

# **NHS NORFOLK & WAVENEY CLINICAL COMMISSIONING CCG**

## **GOVERNANCE HANDBOOK**

Version 2

## Revision History

### Document Control Sheet

Revision Date	Summary of changes	Author(s)	Version Number
Oct 2020	Changes to the Terms of Reference for the Quality & Performance Committee, Conflicts of Interest Committee and Finance Committee	AB / HD	1.1
Oct 2020	Organogram updated and revised	HD	1.2
28 Oct 2020 & 04 Nov 2020	Minor Tweaks to Quality & Performance Committee Terms of Reference. CCG Counter Fraud Specialist reviewed Standards of Business Conduct and Conflicts of Interest Policy. Amended title of policy in section 15.1	RH & LG	1.3
04 Dec 2020	Added External Auditor Panel Terms of Reference	AB	1.4
March 2021	Detailed Scheme of Reservation and Delegation - approval of HR policies moved to Remuneration Committee pending GB approval	AB	1.4
27 April 2021	Amendments to Quality & Performance Committee, Finance Committee and Conflicts of Interest Committee terms of reference. Final version becomes v2	KB	1.5

### Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
27.04.2021	Governing Body		2

### Document Control Sheet

<b>Policy title</b>	Governance Handbook
<b>Policy area</b>	This Policy has been prepared and reviewed by the Corporate Affairs team.
<b>Who is it aimed at and which settings?</b>	All staff whether temporary, fixed term, or under consultancy, contract for services or agency arrangements, Governing Body and Committee members, CCG clinical advisors and anyone else undertaking work for the CCG.
<b>Approved by</b>	Governing Body 27 April 2021
<b>Effective date</b>	27 April 2021
<b>Review date</b>	Annually

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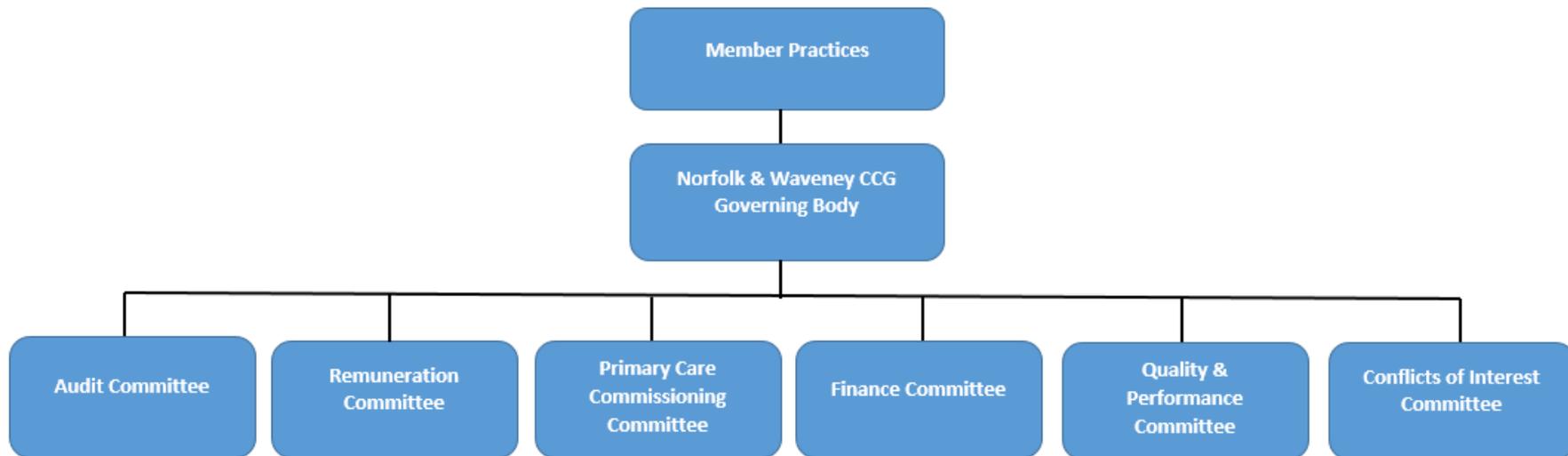
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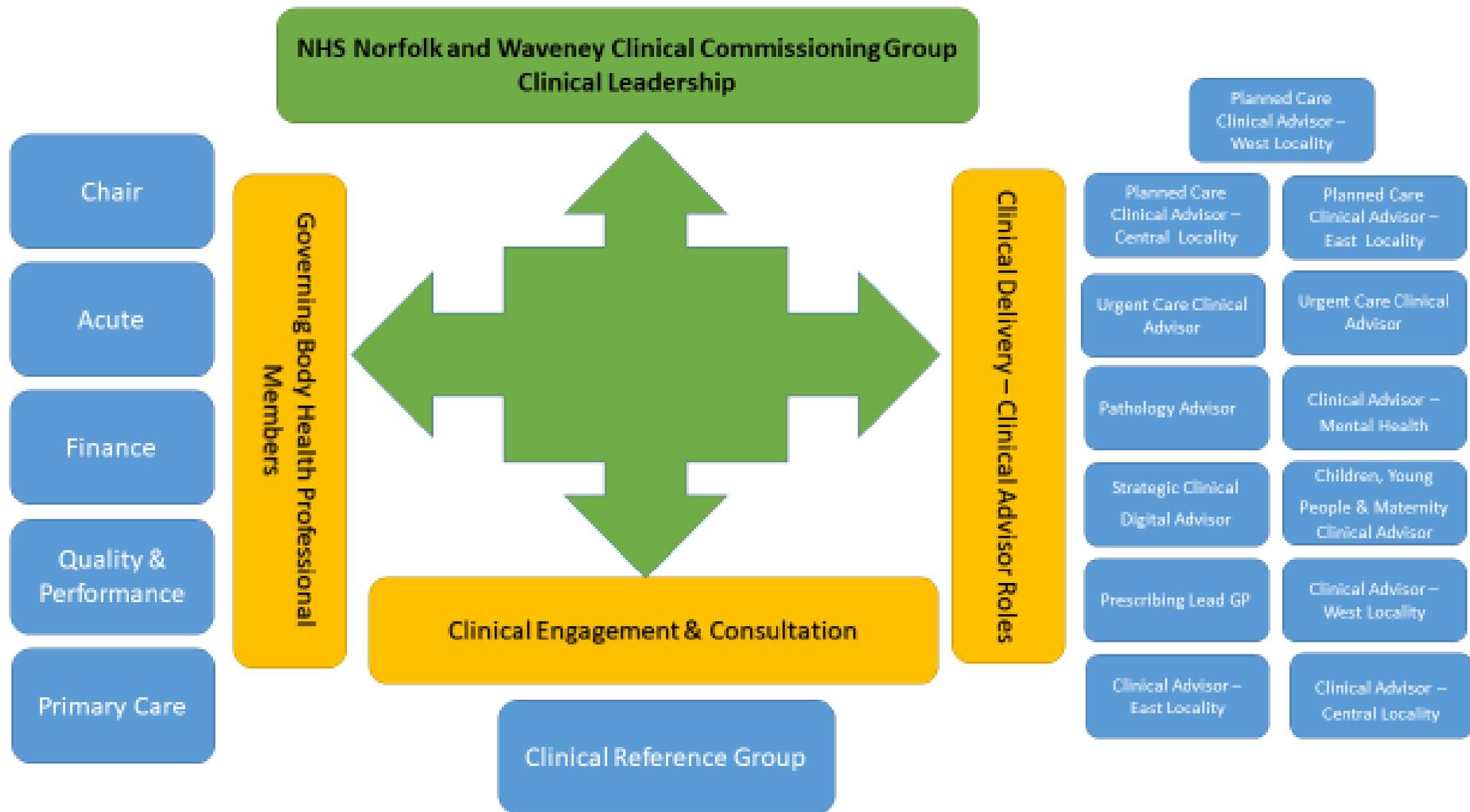
## **1.0 Introduction**

This Governance Handbook supports the CCG's Constitution by bringing together a range of corporate documents in to one place. Whilst it is not a legal requirement to have a Governance Handbook, it supports the CCG to build a consistent corporate approach and brings corporate documents together.

It is a requirement that the Governance Handbook is published on the CCG website as it includes the Terms of Reference for the non-statutory committees of the CCG. The handbook will be kept updated and when any changes are made to the Terms of Reference within it, the revised version will be sent to NHS England who will review it.

## 2.0 Governance Structure





### 3.0 **Committee Terms of Reference**

The terms of reference for the non-statutory CCG committees are set out below. The statutory committees' terms of reference can be found in Appendix 2 of the CCG's Constitution.

The non-statutory committees are as follows:

- Quality and Performance Committee
- Finance Committee
- Conflicts of Interest Committee

# Governing Body's

## Quality and Performance Committee

### Revision History

Revision Date	Summary of changes	Author(s)	Version Number
06.10.2020 & 07.10.2020	Changes to the Terms of Reference for the Quality & Performance Committee.	AB / HD	1.1
15.10.2020	Comments from SJW/Quality Team received and included in Quality & Performance Committee Terms of Reference	AB	1.2
19 Oct 2020	KW changes to the QP section	HD	1.2
28 Oct 2020	Minor Tweaks from RH to Quality & Performance Committee Terms of Reference	AB	1.3/1.4
27.04.21	Governing Body amendments	KB	1.5

### Approvals

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Approval Date	Approval Body	Author(s)	Version Number
27.04.2021	Governing Body		2

## Quality and Performance Committee - Terms of Reference

### 1. Introduction

- 1.1. The Quality and Performance Committee (“the Committee”) is established in accordance with NHS Norfolk and Waveney Clinical Commissioning CCG’s (“the CCG”) Constitution, standing orders and scheme of delegation. These terms of reference set out the remit, responsibilities and reporting arrangements of the Committee.
- 1.2. The Committee is authorised by the Governing Body to act within its terms of reference.

### 2. Membership

- 2.1. The members of the Committee are:
  - The Registered Nurse, who is the Chair of the Committee
  - Accountable Officer
  - Two Healthcare Professional Members of the Governing Body
  - Lay Member with a lead role in patient and public involvement
  - Secondary Care Specialist, who is the Deputy Chair of the Committee
  - Chief Nurse
  - Interim Director of Clinical Services and Clinical Transformation.
- 2.2. The Chair or any other clinical or senior officer may be requested to attend the Committee meetings as directed by members of the Committee. The Chair will be invited to attend at least one committee meeting per year.
- 2.3. The following people (list not exhaustive) are not members of the committee but may be invited to attend to support any agenda requirements.
  - Associate Director Nursing and Quality
  - Associate Director of Quality in Care
  - Associate Director for Children, Young People and Maternity
  - Head of Medicines Optimisation
  - Associate Director of Primary Care
  - Associate Director of Mental Health
  - Associate Director of Urgent and Emergency Care
  - Associate Director of Planned Care and Cancer
  - Director of Primary and Community Care
  - Director of Population Health Management and Health inequalities

### 3. Purpose

- 3.1. The Committee is responsible for the development and implementation of the CCG’s Quality Strategy, which sets out its plan for quality improvement and quality assurance

of commissioned services ~~including~~. The Primary Care Committee has the remit to oversee the quality improvement and quality assurance of Primary Care, however, due to the interface with other services the Quality and Performance Committee will maintain oversight of issues which may require more system wide assurance and support.

- 3.2 The Committee will promote and assure quality and performance standards and outcomes including referral to treatment, A & E, cancer, mental health learning disabilities and autism so that patients have responsive, effective and safe care with a positive experience of services commissioned by the CCG.

#### **4. Remit and Responsibilities of the Committee**

- 4.1 The Committee will ensure that the CCG Quality and Performance Strategy is developed and implemented so as to support the CCG's plans. In doing so, the Committee will seek assurance that CCG commissioning incorporates and upholds the tenets of quality (Patient Safety, experience, clinical effectiveness and performance) so that the quality priorities of the Long-Term Plan are met.
- 4.2 The Committee shall provide the Governing Body with assurance in relation to the quality, performance and safety of its commissioned services and internal processes to support continuous improvement and improved patient outcomes.
- 4.3 The Committee will receive and review quality and performance reports. The Committee will comment and agree any recommended actions specified for potential and known clinical and performance risks and agree/sign off specific actions to minimize or prevent such risks. It will ensure all such risks are documented within the directorate or operational risk register for the Committee and where relevant escalated to the Governing Body Assurance Framework.
- 4.4 The Committee will decide if learning and improvement opportunities from available information and data sources have been appropriately identified and communicated to relevant directorates.
- 4.5 The Committee will provide reports as required to any external bodies (i.e. the national reporting and learning system) supported by the Chief Nurse.
- 4.6 The following functions are reserved for the Committee:
- To scrutinise and challenge the quality, safety and performance outcomes of providers, through analysis of both qualitative and quantitative data as appropriate; Sources of information will include provider quality review meetings, regular meetings with Care Quality Commission (CQC), NHS England and NHS Improvement and soft intelligence. Working in partnership with providers of commissioned services to encourage a culture of improvement whilst maintaining focus on our service users at the core of our business.
  - To retain an active oversight of provider organisation CQC inspection outcomes and ensure that the CCG is able to fulfil its collaborative and supportive approach to working with Providers in 'special measures', with an update being provided at a minimum of 6 monthly intervals.

- To scrutinise and challenge quality and performance reports and projects and actions taken by CCG officers.
- To agree and ensure that key clinical outcomes relating to performance and clinical quality are included in all provider contracts (e.g. acute, community, mental Health, out of hours, NHS 111, ambulance service) and monitored continuously so any early warnings regarding possible deteriorating services is identified and acted upon.
- To identify and agree with providers' strategy, methodology and actions to address quality, performance and safety issues in service provision.
- To ensure that the Governing Body is informed of risks and acts upon these.
- To monitor and mitigate the quality, performance and safety risks of services to the population of Norfolk and Waveney.
- To monitor clinical and performance outcomes against national, regional and local key performance indicators and performance standards including cancer, A & E, mental health, learning disabilities and autism, referral to treatment and long waits with a focus in identifying health inequalities and differing outcomes to improve experience for all Norfolk and Waveney citizens.
- To review and analyse all quality data and information including soft intelligence about providers to ensure recognition of early warning signs e.g. Integrated Performance and Quality Dashboards, Quality profiles and other data/intelligence about providers including patient and staff experience.
- To review information pertaining to Serious Incidents (SIs), significant clinical incidents, complaints trends, complaints policy Safeguarding Practice Reviews, and Safeguarding Adults Reviews, ensuring that corrective and preventative action is taken and that lessons learned are disseminated throughout the local health system.
- To ensure the services commissioned by the CCG meet all national standards, legislation and NHS England and NHS Improvement, Care Quality Commission and NHS Resolution requirements.
- To ensure the services commissioned by the CCG are safe, effective, responsive, high quality and patient focused.
- To ensure there are appropriate clinical governance, safety and risk management processes in place within the CCG to ensure a sound system of internal control.
- To ensure effective safeguarding arrangements are in place ensuring compliance with Safeguarding Children and Adults requirements, including receipt of reports from the respective Safeguarding Boards / Partnerships and ensure any themes and trends from alerts are acted upon. The CCG promotes learning from national and local reviews, inspections and adverse events, incidents, serious incidents, complaints, claims and patient experience.

- Ensure that primary care have appropriate mechanisms in place for monitoring and assuring clinical quality and performance and for escalating concerns to the Committee.
- Ensure there are systems and processes for monitoring and placing patient families and service user experience at the core of our business and all that we do.
- Responses and actions, upon receipt of information/reports, are timely and reviewed.
- Receive and respond to information from the clinical committees that has quality and or safety implications, respond to patient stories and proactively put people at the centre of the work we do.

4.7 Escalation of concerns will be directed through:

- Governing Body, Accountable Officer and Chair;
- Clinical Quality Review meetings with providers (Contract monitoring process); and
- Safeguarding Boards/Partnerships and designated teams where appropriate.

## **5. Meetings of the Committee**

- 5.1 Ordinary Meetings: The Quality and Performance Committee shall usually meet monthly, with a minimum of 10 scheduled meetings per year, at such times and places as the CCG may determine.
- 5.2 Extraordinary Meetings: The Chair of the Governing Body and/or the Chair of the Quality and Performance Committee can call an Extraordinary meeting of the Quality and Performance Committee (in addition to the scheduled meetings) by giving all members at least fourteen days (14) days' notice.
- 5.3 Quality and Performance Committee members may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair.) Participation via remote technology as described above shall be deemed as presence in person at the meeting.
- 5.4 The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting subject to the meeting achieving quoracy requirements.
- 5.5 Notice of all meetings shall be in writing. Such notices shall be given (i) by electronic mail to the member of the committee (ii) by delivery in person (iii) by first class, registered or certified mail, postage prepaid to the address held by the CCG for the member or (iv) by a nationally recognized next day courier service.
- 5.6 Agenda, supporting papers and business to be transacted: Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator at least six working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 6 working days before the meeting takes place. The agenda and

supporting papers will be circulated to all members of the meeting at least five working days before the date the meeting will take place.

- 5.7 At any meeting of the Committee the Chair of the Committee if present, shall preside. If the chair is absent from the meeting, the Secondary Care Specialist shall deputise if available, otherwise a member will be appointed to chair the meeting.
- 5.8 Decision Making: Generally, it is expected that the Committee's decisions will be reached by consensus. Should this not be possible then a vote of members will be required, as set out in section 6 below.
- 5.9 Quorum: At least four of the members of the Committee shall be present for a quorum for Committee meetings.
- 5.10 If members have sent representation rather than themselves the deputy will count towards the quorum provided the Chair is notified of the representative at the start of the meeting and receives confirmation from the representative that they have authority to act on behalf of the member.
- 5.11 If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the CCG's Managing Conflict of Interest Policy will be followed as set out in the CCG's Standards of Business Conduct.

## 6. Decision making

- 6.1 Generally it is expected that at the Committee's decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
- a) **Eligibility** – Each member as provided in section 2.1 who is physically present at the meeting or present in accordance with section 5.3 above is entitled to one vote.
  - b) **Majority necessary to confirm a decision** – Each question put to the vote at a meeting shall be determined by a majority of votes of those members voting on the question;
  - c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;
  - d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

## 7. Minutes

- 7.1 The minutes will record the names of members present, the individuals in attendance and will also include any names any representatives attending in accordance with section 5.10. The name of the administrator will also be included.

7.2 The minutes will be drawn up and shared with the Chair before being shared with members and those in attendance for comments and accuracy before formally signed off by the Chair of the meeting as a true record of the meeting.

## **8. Relationship with the Governing Body**

8.1 The Committee will provide a written Report to the Governing Body following each Committee meeting, with a verbal update being provided by exception.

8.2 The Committee is a committee of the Norfolk and Waveney CCG Governing Body and therefore reports directly to the Norfolk and Waveney CCG Governing Body.

8.3 The Committee will provide the Governing Body with formal reports of its work.

8.4 The Committee will report to every Governing Body meeting on its work.

## **9. Policy and Best Practice**

9.1 The Committee will apply best practice in the decision-making process.

9.2 The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations with agreed financial budgets.

9.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

## **10. Conduct of the Committee**

10.1 The Committee shall conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles, managing conflicts of interest and standards of business conduct policies.

10.2 The Committee will assess its performance, membership and terms of reference annually or sooner if required and draw up its own plans for improvement. Any proposed changes must be approved by the Governing Body before they take effect.

# Governing Body's Finance Committee

## Revision History

Revision Date	Summary of changes	Author(s)	Version Number
24.06.2020	Update wording in section 14, 18 and 20	Jason Hollidge	1.1
27.04.2021	Added Interim Director of Clinical Services and Clinical Transformation as a member.	Karen Barker	1.5

## Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
27.04.2021	Governing Body		2

## **Finance Committee - Terms of Reference**

### **Introduction**

1. The finance committee (the committee) is established in accordance with Norfolk and Waveney Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution. The committee will review its performance annually by undertaking a self-assessment and will provide a report arising from its findings to the Governing Body.

### **Accountability and Reporting**

2. The Committee reports directly to the Governing Body and gives members the opportunity to review the detail of the CCG's finances and provides appropriate assurance to the Governing Body.

### **Purpose**

3. The Committee will support the Governing Body in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the CCG's Strategic and Operational Plans. The Committee will also submit information as appropriate to the CCG Audit Committee and will provide advice to the Governing Body on strategic financial matters.

### **Membership**

4. The committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's constitution. The membership will comprise:
  - Lay Member with a lead role in Financial Performance
  - Lay Member with a lead role in Primary Care
  - Chief Officer
  - Chief Finance Officer (CFO)
  - Interim Director of Clinical Services and Clinical Transformation.
  - Chief Nurse
  - Secondary Care Specialist
  - Two Healthcare Professional Members of the Governing Body
5. The Lay Member with a lead role in Financial Performance will chair the committee. In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.
6. The following personnel will attend each meeting routinely to support discussion:
  - Director of Commissioning Finance
  - Associate Director of Planning & PMO

7. The Lay Member with a lead role in Financial Management and Audit has a standing invitation to attend the meeting. Other representatives may be invited by the Chair to attend meetings on an ad hoc basis.
8. Members should nominate another committee member or designated deputy to represent them in their absence.

### **Secretary**

9. The Director of Commissioning Finance or nominated deputy shall be secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:
  10. Supporting the chair in management of Finance Committee business;
  11. Agreement of the agenda with the chair of the Finance Committee and attendees together with the collation of connected papers ensuring papers are clear on the questions asked and decisions required of the Committee;
  12. Taking of the minutes, keeping a record of matters arising and issues to be carried forward;
  13. Advising the Finance Committee as appropriate on best practice, national guidance and other relevant documents.

### **Quorum**

14. A quorum will comprise three members of the committee which includes at:-
  - a. one Governing Body Lay Member; and
  - b. one Governing Body Other Health Professional (i.e. Healthcare Professional Member or Secondary Care Specialist).

In addition, the Chief Finance Officer or nominated deputy must be in attendance at each meeting.

### **Frequency, Notice and Participation of Meetings**

15. The committee will meet at least six times per year.
16. The chair may call a meeting of the committee at any time.
17. Committee members may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair). Participation via remote technology as described above shall be deemed as presence in person at the meeting.
18. The agenda and pre-read
19. will normally be issued at least 5 days prior to a meeting, requests for items to be included on the agenda should be sent to the Chair/secretary at least ten working days

before the meeting. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place.

20. Draft minutes will be circulated to the Chair within 5 working days of the meeting with draft minutes circulated to all Committee members within 10 working days

### **Remit and Responsibilities of the Committee**

21. The committee shall:

- Oversee the development and delivery of the Medium-Term Financial Plan (MTFP);
- Overview of contracting and procurement matters;
- Review of capital projects;
- Review annual budgets and detailed plans for approval by the Governing Body;
- Scrutinise the development, implementation and delivery of the CCG's efficiency (QIPP) programmes;
- Monitor the CCG's financial standing in-year and recommend corrective action to the Governing Body should year-end forecasts suggest that the financial plan will not be achieved;
- Receive detailed reports at each meeting concerning the CCG's financial performance, to incorporate narrative relating to key variances from plan;
- Receive contracting performance reports (covering activity and cost) for each of the CCG's main areas of programme expenditure
  
- Understand the drivers behind any variances against QIPP plans and ensure that the relevant Project Managers have identified possible risks and have mitigating actions in place to address these;
- Scrutinise the Finance Directorate's Risk Register;
- Monitor implementation of any recommendations arising from the internal audit of finance functions;
- Receive briefings on the financial position of the wider Norfolk & Waveney Health & Care Partnership to understand the context within which the CCG is operating.
- Review impact of COVID on the CCG financial performance.

22. The committee's work will dovetail with that of the Audit Committee in order to provide assurance to the Governing Body that the robust management of finance is in place.

### **Relationship with the Governing Body**

23. The committee will provide assurance to the Governing Body concerning the CCG's finances. The chair of the committee will provide a formal report to the following meeting of the Governing Body identifying key matters of concern and interest. The approved minutes of committee meetings will be available upon request.

### **Policy and Best Practice**

24. The committee may request specific reports from individual functions within the Clinical Commissioning Group as may be appropriate to the overall arrangements and may

establish such sub-committees as may be necessary to assist the discharge of its responsibilities with the Governing Body's approval.

25. The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The work plan will be approved by the Governing Body.
26. The committee will review its effectiveness, membership and terms of reference annually and produce an Annual Report of its activity for submission to the Governing Body. Any proposed changes to the committee's terms of reference must be approved by the Governing Body.

### **Conduct of the Committee**

27. The committee will conduct its business in accordance with national guidance; all relevant codes of conduct and good governance practice; and with NHS Norfolk and Waveney CCG's policy on Standards of Business Conduct which incorporates:

- The NHS Codes of Conduct and Accountability;
- Nolan Principles on Standards in Public Life;
- Standards for NHS Boards and CCG Governing Body Members;
- Code of Conduct for NHS Managers; and
- Standards of Business Conduct for NHS Staff.

28. 'Managing Conflicts of Interest' will be the first standing agenda item following the receipt of apologies. The following statement will appear on the agenda, which the chair of the committee will bring to the attention of the committee:

*'The chair and members of this meeting are reminded that if they have any pecuniary interest, direct or indirect, in any matter which is the subject of consideration at this meeting, they must, as soon as practicable after the commencement of the meeting disclose that fact.'*

### **Decision Making**

29. Generally, it is expected that the Committee's decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
  - **Eligibility** – Each member as provided in section 4 who is physically present at the meeting or present in accordance with section 17 above is entitled to one vote;
  - **Majority necessary to confirm a decision** – Each question put to the vote at a meeting shall be determined by a majority of votes of those members voting on the question;
  - **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;
  - **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

# Governing Body's Conflicts of Interest Committee

## Revision History

Revision Date	Summary of changes	Author(s)	Version Number
06.10.2020	General changes to membership, quorum and GB reporting requirements.	AB	1.1
27 April 2021	Governing Body review, version 1.5 circulated		1.5

## Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
27.04.2021	Governing Body		2

## **Conflict of Interest Committee - Terms of Reference**

### **Introduction**

- 1.1 The Conflicts of Interest Committee (the 'Committee') is a Committee of the Governing Body. Its role is to make decisions on issues where there is a conflict of interest for example, but not limited to, where a decision is required that affects GPs in their capacity as Providers.

### **2 Membership**

- 2.1 Members of the Committee will be:
  - 2.1.1 Chief Finance Officer or nominated deputy
  - 2.1.2 Lay member with a lead role in overseeing financial management and audit
  - 2.1.3 Lay member with a lead role in primary care;
  - 2.1.4 Registered Nurse.
- 2.2 The Chair of the Committee shall be the Lay Member with a lead role in overseeing financial management and audit.
- 2.3 In the absence of the Chair the Chief Finance Officer will preside.
- 2.4 A Committee member shall cease to hold office if:
  - 2.4.1 He/she ceases to meet the eligibility criteria for their role as set out in the Constitution;
  - 2.4.2 If any of the grounds set out in paragraph 2.2.3 of the Standing Orders in the NHS Norfolk and Waveney CCG Constitution apply.

### **3 Secretary**

- 3.1 The Associate Director of Corporate Affairs and ICS Development shall be secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:
  - 3.1.1 Supporting the chair in management of the Committee's business;
  - 3.1.2 Agreement of the agenda with the chair of the committee and attendees together with the collation of connected papers;
  - 3.1.3 Taking of the minutes and keeping a record of matters arising and issues to be carried forward;
  - 3.1.4 Advising the committee as appropriate on best practice, national guidance and other relevant documents.

### **4 Quorum**

- 4.1 A quorum shall be 3 members of the Committee.

### **5 Decision Making**

- 5.1 Committee members may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the

approval of the Chair.) Participation via remote technology as described above shall be deemed as presence in person at the meeting.

5.2 Generally it is expected that the Committee's decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

5.2.1 **Eligibility** – Each member as provided in section 2 who is physically present at the meeting or present in accordance with section 5.2 above is entitled to one vote;

5.2.2 **Majority necessary to confirm a decision** – Each question put to the vote at a meeting shall be determined by a majority of votes of those members voting on the question;

5.2.3 **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

5.2.4 **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

## **6 Frequency and notice of meetings**

6.1 Meetings will be held as and when required.

6.2 Items of business to be transacted and all supporting papers for such items for inclusion on the agenda need to be notified to the Chair of the meeting wherever possible at least 7 clear working days (i.e. excluding weekends and bank holidays) before the meeting takes place.

6.3 The agenda and supporting papers will be circulated to all members a week before the date the meeting will take place.

6.4 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

6.5 Members may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair). Participation in a meeting in any of these ways will count towards the quoracy of the meeting subject to the approval of the Chair.

## **7 Remit and responsibilities of the Committee**

7.1 The Committee is authorised to make decisions on behalf of the CCG with regard to issues which cannot be decided by the Governing Body due to the Governing Body not being quorate as a result of conflicts of interest.

7.2 The Committee has authority to act in accordance with the CCG's Constitution, Standing Orders, Prime Financial Policies and Scheme of Delegation.

7.3 The Committee is authorised by the Governing Body to commission any reports or surveys it deems necessary to help it fulfil its obligations.

## **8 Relationship with the Governing Body**

8.1 The Committee will provide a written Report to the Governing Body following each Committee meeting. Minutes shall be formally recorded by the Secretary of the committee. The Committee shall however act independently of the Governing Body.

- 8.2 The CCG's annual report shall include a section describing the work of the committee in discharging its responsibilities.

## **9 Policy and best practice**

- 9.1 The Committee will apply best practice in the decision-making process for example by following Conflicts of Interest guidance published by NHS England.
- 9.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

## **10 Conduct of the committee**

- 10.1 The Committee will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles.
- 10.2 Declarations of interest will be a standing item on all meeting agendas.
- 10.3 Members who have any direct/indirect financial or personal interest in a specific agenda item will declare their interest. The Chair of the meeting will decide the course of action required, which may include exclusion from participation in the discussion and decision making.
- 10.4 All declarations of interest and actions taken in mitigation will be recorded in the minutes.
- 10.5 The Committee may assess its performance, membership and terms of reference and draw up its own plans for improvement. The Governing Body must approve any subsequent amendment to the terms of reference.

#### 4.0 Detailed Scheme of Reservation and Delegation

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
REGULATION AND CONTROL	Prepare the CCG's Governance Handbook			✓		
REGULATION AND CONTROL	Approval of the CCG's Governance Handbook		✓			
REGULATION AND CONTROL	Prepare the CCG's Detailed Delegated Limits					✓ CFO
REGULATION AND CONTROL	Approve the CCG Detailed Delegated Limits		✓			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		✓			

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership (Via the Council of Members)</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Committee</b>	<b>Specified Individual</b>
REGULATION AND CONTROL	Reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.		✓			
REGULATION AND CONTROL	Exercise the powers that the Governing Body has reserved to itself in an emergency or for an urgent decision.					✓  Chair or the Accountable Officer
STRATEGY AND PLANNING	Leading the setting of the vision and strategy			✓		
STRATEGY AND PLANNING	Approval of the vision and strategy		✓			
STRATEGY AND PLANNING	Approval of the CCG's operating structure.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
STRATEGY AND PLANNING	Monitoring performance of the CCG against plans.		✓			
STRATEGY AND PLANNING	Providing assurance of strategic risk.		✓			
STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties.		✓			
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
STRATEGY AND PLANNING	Approve of all budget movement actions subsequent to formal approval of the financial plan as delegated from the Governing Body				✓ Finance Committee	
STRATEGY AND PLANNING	Approve consultation arrangements for the CCG's commissioning plan.		✓			
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG with the exception of those staff on Very Senior Manager contracts			✓		
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer			✓		
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG				✓ Remuneration Committee	
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and				✓	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
	to secure continuous improvement in quality and patient outcomes				Quality and Performance Committee	
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an overarching and detailed scheme of reservation and delegation that sets out who has responsibility for operational decisions within the CCG			✓		
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.		✓			
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning CCGs or pooled budget arrangements under section 75 of the NHS Act 2006)		✓			
OPERATIONAL AND RISK MANAGEMENT	Review of risk sharing or risk pooling arrangements.				✓ Audit Committee	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the CCG. Via delegated limits set out in the constitution and detailed delegated limited document.			✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's banking arrangements.				✓ Audit Committee	
OPERATIONAL AND RISK MANAGEMENT	Approve the level of non-pay expenditure.		✓			
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning CCG			✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning		✓			

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership (Via the Council of Members)</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Committee</b>	<b>Specified Individual</b>
OPERATIONAL AND RISK MANAGEMENT	Ensuring that the Registers of Interest are reviewed regularly and updated as necessary.		✓			
OPERATIONAL AND RISK MANAGEMENT	Responsibility for overseeing conflicts of Interest.		✓			
COMPLAINTS	Approve the CCG's arrangements for handling complaints				✓  Quality & Performance Committee	
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data		✓			
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision)		✓			
TENDERING AND CONTRACTING	Oversee and Manage each contract on behalf of the CCG.					✓  Chief Finance Officer (nominated by the Accountable officer)
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation		✓  If applicable			
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
			If applicable			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Production of the CCG's annual integrated Commissioning Plan			✓		
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Review of the CCG's annual integrated Commissioning Plan		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the CCG's annual integrated commissioning plan.		✓			
COMMISSIONING AND CONTRACTING	Approval of the arrangements for discharging the CCG's statutory duty associated with its		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
FOR CLINICAL SERVICES	commissioning functions to promote a comprehensive health service.					
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to meet the public sector equality duty.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Monitoring of progress of delivery of public sector equality duty.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Responsibility to oversee discharge of public sector equality duty.			✓		
COMMISSIONING AND CONTRACTING	Approval of the arrangements for discharging the CCG's statutory duty associated with its		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
FOR CLINICAL SERVICES	commissioning functions to secure public involvement					
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote awareness of and have regard of the NHS Constitution.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to act effectively, efficiently and economically.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Lead responsibility for discharge of the CCG's statutory duty associated with its commissioning functions to act effectively, efficiently and economically.			✓		
COMMISSIONING AND CONTRACTING	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to act with a view to				✓	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
FOR CLINICAL SERVICES	securing continuous improvements to the quality of services.				Quality and Performance Committee	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to assist and support the NHS England in relation to its duty to improve the quality of primary medical services.				✓ Quality and Performance Committee	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to have regard to the need to reduce inequalities		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote the involvement of patients, their carers and representatives in decisions about their healthcare.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to enable patients to make choices		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to obtain appropriate advice.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote innovation		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote research and the use of research.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote education and training for persons who are employed or are considering becoming employed in an activity which is connected with the health service.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duty associated with its commissioning functions to promote integration.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority, where appropriate		✓			
COMMISSIONING AND CONTRACTING	Approval of the CCG's procurement strategy.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
FOR CLINICAL SERVICES						
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests		✓			
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests			✓		

# Standards of Business Conduct and Conflicts of Interest Policy

<b>Ref Number:</b>	<b>Version: 2</b>	<b>Status:</b>		<b>Author:</b>
<b>Approval body</b>	Governing Body		<b>Date Approved</b>	27 April 2021
<b>Date Issued</b>			<b>Review Date</b>	April 2022
<b>Contact for Review:</b> Corporate Affairs				

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**Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.**

## Revision History

### Document Control Sheet

Revision Date	Summary of changes	Author(s)	Version Number
March 2020	Version 1 created	Corporate Governance	1
Nov 2020	Change to policy title section 15.1. Policy reviewed by the CCG's Anti-Crime Specialist	Corporate Governance	1.1
27 April 2021	Governing Body review, version 1.5 circulated	Corporate Governance	1.5

<b>Policy title</b>	Standards of Business Conduct Policy
<b>Policy area</b>	Corporate Governance
<b>Who is it aimed at and which settings?</b>	The Policy is for use by all CCG staff, the Governing Body and Members of the CCG.
<b>Approved by</b>	Governing Body
<b>Effective date</b>	
<b>Review date</b>	

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- 3 Declaration of Interest Form**

## 1. Statement of Intent

1.1. Compliance with the national Code of Conduct and Code of Accountability in the NHS (revised 2004) and other codes as set out at section 1.3 below is integral to the work of NHS Norfolk and Waveney Clinical Commissioning CCG (the "CCG"). These Codes form the core framework for the conduct of business in our organisation and apply to members of the Governing Body, its committees, employees of the CCG and Members of the CCG (for the avoidance of doubt 'Members' of the CCG includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act).

1.2. In response to audit recommendations, the adoption of these Codes by Practice Representatives of the Council of Members, members of the Governing Body, its committees and employees will be affirmed formally on an annual basis on behalf of the CCG by the Governing Body.

2.3 That there are 4 main codes of conduct and good governance that apply to NHS organisations. These documents are:

- Code of conduct and accountability (revised 2004)
- Standards for members of NHS boards and CCG Governing Bodies in England (2013)
- Code of conduct for NHS managers (2002)
- Standards of business conduct for NHS staff (1993) (Amended, in part, by the Bribery Act 2010)

And any future iterations of the above codes.

## 2. Code of Conduct

2.1. **Public service values must be at the heart of the National Health Service** and high standards of corporate and personal conduct, based upon the recognition that patients come first, have been a requirement throughout the NHS since its inception.

2.2. There are three crucial public service values that underpin the work of the health service:

2.2.1. **Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct;

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

2.2.3. **Openness** – there should be sufficient openness about NHS activities to promote confidence between the CCG Governing Body, Members of the CCG, its staff, and patients and the public.

### 2.3. **General Principles**

2.3.1. **Public service values matter** in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

2.3.2. The success of the Code depends on vigorous and visible examples from Members of the CCG, Governing Body, and the consequent influence on the behaviour of all those who work within the organisation. Members of the CCG, and Governing Body have a clear responsibility for corporate standards of conduct, and acceptance of the Code informs and governs decisions and conduct.

### 2.4 **Openness and Public Responsibilities**

2.4.1 The CCG understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

2.4.2 Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

2.4.3 The confidentiality of personal and individual patient information must be respected at all times.

### **3. Accountability- Code of Accountability**

3.1. This code of practice is the basis upon which NHS organisations seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health.

3.2. The CCG will co-operate fully with the Department of Health, the National Audit Office and the Care Quality Commission when required to account for the use it has made of public funds, the delivery of patient care and compliance with the statutes, directions, guidance and policies of the Secretary of State. The Public Accounts and Public Administration Select Committees scrutinise the work of the health service.

3.3. In addition, the CCG will be accountable to NHS England (which is the operating name for NHS Commissioning Board) for how we fulfil our statutory duties. The CCG will also account to our local community for how we commission high quality health care, the Norfolk health and well-being board and the Suffolk health and well-being Board for how we deliver the joint health and well-being strategy and Norfolk County Council and Suffolk County Council in their overview and scrutiny role for the services we are commissioning.

### **3.4 Reporting and Controls**

**3.4.1** The Code requires that a balanced and readily understood assessment of the CCG's performance be presented to NHS England, the National Audit Office and the local community by means of timely publication of the Annual Report and Annual Accounts. The detailed financial guidance issued by the NHS England in this regard, including the role of internal and external auditors, must be scrupulously observed.

### **4. The Governing Body**

4.1 The CCG's Governing Body comprises:

4.1.1 Other health Professionals who are elected members derived from healthcare professionals from member practices;

4.1.2 The registered nurse;

- 4.1.3 The secondary care specialist;
- 4.1.4 Accountable Officer and Chief Finance Officer; and
- 4.1.5 Lay Members.

4.2 Members of the Governing Body share corporate responsibility for all decisions made, with a clear division of responsibility between the Chair and the Accountable Officer.

4.3 The Accountable Officer is directly accountable to the Governing Body for meeting the CCG's objectives and to the Chief Executive of NHS England for the performance of the organisation. The Chair and lay members are responsible for monitoring the executive management of the organisation and are responsible to NHS England for the discharge of these responsibilities.

## 5 **Probity**

5.1 The CCG considers integrity and honesty as key public service values. These are central to the operations of the CCG and those that work within it. It is recognised that the CCG should not only act with probity in all its processes but also be perceived to have acted in this way. Accordingly, the CCG has adopted a stringent conflict of interest policy as set out in sections 9 to 13 below and in the CCG's Constitution at section 6.

5.2 Adherence to Conflicts of Interest requirements is mandatory and any breaches will be reported and published on the CCG's website; disciplinary action may also be taken.

## 6 **Openness**

6.1 The CCG will promote transparency at all times by:

6.1.1 Ensuring early engagement on proposed commissioning plans with patients and the public, Norfolk Health and Well-being Board, Suffolk Health and Well-being Board, current and potential providers and clinical networks;

6.1.2 Setting out clearly in the Constitution the way in which decisions will be made;

6.1.3 Holding Governing Body meetings in public (except where this would not be in the public interest) and also holding a public meeting to present the Annual Report and considering whether they wish to hold any other meetings in public;

6.1.4 Publishing details of expenditure over £25,000;

6.1.5 Publishing information about remuneration for senior staff;

6.1.6 Have a Register of Interests for:

- Governing Body members;
- Employees

- Committee members;
- Members of the CCG (providers of primary medical services that are members of the CCG); and
- Any individual directly involved with the business or decision making of the CCG;

6.1.7 Having systems to declare interests.

6.2 This will enable patients to see what services are being commissioned and how the quality of these services is being constantly improved as well as how public money is being spent. The CCG also has a communications and engagement strategy which further sets out how it will communicate with Members of the CCG, providers, and patients, the public and other stakeholders.

6.3 In addition, the CCG understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

6.4 Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

## 7 **Code of Conduct for NHS Managers**

7.1 This Code, in addition to those already described, forms a key part of the contract held by Very Senior Managers – those executive members of the Governing Body. Very Senior Managers undertake to:

7.1.1 *'make the care and safety of patients my first concern and act to protect them from risk;*

7.1.2 *respect the public, patients, relatives, carers, NHS staff, and partners in other agencies;*

7.1.3 *be honest and act with integrity;*

7.1.4 *accept responsibility for my own work and the proper performance of the people I manage;*

7.1.5 *show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community; and*

7.1.6 *take responsibility for my own learning and development*'.

## **8 Standards of Business Conduct for NHS Staff, HSG (93) 5- Amended, in part, by the Bribery Act 2010.**

### **8.1 All NHS Staff are expected to:**

8.1.1 ensure that the interests of patients remain paramount at all times;

8.1.2 be impartial and honest in the conduct of their official business;

8.1.3 use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

### **8.2 It is the responsibility of staff to ensure that they do not:**

8.2.1 abuse their official position for personal gain or to benefit their family or friends (including but not limited recruitment of family or friends);

8.2.2 seek advantage or further private business or other interests, in the course of their official duties.

### **8.3 Registration of Interests**

8.3.1 It is the responsibility of all staff to ensure that they register their interests and declare all real or perceived conflicts of interests as a matter of course and on an ongoing basis. Staff should ensure that the register of interests is updated as soon as an interest or conflict is known.

8.3.2 That they do not seek advantage of a non-pecuniary personal benefit where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next to an individual's house).

8.3.3 An interest should remain on the public register for a minimum of 6 months.

## **9 The Nolan Principles<sup>1</sup>**

9.1 The Code of Conduct and Code of Accountability in the NHS reflect the Committee for Standards in Public Life's Seven Principles of Public Life – also known as the Nolan

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<sup>1</sup> Source: Standards Matter. A review of good practice in promoting good behaviour in public life, January 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228884/8519.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228884/8519.pdf)

Principles (set out below). The Nolan Principles of business conduct have been adopted by the CCG and apply to all staff employed by the CCG.

#### 9.2 **Selflessness**

Holders of public office should act solely in terms of the public interest.

#### 9.3 **Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

#### 9.4 **Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

#### 9.5 **Accountability**

Holders of public office are accountable to the public for their decisions and actions and must admit themselves to the scrutiny necessary to ensure this.

#### 9.6 **Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

#### 9.7 **Honesty**

Holders of public office should be truthful.

#### 9.8 **Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## 10 **Standards for NHS Boards and Clinical Commissioning CCG Governing Body Members**

10.1 All members of NHS boards and CCG Governing Bodies must understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

### 10.2 **Members must commit to promoting:**

- the values of the NHS Constitution;
- equality; and
- human rights

in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which they are responsible.

### 10.3 **They must seek:**

- excellence in clinical care, performance, patient experience, and the accessibility of services;
- to make sound decisions individually and collectively;
- long-term financial stability and the best value for the benefit of patients, service users and the community;
- to ensure their organisation is fit to serve its patients and service users, and the community;
- to be fair, transparent, measured, and thorough in decision-making and in the management of public money; and
- to be ready to be held publicly to account for their organisation's decisions and for its use of public money.

## 11 **Managing Conflicts of Interest: General**

11.1 To ensure the integrity and probity of decision-making the CCG is required to make arrangements to manage conflicts of interest and potential conflicts of interest so that decision making is taken and seen to be taken without possibility of the influence of external or private interest<sup>2</sup>. Individuals must declare any interest they have in writing to the

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<sup>2</sup> Section 14O of the NHS Act 2006 as inserted by section 25 of the Health & Social Care Act 2012

Governing Body as soon as practicable after the person becomes aware of it and in any event no later than 28 days of becoming aware. The Governing Body will instruct the Assistant Director of Corporate Affairs and ICS Development to update the Registers of Interests accordingly. Members of the CCG, members of the Governing Body, its committees and staff will act impartially and will not be influenced by social or business relationships; no-one will use their public position to further their private interests. Where there is potential for private interests to be material and relevant to NHS business, these will be declared, recorded in the relevant minutes, and entered into the Register of Interests, which is available for public inspection on our website at [www.norfolkandwaveneyccg.nhs.uk](http://www.norfolkandwaveneyccg.nhs.uk) and available on request from our headquarters.

11.2 Members of the CCG, members of the Governing Body and its committees and staff will declare, and keep up to date, details of any personal or business interests, which may influence, or may be *perceived* to influence, their judgement. As a minimum the Register of Interests will be reviewed on an annual basis.

### 11.3 Interests can be captured in four different categories:

**11.3.1 Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model;
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A management consultant for a provider; or
- A provider of clinical private practice.

This could also include an individual being:

- In employment outside of the CCG;
- In receipt of secondary income;

- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

**11.3.2 Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular CCG of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA), Royal College of Nursing or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role;
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
- GPs, other healthcare professionals and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

**11.3.3 Non-financial personal interests:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;

- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

**11.3.4 Indirect interests:** This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse / partner
- Close family member or relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend or associate; or
- Business partner.

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

**11.4** If in doubt whether a conflict exists, the individual concerned should assume that a potential conflict of interest exists.

## **12 Arrangements for Managing Conflicts**

**12.3** The Governing Body will ensure for every interest declared arrangements are in place to manage the conflict. The Governing Body can take advice on this role from the Associate Director of Corporate Affairs and ICS Development. Where a conflict of interest is seen to exist there are a number of ways in which the conflict may be managed depending on the

magnitude of its impact. These actions include but are not limited to the Governing Body confirming to the individual in writing:

- 12.3.2** permission to participate and contribute to a discussion but not allowed to count towards the quorum for any decision or vote;
- 12.3.3** permission to observe the discussion, but prohibited from participating in the discussion and not allowed to count towards the quorum for any decision or vote;
- 12.3.4** Permission to receive relevant meeting papers but be excluded from the meeting for the relevant item. The individual(s) may be called back to the meeting following conclusion of all discussion in relation to that item. However, should the same item be raised in later discussions they should be excluded again;
- 12.3.5** Prohibiting access to papers relating to the relevant item and exclusion from the meeting for the relevant item

**12.4** Where no arrangements have been confirmed the Chair of the meeting may require the individual to withdraw from the meeting or part of it, in accordance with section 10.1.3 above. The individual will comply with these arrangements which must be recorded in the minutes of the meeting.

## **12.5 Managing Meetings**

**12.5.2** Before attending any meeting, Members of the CCG, members of the Governing Body or committee members and staff will consider whether they have a conflict of interest pertaining to the meeting's agenda; they will declare such interests as soon as they are recognised, (preferably in writing) and have an on-going duty to consider whether a conflict of interest exists.

**12.5.3** If the conflict has been declared previously and a plan for management has been put in place by the Governing Body in accordance with section 10.1 above, this should be followed. If this is a new conflict of interest, this must be discussed with the Chair of the meeting who will determine if it represents a material conflict.

**12.5.4** Where a conflict is of such magnitude or will persist for such a significant period of time that in the view of the Chair in consultation with the Accountable Officer that it will materially impact on the ability of the affected member to carry out his duties effectively, then the affected member can be asked to either stand down from the Governing Body or other committee or to make arrangements to end the conflict of interest for example by resigning from another post.

### **13 Failure to comply with Conflicts of Interest requirements**

13.1 If an individual fails to comply with this policy and as set out in section 8 of the CCG Constitution, the individual will be subject to the CCG Disciplinary Policy. The matter, if considered appropriate, may also be referred to the Anti- Crime Specialist, for investigation, and may lead to criminal proceedings being commenced.

### **14 Appointment of the Governing Body**

14.1 As set out in Section 2 of Standing Orders to the CCG's Constitution and in accordance with government guidance on the issue, the CCG has agreed the principle that no individual member of the Governing Body should serve in an executive capacity in any provider organisation that provides or may wish to provide health related services within the scope of clinical commissioning. This does not include GMS or PMS organisations which are commissioned by the NHS England. This is to avoid potential substantial conflicts on the Governing Body which could risk making it unworkable.

### **15 Failure to Disclose / Declare**

15.1 The CCG is committed to the national Code of Conduct and Code of Accountability in the NHS (revised 2004) and as such takes the failure to disclose such information as required by this policy seriously. It is an offence under the Fraud Act 2006, for personnel to fail to disclose information to the CCG in order to make a gain for themselves or another or to cause a loss or expose the organisation to a loss. Therefore, where personnel have failed to disclose relevant and material information, the policy on Counter Fraud, Bribery and Corruption should be consulted and an appropriate referral made to the CCG's Anti-Crime Specialist, Lisa George on 07825 827024 or via email on [lisa.george@tiaa.co.uk](mailto:lisa.george@tiaa.co.uk) or [lisa.george4@nhs.uk](mailto:lisa.george4@nhs.uk).

### **16 Procurement**

#### **Providing Assurance: Transparent Commissioning**

16.1 The template attached at Appendix 1 sets out the factors that will provide assurance to the Governing Body and the Audit Committee – and other interested parties including local communities, the Health and Wellbeing Board and auditors – that services have been commissioned in a consistent and transparent way; that they meet local needs and priorities; and that a robust process has been followed.

16.2 The details of all contracts awarded following procurement will be published on appropriate websites (for example Contracts Finder, OJEU).

### **Managing Conflicts of Interest: Commissioning Services from GP Practices**

16.3 It is an essential feature of reforms that CCGs should be able to commission a range of community-based services, including primary care services, to improve quality and outcomes for patients. Where the provider for these services might be a GP practice, the CCG will demonstrate that those services:

16.3.1 clearly meet local health needs and have been planned appropriately;

16.3.2 go beyond the scope of the GP contract; and that

16.3.3 the appropriate procurement approach is used.

### **Procurement and Register of procurement decisions**

16.4 Any CCG staff or Governing Body members involved in procurement, their family, or if there is someone known to them that stands to benefit personally from awarding the contract, they should declare this immediately. They must declare and record on the Register of Staff Interests any monetary interest (or other relevant personal or professional material benefit) which may influence, (or may be construed by others to influence) their impartiality in the procurement decision making process. Relevant and material interests are defined by the Policy as:

16.4.1 Directorships, including non-executive directorships held in private companies or PLC's (with the exception of those of dormant companies);

16.4.2 Ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possible seeking to do business with the NHS;

16.4.3 Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;

16.4.4 A position of authority in a charity or voluntary organisation in the field of health and social care;

16.4.5 Any connection with a voluntary or other organisation for NHS services or commissioning NHS services;

16.4.6 To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the CCG, including but not limited to lenders or banks.

- 16.5 If staff have any doubt about the relevance or materiality of an interest, this should be discussed with the Associate Director of Corporate Affairs and ICS Development. In any instance where staff wilfully choose not to inform the Associate Director of Corporate Affairs and ICS Development and is later found to have benefitted personally from the award of a contract the Associate Director of Corporate Affairs and ICS Development will seek to follow the CCG disciplinary procedure and the matter may also be referred to the Anti-Crime Specialist for investigation.
- 16.6 The CCG will maintain a register of procurement decisions taken, including the details of the decision; who was involved in making the decision (e.g. governing body or committee members and others with decision-making responsibility); and a summary of any conflicts of interest in relation to the decision and how this was managed by the CCG. The register will form part of the CCG's annual accounts and will be signed off by external auditors.
- 16.7 The CCG recognises the importance of managing any conflicts or potential conflicts of interest that may arise in relation to procurement. The Procurement, Patient Choice and Competition Regulations 2013 place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. The regulations set out that commissioners' must manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict; and keep appropriate records of how they have managed any conflicts in individual cases.

## **17 Bribery Act 2010**

- 17.1 The CCG has a responsibility to ensure that all its employees including Members of the CCG, Governing Body and any committee members are made aware of their duties and responsibilities under the Bribery Act 2010. Under this act there are four offences:
- 17.1.1 Bribing or offering to bribe another person (section 1)
  - 17.1.2 Requesting, agreeing to receive, or accepting a bribe (section 2)
  - 17.1.3 Bribing, or offering to bribe a foreign public official (section 6)
  - 17.1.4 Failing to prevent bribery (section 7)
- 17.2 All the CCG's employees, including Members of the CCG, Governing Body members and any committee members should be aware of the Bribery Act 2010 and should refer to the sections below on acceptance of gifts and hospitality for further guidance.

## **18 Acceptance of Gifts**

**18.1** Under the Bribery Act 2010, it is an offence for personnel corruptly to accept any gifts or consideration as an inducement or reward for:

**18.1.1** doing, or refraining from doing, anything in their official capacity; or

**18.1.2** showing favour or disfavour to any person in their official capacity.

**18.2** Under the Bribery Act 2010, any money, gift, or consideration received by a person engaged in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

In cases of doubt personnel should decline the gift or hospitality or consult with the Associate Director of Corporate Affairs and ICS Development prior to accepting.

Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A gift means any item of cash or goods, or any service which is provided for personal benefit, free of charge, or at less than its commercial value.

### **18.3 Overarching principles**

- Gifts should not be accepted that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;
- Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Associate Director of Corporate Affairs and ICS Development and recorded on the register.

## **19 Gifts from suppliers or contractors**

**19.1** Gifts from suppliers or contractors doing business (or likely to do business) with the CCG should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry

standard of £6<sup>3</sup>). The person to whom the gifts were offered should also declare the offer to the Associate Director of Corporate Affairs and ICS Development so the offer which has been declined can be recorded on the register.

### **Gifts from other sources (e.g. patients, families, service users)**

- 19.2 CCG staff, Governing Body and committee members and individuals within GP member practices should not ask for any gifts.
- 19.3 Modest gifts under a value of £50 may be accepted and do not need to be declared.
- 19.4 Gifts valued at over £50 should be treated with caution and only be accepted by the Chief Finance Officer on behalf of the CCG and not in any personal capacity. These should be declared.
- 19.5 A common sense approach should be applied to valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 19.6 Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

## **20 Acceptance of Hospitality**

- 20.1** Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, CCG staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 20.2** Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.

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<sup>3</sup> The ABPI Code of Practice for the Pharmaceutical Industry.  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>.

### **20.3 Overarching principles**

- CCG staff, Governing Body or committee members, and Members of the CCG should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

### **20.4 Meals and Refreshments**

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 and £75<sup>4</sup> may be accepted and must be declared.
- Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given in writing by the Chief Finance Officer. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

### **20.5 Travel and Accommodation**

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the CCG itself might not usually offer, need approval by the Chief Finance Officer in writing and should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded the register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non-exhaustive list of examples that are not acceptable includes:

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<sup>4</sup> The ABPI Code of Practice for the Pharmaceutical Industry:  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Offers of business class or first-class travel and accommodation (including domestic travel); and
- Offers of foreign travel and accommodation.

19.6 Failure to disclose gifts or hospitality in line with the procedures set out above could lead to criminal, civil or disciplinary sanctions being applied as described in paragraph

## 21 Commercial Sponsorship

21.1. Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there should be proper safeguards in place to prevent conflicts occurring.

21.2 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the CCG and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- The CCG should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to their CCG.

21.3 Offers of sponsorship may be accepted only if:

21.3.1 they are reasonably justifiable and in accordance with the principles set out in this policy.

21.3.2 Permission must be obtained from the Chief Finance Officer in writing, in advance using the form attached at Appendix 2 and will be recorded in the Gifts & Hospitality Register. The Chief Finance Officer should obtain permission from the Chief Officer.

21.4 Acceptance of corporate sponsorship should not in any way compromise commissioning or procurement decisions of the CCG or be dependent upon the purchase or supply of goods or services.

21.5 All offers of commercial sponsorship whether accepted or declined must be declared and included in the CCG's Register of Interests.

21.6 For the avoidance of doubt the CCG will adhere to the principles set out in the Managing Public Money document issued by HM Treasury dated July 2013 or any future iterations of the document.

#### **21.7 Other forms of sponsorship**

Organisations external to the CCG or NHS may also sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There needs to be transparency and any conflicts of interest should be well managed. For further information see Managing Conflicts of Interest in the NHS: Guidance for staff and organisations.

## **22. Suppliers and Contractors**

22.1 All CCG staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply<sup>5</sup>.

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<sup>5</sup> Code of Ethics of the Chartered Institute of Purchase and Supply available at <https://www.cips.org/CIPS-for-Business/supply-assurance/Corporate-Ethical-Procurement-and-Supply/Corporate-Code-of-Ethics/>

- 22.2 All CCG staff must treat prospective contractors or suppliers of services to the CCG equally and in a non-discriminatory way and act in a transparent manner.
- 22.3 The CCG staff involved in the awarding of contracts and tender processes must take no part in the selection process if a personal interest or conflict of interest is known. Should such an interest become apparent, it must be declared using the CCG's Declaration of Interest Form as soon as possible. CCG staff should not at any time give undue advantage to any private businesses or other interests in the course of their duties.
- 22.4 The CCG has legal duties under the both European and UK procurement law and CCG staff must comply with the CCG's Procurement Strategy, Prime Financial Policies, and any relevant detailed financial policy in all contract opportunities.
- 22.5 CCG staff must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies they have official dealings with on behalf of the CCG. This does not apply to member benefit scheme schemes offered by the NHS or Trade Unions.
- 22.6 Every invitation to tender to a prospective bidder for CCG business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered.

## **23 Reporting/Raising Concerns and Breaches**

- 23.1 There may be occasions when interests have not been identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of deliberate actions. All CCG management, staff and members should speak up about any genuine concerns in relation to compliance this policy. Officers can raise these concerns directly with their own line manager or alternatively with the Head of Corporate Governance.
- 23.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with the relevant CCG policies and procedures.
- 23.3 The Head of Corporate Governance will take a report on breaches and responses to the Audit Committee and the Governing Body on an annual basis.
- 23.4 All staff must report any suspicions of fraud, bribery and corruption as soon as they become aware of them to the CCG's Counter Fraud Specialist (CFS), Lisa George to ensure that they are investigated appropriately and to maximise the chances of financial recovery. The CFS can be contacted on 07825 827024 or via email on [lisa.george@tiaa.co.uk](mailto:lisa.george@tiaa.co.uk) or [lisa.george4@nhs.uk](mailto:lisa.george4@nhs.uk). Alternatively staff can contact the NHS Fraud and Corruption

Reporting Line on 0800 028 40 60 or report the fraud online at

<https://cfa.nhs.uk/reportfraud>

23.5 Officers may wish to report concerns using the internal Freedom to Speak Up: Raising Concerns Policy.

## **24. Secondary Employment**

24.1 Employees, committee members, contractors and others engaged under contract with the CCG are required to obtain prior permission to engage in any employment or consultancy work in addition to their work with the CCG.

24.2 This is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG;
- Directorship of a GP federation; and
- Self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

24.3 The CCG reserves the right to refuse permission where it believes a conflict will arise and cannot be effectively managed.

## **25 Personal Conduct**

### **a. Lending or borrowing**

- i. The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- ii. It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

## **b. Gambling**

No member of staff may bet or gamble when on duty or on CCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

## **c. Trading on official premises**

Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

## **d. Collection of money**

Charitable collections must be authorised by Corporate Services. Other flag day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

## **e. Bankrupt or insolvent staff**

Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.

## **f. Arrest or conviction**

A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line management and Human Resources as the earliest opportunity.

## **26 References**

- a. Relevant policies and reference material that should be read in conjunction with this policy include:
  - The CCG's Constitution;

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, first published March 2013, updated June 2017;
- Conflicts of Interest in Primary Care: CAT A and B;
- NHS England, *Code of Conduct: Managing Conflicts of Interest where GP practices are potential providers of CCG-commissioned services*, first published June 2012;
- Policy on Fraud, Financial Irregularities and Corruption;
- Code of Conduct and Code of Accountability in the NHS (2004);
- Code of Conduct for NHS Managers 2002;
- Standards of Business Conduct for NHS Staff – HSG (93) 5 - Amended, in part, by the Bribery Act 2010;
- Code of Ethics of the Chartered Institute of Purchase and Supply;
- Standards for members of NHS boards and CCG Governing Bodies in England (2012)
- Managing Public Money issued by HM Treasury dated July 2013.

## Annex G: Procurement checklist

Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	

<b>10. Why have you chosen this procurement route e.g., single action tender?<sup>1</sup></b>	
<b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b>	
<b>12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</b>	
<b>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</b>	
<b>13. How have you determined a fair price for the service?</b>	
<b>Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers</b>	
<b>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</b>	
<b>Additional questions for proposed direct awards to GP providers</b>	
<b>15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</b>	
<b>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</b>	
<b>17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</b>	

<sup>1</sup> Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

<b>Name:</b>	<b>Address/Practice/Work base</b>
<b>CCG Role (e.g. Member of the CCG, Governing Body member, Committee Member)</b>	
<b>Contact Details (Email &amp; Telephone)</b>	
<b>Details of proposed sponsorship, including details of proposed sponsor</b>	
<b>Any other relevant information</b>	
<b>Applicant Signature:</b>	<b>Date:</b>
<b>Please circle</b>	
<b>CFO Signature:</b>	<b>Date:</b>

## **6.0 PRIME FINANCIAL POLICIES**

### **1. INTRODUCTION**

#### **1.1. General**

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's constitution.
- 1.1.2. The prime financial policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and chief finance officer to effectively perform their responsibilities. They should be used in conjunction with the detailed scheme of reservation and delegation found at section 4 of this document.
- 1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the chief finance officer, and ratified by the Audit Committee, known as *detailed financial policies*. The CCG refers to these prime and detailed financial policies together as the clinical commissioning CCG's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The chief finance officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website at [www.norfolkandwaveneyccg.nhs.uk](http://www.norfolkandwaveneyccg.nhs.uk). This information is also available upon request either by post or email or for inspection at our headquarters.
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the chief finance officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

#### **1.2. Overriding Prime Financial Policies**

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's audit committee for referring action or ratification. All of the CCG's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

### **1.3. Responsibilities and delegation**

- 1.3.1. The financial decisions delegated by members of the CCG are set out in the CCG's overarching scheme of reservation and delegation as set out in the Constitution, the detailed scheme of reservation and delegation in this handbook and the Standing Financial Instructions.

### **1.4. Contractors and their employees**

- 1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

### **1.5. Amendment of Prime Financial Policies**

- 1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the CCG's constitution, any amendment will not come into force until the CCG applies to the NHS England and that application is granted.

## **2. INTERNAL CONTROL**

**POLICY** – the CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

- 2.1. The Governing Body has established an Audit Committee with terms of reference agreed by the Governing Body - see the CCG's Constitution for more information.
- 2.2. The CCG Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:
- a) financial policies are considered for review and update annually;
  - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
  - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

### 3. AUDIT

**POLICY** – the CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

- 3.1. In line with the terms of reference for the Governing Body's audit committee, the person appointed by the CCG to be responsible for internal audit and the National Audit Office appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the Governing Body, Accountable Officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, the chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The chief finance officer will ensure that:
  - a) the CCG has a professional and technically competent internal audit function; and
  - b) the audit committee approves any changes to the provision or delivery of assurance services to the CCG.

### 4. FRAUD AND CORRUPTION

**POLICY** – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

- 4.1. The Governing Body's audit committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The Governing Body's audit committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

## 5. EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions<sup>6</sup> to ensure that its expenditure does not exceed the aggregate of allotments from the NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The chief finance officer will:
- a) provide reports in the form required by the NHS England;
  - b) ensure money drawn from the NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
  - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS England.

## 6. ALLOTMENTS<sup>7</sup>

- 6.1. The CCG's chief finance officer will:
- a) periodically review the basis and assumptions used by the NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
  - b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
  - c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

## 7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

**POLICY** – the CCG will produce and publish an annual commissioning plan<sup>8</sup> that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium-term financial plans and annual budgets

<sup>6</sup> See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

<sup>7</sup> See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

<sup>8</sup> See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

- 7.1. The Accountable Officer will compile and submit to the Governing Body for review and approval a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to the NHS England as requested.
- 7.5. The Governing Body will approve consultation arrangements for the CCG's commissioning plan<sup>9</sup>.

## 8. ANNUAL ACCOUNTS AND REPORTS

**POLICY** – the CCG will produce and submit to the NHS England accounts and reports in accordance with all statutory obligations<sup>10</sup>, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS England

- 8.1. The chief finance officer will ensure the CCG:
  - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors, confirming that the plan is in place at the audit committee;
  - b) prepares the accounts according to the timetable;
  - c) complies with statutory requirements and relevant directions for the publication of annual report;
  - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
  - e) publishes the external auditor's management letter on the CCG's website at [www.norfolkandwaveneyccg.nhs.uk](http://www.norfolkandwaveneyccg.nhs.uk). This information is also available upon request either by post or email or for inspection at our headquarters.

<sup>9</sup> See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

<sup>10</sup> See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

## 9. INFORMATION TECHNOLOGY

**POLICY** – the CCG will ensure the accuracy and security of the CCG's computerised financial data

9.1. The chief finance officer is responsible for the accuracy and security of the CCG's computerised financial data and shall

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.

9.2. In addition, the chief finance officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

## 10. ACCOUNTING SYSTEMS

**POLICY** – the CCG will run an accounting system that creates management and financial accounts

10.1. The chief finance officer will ensure:

- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS England;
- b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

- 10.2. Where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

## 11. BANK ACCOUNTS

**POLICY** – the CCG will keep enough liquidity to meet its current commitments

- 11.1. The chief finance officer will:
- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions<sup>11</sup>, best practice and represent best value for money;
  - b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
  - c) prepare detailed instructions on the operation of bank accounts.
- 11.2. The audit committee shall approve the banking arrangements.

## 12. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.

**POLICY** – the CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions<sup>12</sup>
- ensure its power to make grants and loans is used to discharge its functions effectively<sup>13</sup>

- 12.1. The Chief Financial Officer is responsible for:
- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
  - b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
  - c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

<sup>11</sup> See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

<sup>12</sup> See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

<sup>13</sup> See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

- d) for developing effective arrangements for making grants or loans.

### 13. TENDERING AND CONTRACTING PROCEDURE

**POLICY** – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
  - the supply of goods, materials and manufactured articles;
  - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
  - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

- 13.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the audit committee.
- 13.2. The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the CCG's standing orders;
  - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
  - c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (NHS Improvement) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

### 14. COMMISSIONING

**POLICY** – working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

- 14.1. The CCG will coordinate its work with the NHS England, other clinical commissioning CCGs, local providers of services, local authority, including

through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The chief finance officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

## 15. RISK MANAGEMENT AND INSURANCE

**POLICY** – the CCG will put arrangements in place for evaluation and management of its risks

- 15.1. The Governing Body will approve the Integrated Risk Management Framework and Strategy which sets out the approach to the CCG's management of corporate, clinical and financial risks.
- 15.2. The audit committee and Governing Body will review the Assurance Framework on a regular basis to provide strategic challenge and scrutiny of risk mitigation.

## 16. PAYROLL

**POLICY** – the CCG will put arrangements in place for an effective payroll service

- 16.1. The chief finance officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
  - b) has adequate internal controls and audit review processes;
  - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

## 17. NON-PAY EXPENDITURE

**POLICY** – the CCG will seek to obtain the best value for money goods and services received

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The chief finance officer will:
- a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the operational scheme of delegation;
  - b) be responsible for the prompt payment of all properly authorised accounts and claims;
  - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

**18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

**POLICY** – the CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG’s fixed assets

- 18.1. The Accountable Officer will
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
  - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
  - c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
  - d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 18.2. The chief finance officer will prepare detailed procedures for the disposals of assets.

## 19. RETENTION OF RECORDS

**POLICY** – the CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

19.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

## 20. TRUST FUNDS AND TRUSTEES

**POLICY** – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property on trust

20.1. The chief finance officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements in line with the requirement to be separately accountable to the Charity Commission for Charitable Funds held on trust and to the Secretary of State for all funds held on trust.

## 7.0

### NHS Norfolk and Waveney External Auditor Panel (EAP)

#### Terms of Reference

#### 1. Introduction

The EAP has been established to provide scrutiny and oversight of the CCG's appointment of an External Auditor.

#### 2. Membership

The External Auditor Panel shall comprise the following members:

Lay Member for Financial Management & Audit - Chair  
Lay Member for Financial Performance  
Lay Member for Patient and Public Involvement  
Chief Finance Officer (or nominated deputy)  
GP Health Care Professional

The Lay Member for Primary Care is a reserve member of the EA and will be invited to attend meetings in the event that one of the other Lay Members is not available.

#### 3. Chair

The Lay Member for Financial Management & Audit will be the Chair of the EAP. If the Chair is unable to attend a meeting another Lay Member present will Chair the meeting.

#### 4. Quorum

To be quorate, there must be a minimum of three members present with a majority of members present being independent. For the avoidance of doubt, independent members of the panel are the Lay Members.

#### 5. Authority

The EAP is authorised by the Governing Body to carry out the functions specified below and can seek any information it requires from any employees/ relevant third parties. All employees are directed to cooperate with any request made by the EAP.

The EAP is authorised by the Governing Body to obtain outside legal or other independent professional advice (for example, from procurement specialists) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such 'outside advice' must be obtained in line with the organisation's existing rules.

## 6. Functions of the EAP

- 6.1 The EAP's functions are to:
- 6.1.1 Advise the Governing Body on the selection and appointment of the external auditor. This includes:
- Agreeing and overseeing a robust process for selecting the external auditor in line with the organisation's normal procurement rules including the evaluation of bids.
  - Making a recommendation to the Governing Body as to who should be appointed.
  - Ensuring that any conflicts of interest are dealt with effectively.
- 6.2 Advise the Governing Body on the maintenance of an independent relationship with the appointed external auditor.
- 6.3 Advise (if asked) the Governing Body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable.
- 6.4 Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor.
- 6.5 Advise the Governing Body on any decision about the removal or resignation of the external auditor.

## 7. Decision Making

Generally, it is expected that EAP decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

**Eligibility** – Each member physically present at the meeting is entitled to one vote;

**Majority necessary to confirm a decision** – Each question put to the vote at a meeting shall be determined by a majority of votes of those members voting on the question;

**Casting vote** - In the case of an equal vote, the Chair will have a casting vote;

**Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the decision log of the meeting.

## 8. Frequency of meetings

The EAP shall consider the frequency and timing of meetings needed to allow it to discharge its responsibilities.

## 9. Attendance at Meetings

The EAP's Chair may invite executive directors, CCG officers and others to attend depending on the requirements of each meeting's agenda. These invitees are not members of the EAP.

## **10. Reporting**

The Chair of the External Auditor Panel must report to the Governing Body on how the panel discharges its responsibilities.

The Chair of the External Auditor Panel must draw to the attention of the Governing Body any issues that require disclosure to the full governing body or require executive action.

## **11. Conflicts of interest**

Conflicts of interests must be declared and recorded at the start of each meeting of the EAP.

A register of EAP members' interests must be maintained by the Head of Corporate Governance in accordance with the organisation's existing conflicts of interest policy.

If a conflict of interest arises, the Chair may require the affected EAP member to withdraw at the relevant discussion or voting point.

## **12. External Auditor Panel Working Group**

12.1 A working Group has been established to support the EAP. The Working Group consists of:

- Chief Finance Officer
- Associate Director for Contract and Procurement
- Associate Director for Financial Management
- Head of Corporate Governance

12.2 Duties for each role are as follows:

12.2.1 The Chief Finance Officer will chair working group meetings and oversee the project.

12.2.2 The Associate Director for Contract and Procurement will run the procurement process and provide input, advice and support to the EAP.

12.2.3 The Associate Director for Financial Management will prepare the external audit specification and provide input, advice and support in respect of financial requirements to the EAP, financial envelope and support the assessment for efficiencies in 2020-21.

12.2.4 The Head of Corporate Governance will project lead this work and provide input, advice and support from a governance perspective to the EAP. This will include:

- Agreement of agendas with the Chair;
- Preparation, collation and circulation of papers in good time;
- Ensuring that those invited to each meeting attend;
- Taking the minutes and helping the Chair to prepare reports to the Governing Body;
- Keeping a record of matters arising and issues to be carried forward;

**13. Conduct of the EAP**

The EAP shall conduct its business in accordance with national guidance and relevant codes of conduct and good governance practices, including the Nolan Principles, managing conflicts of interest and standards of business conduct policies.

**14. Removal/ resignation**

The EAP Chair and/ or members of the panel can be removed in line with termination of office as set out in the CCG's Constitution.

**15. Remuneration**

Payments to EAP members shall be in line with the CCG's existing approach to remuneration and allowances.

Date Agreed: .....24 November 2020.....