instructions in respect of computer systems for finance and related activities - day-to-day operation is the responsibility of the Director of Finance or as delegated by him.

### 3.9 Recording, monitoring and authorising of payments under losses and compensation regulations

### 3.10 Subject to Standing Financial Instructions - Director of Finance, except authorising payments in connection with litigation which is the responsibility of the Board Chief Executive.

### 3.11 Making Ex-Gratia Payments

Subject to Statutory Directions - Board Chief Executive, except for items concerning patient's property up to a limit of £100 which is delegated to the Director of Nursing and Acute Services and the Director of Community Health and Social Care.

### 3.12 Health & Safety Arrangements

Responsibility for ensuring all statutory requirements are met is delegated to the Chief Executive or as delegated by him.

### 3.13 Governance Statement

The Chief Executive is responsible for approving the Annual Governance Statement prepared by the Director of Finance and endorsed by the relevant Board committees.

### 3.14 Data Protection Arrangements

Subject to Standing Financial Instructions, the Director of Finance is responsible for the security of finance and related computer systems; the Director of HR & Support Services has overall responsibility for the security of computer installations and equipment; the Medical Director is the Caldicott Guardian and has overall responsibility for matters concerned with patient confidentiality; and the Director of Finance acts as the Board's Senior Risk Information Officer (SIRO). The Chief Executive (or officer acting on his authority) is the Data Protection Officer.

### 3.15 Freedom of Information

Responsibility for ensuring all statutory requirements are met is delegated to the Director of Finance.

### 3.16 Insurance Arrangements

Subject to Statutory Directions, the Director of Finance has overall responsibility.

3.17 Mental Health (Care and Treatment) (Scotland) Act 2003 – List of s22 Approved Medical Practitioners

Responsibility for approving Medical Practitioners as having special experience in the diagnosis or treatment of mental disorder is delegated to the Medical Director.

3.18 Other Matters

All other matters, not specified above, are the responsibility of the Board Chief Executive or as delegated by him.