

**BOARD PAPER – NHS ENGLAND**

**Title:** Corporate Governance Framework

**Clearance:** Bill McCarthy, National Director: Policy

**Purpose of Paper:**

- To request the Board to adopt a refreshed corporate governance framework.

**Key Issues and Recommendations:**

Good governance is essential to underpin the activities of NHS England, and its hosted bodies, as it strives to make decisions in the best interest of patients. In order to establish the organisation on a sound legal footing the Board is asked to adopt a number of key governance and policy documents. These are detailed in the actions described below.

The Board is also asked to note that refreshed operational policies and procedures have been under development for the new organisation, and are being published following assurance either through committee discussion or by national Directors. These update and augment policies adopted by the Board in October 2012 and provide further details to support responsibilities taken on by the organisation from 1 April 2013.

**Actions Required by Board Members:**

To adopt the revised Corporate governance framework, incorporating:

- Standing Orders;
- Standing Financial Instructions;
- Reservation of Powers to the Board and Delegation of Powers;
- Standards of Business Conduct (adopted October 2012);
- Revised committee structure and terms of reference; and
- Policy assurance (“Policy on policies”).

## **Corporate Governance Framework**

### **Introduction**

1. Leading edge governance will be fundamental to ensure NHS England makes decisions in the best interests of the patients it serves, will help staff to understand their responsibilities and accountabilities, and is essential for patients and the public to be able to hold the organisation to account.
2. Since its formal establishment as an Executive Non-Departmental Public Body from 1 October 2012, the NHS Commissioning Board (NHS CB) was in a preparatory phase leading up to the taking on of its full range of responsibilities from 1 April 2013. At its February 2013 meeting, the Board received an update on work being undertaken to update the Corporate governance framework, ensuring it is suitable to support the on-going operation of the organisation once it took on its full range of statutory duties.
3. This paper presents the finalised corporate governance framework and supporting documents for adoption by the Board. As agreed by the Board in February, key components such as the Standing Orders, Standing Financial Instructions and Scheme of Delegation have been agreed under delegated authority, in order to ensure they were in place in advance of 1 April 2013.

### **The Harris review**

4. During the preparation of this refreshed Corporate governance framework, the DH published the report of the Independent review of the arrangements made by SHAs for the approval of registered medical practitioners and approved clinicians under the Mental Health Act 1983 ("The Harris review"). This highlighted technical irregularities in delegation arrangements in some SHAs, with delegations made that were not permitted by the statutory regime.
5. NHS England has reviewed all of the statutory duties and powers conferred upon the organisation by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and other associated legislative and regulatory amendments. It can confirm that it is clear about the legislative requirements associated with each of the statutory functions for which NHS England is responsible, including any restrictions on delegation of those functions. The scheme of delegation and powers reserved to the Board incorporated within the Corporate governance framework sets out the extent of these restrictions.
6. The enclosed framework, in particular the Reservation of powers to the Board and delegation of powers, has been developed with external legal support; it has been assessed in the light of the findings of the Harris review in order to ensure that the proposed delegations comply with the Board's statutory functions and duties.

## Corporate governance framework

7. At its meeting on October 2012, the Board adopted a corporate governance framework which included:
  - Schedule of matters reserved to the Board;
  - Scheme of delegation;
  - Terms of reference for a number of Board committees;
  - Standards of business conduct;
  - Standing orders;
  - Standing financial instructions; and
  - Risk management strategy.
8. Since the Board's discussion in February 2013, particular priority has been given to revising the Scheme of delegation and ensuring that Standing orders and Standing financial instructions are fit for purpose. Further work has also been undertaken on the Board committee structure and their associated terms of reference.

- a. Scheme of delegation

A revised Scheme of delegation ("Reservation of Powers to the Board and Delegation of Powers") has been prepared by the governance and finance teams with external legal support, input from non-executive directors and extensive involvement of the senior leadership team.

The scheme has been designed with colleagues from the Operations Directorate and hosted bodies (including CSUs) in order to ensure it provides a framework which will support their work and ensure clarity about decisions that can be taken, not only at different levels within the national support centre, but also across the whole organisation.

As described in February, the scheme has been prepared to ensure the organisation is as responsive as possible to patients' needs by providing for robust decisions to be made at as local a level as possible, and reserved centrally only when required.

The scheme that has been prepared describes the arrangements for delegated decision-making. Other aspects of the Corporate governance framework (notably the committee structure and associated terms of reference) provide the complementary clarity needed about the processes and structures in place to assure the Board that robust decisions have been made and the intended outcomes delivered.

The Board is asked to adopt this scheme, which was approved under delegated authority by a task and finish group before the organisation took on its full range of duties.

b. Standing financial instructions

Standing Financial Instructions (SFIs) have been refreshed to reflect the full range of powers, delegations and controls that NHS England is now subject to. As an Arm's Length Body of the DH, NHS England is subject to a range of spend controls required by the Cabinet Office and DH; these have been reflected in the scheme of financial delegations included as an appendix to the SFIs.

The Board is asked to adopt this scheme, which was approved under delegated authority by a task and finish group before the organisation took on its full range of duties.

c. Board committee structure and terms of reference

The Corporate governance framework includes the proposed high-level Board committee structure, which has been amended from that adopted in October 2012 to include:

- The Quality and clinical risk committee proposed and agreed at the February Board meeting;
- An over-arching Directly commissioned services committee and the Clinical priorities advisory group;
- Refocused arrangements for finance, with a Finance and investment committee and a Procurement controls committee;
- Clarity on the respective responsibilities of the Remuneration and terms of service committee and the Executive HR sub-committee, including ability for the former to delegate some functions to the latter.

This structure is intended to enable NHS England's Board to focus its energy on strategy development and delivery of priority outcomes to support patients' best interests.

The committees will support the Board by undertaking detailed developmental work on its behalf, providing clear recommendations for Board approval and adoption. They will also have an important role in ensuring the Board receives appropriate assurance that its agreed strategies and frameworks are being properly delivered.

The committees will not, however, be responsible for operational delivery of the organisation's responsibilities. This is delegated to the Chief Executive, who is supported in that task by the Executive team and

officers. In addition, given the scale of the Board's remit, an Operations executive has been established, chaired by the Chief Operating Officer and with membership including Regional Directors.

The Board is asked to agree to the proposed Board committee structure and to agree the terms of reference for the:

- Audit committee;
- Remuneration and terms of service committee;
- Executive HR sub committee;
- Commissioning support committee;
- Procurement controls committee.

Terms of reference for the Quality and clinical risk committee, Directly commissioned services committee and Finance and investment committee are under development and will be presented to the Board at its next meeting.

## **Policies**

9. At its 1 October 2012 meeting, the NHS CB adopted a range of policies related to HR, information governance, business continuity, freedom of information and health and safety. A full review of policies is under way to ensure these remain fit for purpose, as well as developing a more comprehensive suite of policies moving beyond those simply required as a legal minimum.

### Policy assurance

10. Policy assurance has been provided at committee and sub-committee level in some instances (for example policies related to HR and those related to primary care commissioning). All remaining policies other than those reserved for Board sign-off (those within this Corporate governance framework) are subject to National Director review and sign-off.

### Policy on policies

11. All policies will be published using a standard pro-forma which enacts the organisation's "policy on policies". This pro-forma is incorporated within the Corporate governance framework and is consistent with good practice such as that issued by the NHS Litigation Authority. As part of the assurance process, policies will therefore be expected to include:
  - The over-arching policy statement;
  - Scope (including who is covered by the policy);
  - Roles and responsibilities;

- Corporate level procedures;
- Distribution plans;
- Training plans;
- Arrangements for monitoring compliance;
- Compliance with Equalities duties;
- Associated documentation and references where applicable;
- Version control tracker;
- Document approval tracker (included during the drafting stage).

#### Current policy status

12. A summary of the current position related to policies is included in Annex 2 to this paper which highlights areas where:
- a) new policies have been completed for immediate adoption;
  - b) existing policies have been refreshed for immediate adoption;
  - c) existing policies will be refreshed for assurance and adoption over the first quarter;
  - d) new policies are under preparation for assurance and adoption by July 2013.

#### **Summary and recommendations**

13. The Board is invited to adopt the Corporate governance framework (Annex 1) and to note the work being undertaken to support the organisation through provision of a comprehensive and updated series of corporate policies and procedures (Annex 2).

**Bill McCarthy**  
**National Director: Policy**  
**April 2013**

**Corporate  
governance  
framework**



# Corporate Governance Framework

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Prepared by: Head of Governance and Board Secretary and  
Head of Assurance & Procurement

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<b>Information Reader Box</b>	
Directorate	Purpose
Medical	Tools
Nursing	Guidance
Patients & Information	Resources
Finance	Consultations
Operations	
Commissioning Development	
Policy	
Human Resources	
Publications Gateway Reference	xx
Document Purpose	NHS Commissioning Board Corporate Governance Framework
Document Name	Corporate Governance Framework
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## Document Status

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## Forward by Professor Malcolm Grant, Chair

The NHS in England is entering a wholly new era.

Parliament has transferred the responsibility for much of the future management of the NHS to NHS England. We will share responsibility with the Secretary of State for Health for promoting a comprehensive health service in England, tasked to achieve measurable improvements in healthcare as specified by the Government through an annually renewed Mandate. For the first time ever, the Government is specifying, through an open consultation process, the outcomes it seeks from the NHS over the coming years.

It is our duty to do everything in our power to achieve those outcomes.

We have to ensure real and sustainable improvements in health and care, putting patients at the heart of the system through a new approach to the commissioning of care. At a time of scarce resources and rising demand for healthcare, our obsession will be with securing the greatest value to patients. We have direct responsibility for commissioning primary care and specialist services, and we oversee, fund and work alongside the new Clinical Commissioning Groups in implementing a new clinically-led approach to commissioning all other services.

This creates a remarkable opportunity for a transformed approach to healthcare in England.

Our single-minded focus is on improving health outcomes for patients. We have established a brand new organisation and we are deeply conscious that it must be fit for purpose, and that it must be seen as fit for purpose. We are committed to openness and transparency in all our operations.

Our Corporate Governance Framework (the Framework) sets out the procedures by which NHS England will be governed and held to account for how we conduct our business, how we embed our commitment to openness and how we make ourselves accountable to the people and communities we serve.

**Professor Malcolm Grant, Chair**

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## 1 Introduction

- 1.1 Effective governance is the cornerstone of well-managed organisations, whether they are in the public, private or voluntary sector.
- 1.2 This Framework describes the arrangements intended to provide a foundation of excellent governance, enabling NHS England to lead profound changes in the way NHS services will be planned, delivered and experienced.
- 1.3 The Framework sets out the principles and methods that NHS England will adhere to in delivering its role and functions. It describes how the Board will operate, references matters reserved for Board decision, and other areas where the powers of the Board will be delegated within the organisation.
- 1.4 These arrangements will be reviewed annually to ensure they remain fit for purpose, enabling the organisation to do everything within its power to support the delivery of excellent NHS services.

## 2 Values, aims, principles, behaviours and accountability

- 2.1 In order to meet its high aspirations for openness and accountability, NHS England aims to be transparent about the decisions it makes and the way in which it operates. This section of the corporate governance framework sets out values, aims, principles, behaviours and accountability arrangements which, together, will have a major influence on the culture of an organisation which is committed to openness, as well as to the people and communities it serves.

The NHS Constitution lies at the heart of NHS England and everything we do. We are focussed on putting patients, clinicians and carers at the centre of decision-making in order to improve health outcomes and we will achieve this by being open, evidence-based and inclusive.

### 2.2 Aims

Through its governance arrangements the Board aims to:

- ensure it meets its statutory obligations;
- ensure effective stewardship of public funds;
- maximise the effectiveness of the organisation; and
- be a model of excellence in corporate governance by adopting the highest standards of business conduct.

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## 2.3 NHS Constitution Principles

2.3.1 NHS England will adhere to the principles that guide the NHS, as set out in the NHS Constitution:

- **The NHS provides a comprehensive service**, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population;
- **Access to NHS services is based on clinical need**, not on an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament;
- **The NHS aspires to the highest standards** of excellence and professionalism – in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs, and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population;
- **NHS services must reflect the needs and preferences of patients**, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment;
- **The NHS works across organisational boundaries** and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being;
- **The NHS is committed to providing best value** for taxpayers' money and the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves;
- **The NHS is accountable** to the public, communities and patients that it serves. The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which

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is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.

## 2.4 Nolan Principles

2.4.1 In addition, the Board and Officers of NHS England will observe the highest standards of probity in relation to the stewardship of public funds, the management of the organisation, and the conduct of its business.

2.4.2 NHS England will act as a role model to the clinical commissioning system and the NHS as a whole, adopting and maintaining excellent standards of propriety. In doing so, the Board and all Officers of NHS England will adhere to the seven Nolan principles underpinning public office:

- **Selflessness:** holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or other friends.
- **Integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
- **Objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness:** holders of public office should be as open as possible about all their decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** holders of public office should promote and support these principles by leadership and example.

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## 2.5 Behaviours

### 2.5.1 NHS England strives to leading by example

- **We prioritise patients in every decision we take:** Everything we do is directly connected to our purpose of improving outcomes – not a process, not an organisation, not a profession – but the people who are at the heart of all that we do.
- **We listen and learn:** We believe everybody has good ideas and has the right to be listened to carefully and thoughtfully. We respect and support each other, building trust and empowering one another and staff across the NHS, to achieve the highest standards.
- **We are evidence-based:** We listen to the people and communities we serve, we look at insight and evidence and we measure our outcomes, so that our decisions are objective and we understand their impact.
- **We are open and transparent:** We are accountable and we take individual and collective responsibility for our actions. We act with integrity and we are transparent about the decisions we make, the way we operate and the impact we have.
- **We are inclusive:** We work in partnership with patients, clinicians in the NHS, the public and our partners because we get the very best outcomes when we work together with common purpose.
- **We strive for improvement:** We believe we can always do better for patients and will challenge and seek challenge. We share ideas and knowledge and take risks because we believe in innovation and learn from our mistakes.

## 2.6 Accountability

2.6.1 NHS England is accountable to the Secretary of State for Health, through the Department of Health. Its objectives will be set by the Government through a “mandate” which must be updated each year, following consultation. NHS England will demonstrate its accountability to all its stakeholders by:

- The appointment of the Chief Executive as Accounting Officer;
- Publishing its annual business plan;
- Publishing information about its activities in accordance with its publication scheme;
- Publishing a Freedom of Information policy;
- Publishing a clear complaints process;
- External audit of its accounts by the National Audit Office; and,
- Laying its report and accounts annually before Parliament.

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2.6.2 NHS England is committed to openness and transparency in its work, in support of its accountability to patients and public. To that end, public meetings of the Board are held regularly, and members of the public are welcome to attend and observe these meetings. Dates, times and venues for public Board meetings are published on NHS England's internet site.

2.6.3 In addition to the publications noted above:

- Papers for public meetings are published in advance of the meeting on NHS England's internet site;
- The proceedings of public meetings are live-streamed and can be watched via the internet, as well as accessed after meetings have taken place; and
- The Board is committed to putting patients and the public at the heart of its decision-making, and is actively pursuing a range of tools and channels to support and strengthen its delivery of this commitment.

### **3 How the Board conducts its business**

3.1 NHS England aspires to have a leading-edge system of governance, learning from best practice elsewhere and enabling it to deliver the highest standards of conduct and accountability.

### **4 Board and organisational development**

4.1 The adoption of high quality governance documentation and structures will not by themselves be sufficient to achieve these aims. NHS England's Board believes strongly that fundamental to achieving the highest standards in its systems of governance will be the way it operates, its culture and behaviours; it has therefore put in place an on-going programme of Board and organisational development and is committed to undertaking regular reviews of Board and organisational performance to ensure that its aspirations are met.

### **5 Committees and Sub-committees**

5.1 The Board is determined to ensure it puts in place a committee and sub-committee structure that both enables the Board itself to spend a significant proportion of its time on strategic decision-making but also ensures proper assurance is obtained that decisions across the organisation have been made based on the correct information, in accordance with the reserved and delegated powers agreed by the Board, and resulting in the intended outcomes. It has therefore approved a Committee and Sub-committee structure designed to enable the Board to achieve both of these aims. The structure, illustrated overleaf, includes the following committees:

- Audit committee
- Remuneration and terms of service committee

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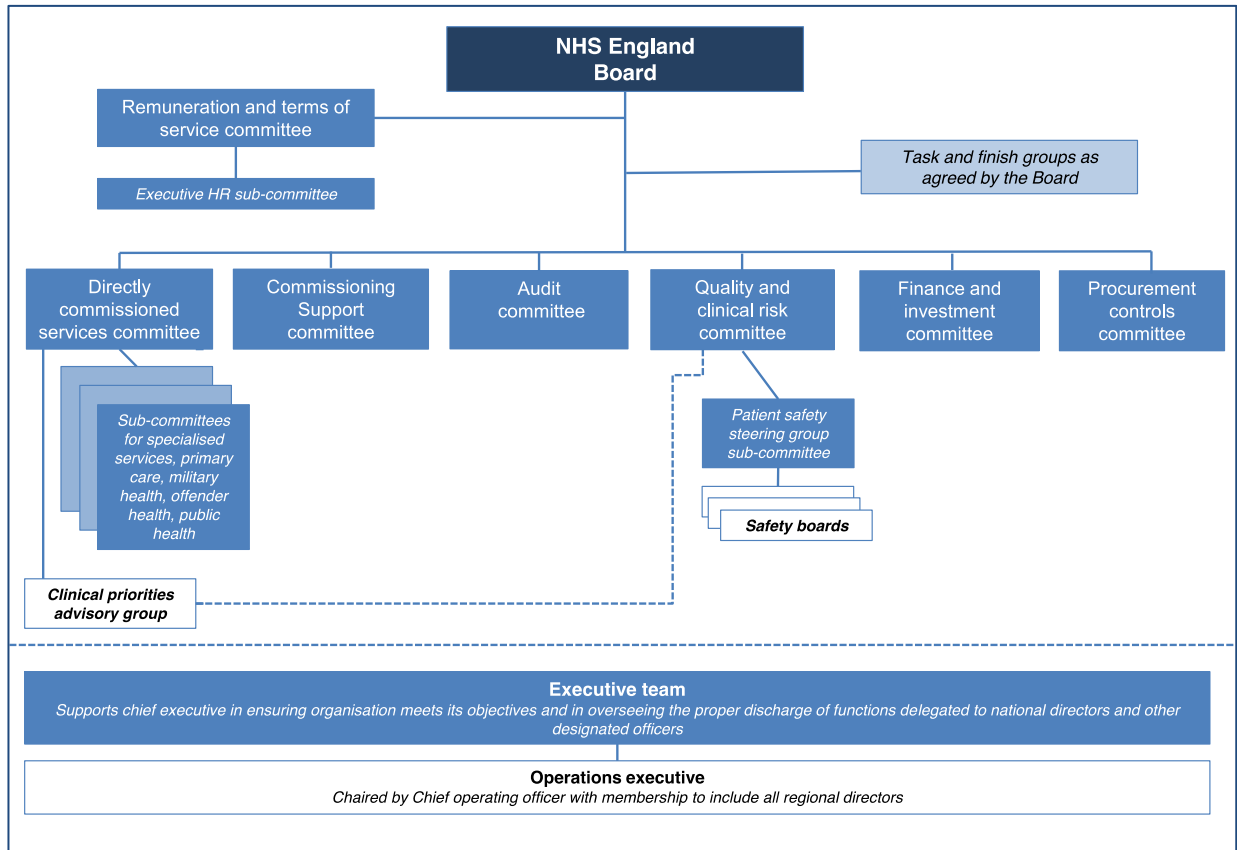
- Directly commissioned services committee
- Commissioning support committee
- Quality and clinical risk committee
- Finance and investment committee
- Procurement controls committee

5.2 A range of sub-committees have also been agreed, including a Clinical priorities advisory group, Sub-committees for each of the directly commissioned service areas, a Patient safety steering group and Safety boards.

5.3 From time to time, the Board may also agree to establish task and finish groups to lead in particular areas of its interest.

5.4 An Executive team of national directors supports the chief executive in ensuring the organisation meets its objectives and in overseeing the proper discharge of the functions delegated to the national directors and other designated officers. Oversight of the single operating model across England is further provided through an Operations executive chaired by the chief operating officer.

5.5 Full details of each Committee or Sub-committee’s role and responsibilities, as well as accountability arrangements, are detailed in their respective Terms of Reference.



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## 6 Distribution & Implementation

### 6.1 Distribution Plan

6.1.1 This document will be made available to all Officers via NHS England's internet site and a global notice will be sent to all Officers notifying them of the release of this document.

### 6.2 Training Plan

6.2.1 A training needs analysis will be undertaken with Officers affected by this document. Based on the findings of that analysis appropriate training and guidance will be provided to Officers as necessary.

## 7 Monitoring

### 7.1 Compliance

7.1.1 Compliance with this document will be monitored via an annual review and update for Board approval.

7.1.2 The National Director: Policy, in conjunction with the Board Secretary, is responsible for the monitoring, revision and updating of this document.

### 7.2 Equality Impact Assessment

7.2.1 This document forms part of NHS CB's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

7.2.2 As part of its development this document and its impact on equality has been analysed and no detriment identified.

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## 8 Associated Documentation

- 8.1 POL\_0001: Standing Orders
- 8.2 FIN\_0001: Standing Financial Instructions
- 8.3 POL\_0002: Reservation of Powers to the Board & Delegation of Powers
- 8.4 POL\_0004: Standards of Business Conduct
- 8.5 POL\_0100: Audit Committee Terms of Reference
- 8.6 POL\_0101: Remuneration & Terms of Service Committee Terms of Reference
- 8.7 POL\_0102: Trust & Charitable Funds Committee Terms of Reference
- 8.8 POL\_0103: Finance & Investment Committee Terms of Reference
- 8.9 POL\_0104: Quality & Clinical Risk Committee Terms of Reference
- 8.10 POL\_0105: Procurement Controls Committee Terms of Reference
- 8.11 POL\_0106 – Commissioning Support Committee Terms of Reference
- 8.12 POL\_0107 – Directly Commissioned Services Committee Terms of Reference
- 8.13 POL\_0200 – Executive HR Sub-committee Terms of Reference
- 8.14 POL\_0201 – Patient Safety Steering Group Sub-committee Terms of Reference
- 8.15 POL\_1001: Development & Approval of Policy & Procedure Documents: Policy & Corporate Procedures

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## Appendix 1      Version Control Tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
V01.00	01-10-2012	Board Secretary	Approved	National Director: Policy
V01.01	03-04-2013	Head of Assurance & Procurement	Draft	Annual Review
V01.02	04-04-2013	Head of Assurance & Procurement	Draft	Draft Updated for Comments
V01.03	04-04-2013	Head of Assurance & Procurement	Draft	Draft Updated for Comments
V02.00	04-04-2013	Board Secretary	For approval	Final draft for Board approval

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**NHS England**  
**Corporate policies update – April 2013**

**New policies available for immediate adoption**

***Corporate, Governance and HR:***

- Development and approval of policy procedure document policy
- Reservation of powers to the Board and delegation of powers
- Updated Internet guidance on complaints to NHS England (interim measure in lieu of fully assured new Complaints policy)
- Social media
- Recruitment and selection
- Secondment policy
- Poor weather arrangements
- Lease car
- Childcare voucher policy and procedure
- Flexible working
- Leave policy
- Annual season ticket loan policy and procedure
- Hot desk policy
- Records management
- Data protection
- Confidentiality
- Information sharing
- IT – Corporate information security policy (CIS)
  - Acceptable use guidance
  - Encryption guidance
  - Email guidance

***Primary Care***

- Performance management
- Managing Safety Alerts
- Individual performance concern policy and procedure

***Medical Policies***

- Contract management processes (GMS)
- Closed lists
- Application to close a branch practice, patient consultation/engagement and decision making process
- Managing contracting variation
- Conversion of PMS to GMS
- Managing Time limited contracts
- Management of death in service
- Policy on list cleansing
- Patient assignment
- Branch closure

- Tackling list inflation
- Managing disputes
- Managing alerts
- Managing branch closure

***Eye Health Policies***

- Approving the suitability of premises, equipment and record keeping facilities for mandatory general ophthalmic service contractors
- Managing new contract applications
- Contract management process
- Identification, management and support of primary care practitioners whose performance gives cause for concern (subject to passing of regulations)

***Pharmacy Policies***

- Managing contract variations
- Contract management
- Managing applications – rurality

***Dental Policies***

- Conversion PDS to GDS
- Incorporation (ending of contracts: transfer/partnership arrangements/ retirements)
- Contract variations
- Mid-year, end-year review

**Existing policies refreshed for immediate adoption**

- Standing orders
- Standing financial instructions
- Disciplinary
- Grievance
- Attendance
- Respect in the workplace
- Capability
- Partnership agreements (unchanged)
- CCG authorisation policies and agreements (unchanged)
- Health and Safety (with Disability Discrimination update requested by the Board)
- Information governance
- Freedom Of Information

**Existing policies currently being refreshed and scheduled for assurance and adoption between April and June 2013**

- Standards of business conduct
- Risk management strategy and policy
- Business continuity



## **Policies under development and scheduled for assurance and adoption between April to July 2013**

- Health and safety – new and updated
- Complaints policy / persistent complaints procedure
- Serious incident management
- Equality, respect and dignity at work policy (including employment of people with a disability) – (Mid April)
- Incident management
- Whistle blowing (Mid April)
- Accountability and assurance framework for children and adults (as soon as practicable)
- Enquiry management – PQ processing (as soon as practicable)
- Content approval / management (as soon as practicable)
- Expenses (Mid April)
- Property site security
- Procurement policy (end April 2013)
- Counter fraud (Mid April)
- Cash management (Mid April)
- Petty cash (Mid April)
- Salary under/over payments (Mid April)
- Salary sacrifice schemes (Mid April)
- Removal / relocation (July 2013)
- Supporting attendance at work (Mid April)
- Zero tolerance/violence in the workplace (June 2013)
- Appeals (May 2013)
- Apprenticeships/internship/work experience policy (May 2013)
- Employment break policy (May 2013)
- Exit questionnaire and procedure (June 2013)
- Employment break policy (May 2013)
- Job sharing (Mid April)
- Managing diversity and equalities in employment (Mid April)
- Maternity, paternity and adoption policy (Mid April)
- Organisational change policy (including protection arrangements) – (June 2013) – *\*Transition Policy in Place*
- Personal relationships at work (July 2013)
- Retirement policy (July 2013)
- Performance and capability policy and procedure (Mid April)
- Recognition and facilities agreement with Trade Unions (May 2013)
- Professional registration (June 2013)
- Staff involvement (May 2013)
- The use of agency/management consultants (June 2013)
- Volunteering policy (June 2013)
- Health and wellbeing (all by July 2013) – statements of intent currently drafted:
  - Positive management of stress in the workplace policy
  - Alcohol and substance misuse
  - Mental health in the workplace
  - Domestic violence