



# North East Essex Clinical Commissioning Group

## Governance Assurance Framework

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# 1. NORTH EAST ESSEX CLINICAL COMMISSIONING GROUP (NEE CCG) - OUR VISION AND VALUES

Our vision is “Embracing better health and wellbeing for all.” Even though we will focus on priority groups within North East Essex, everybody should be able to expect an improved level of health and wellbeing from the services we commission.

We want to work in partnership with public, patients and carers in North East Essex to help them have greater choice, control and responsibility for health and wellbeing services:-

- People will be encouraged and supported to look after their own health and social care needs
- Carers will receive the support they need.
- Patients, public and community groups will take up opportunities to be involved in planning and developing services
- Services will be centred around the patient and will be high quality, evidence-based, cost effective and sustainable
- People will receive seamless and joined up services across their health and social care needs

We are committed to commissioning services which are equitable, inclusive and sustainable.

The values that lie at the heart of the work of the CCG are:-

- **Integrity** – We will work in the spirit of public service, professionalism and selflessness to serve our local population
- **Inclusiveness** - Our commissioning will be driven by the health needs of the whole population. We will prioritise our commissioning towards work which delivers the greatest improvements in health and the best possible experience for all people throughout their care and treatment
- **Improvement** - Our communities require high-quality services. This means services which are safe, personalised and deliver good clinical outcomes. We will seek to continually improve quality wherever possible and to embrace innovation to achieve this
- **Patient-centred** – We will ensure that services respond to people as individuals, involving them in their individual care decisions and also in the planning of services

We are committed to delivering the pledges of the NHS Constitution and upholding its values.

## 2. INTRODUCTION

### 2.1 Why we need good governance

Over the past few years, a number of high profile events have resulted in an increased focus on quality and the way we do things; the Francis Inquiry and the Keogh Review findings have resulted in recommendations for improving earlier detection and faster response to poor performance and potential risks to quality and safety. The reports also stressed the importance of listening to and heeding the patient voice.

**NEE CCG is a statutory organisation and as such must discharge the following duties:**

- To demonstrate value for money and adhere to procurement regulations
- To adhere to equality legislation
- To stay within set revenue and capital resource limits set for the financial year and break even each financial year

#### **The importance of good governance**

Good governance is important:

**To patients** – because they depend on the quality of judgements that NEE CCG take

**To the public** – as it will give them confidence that the best decisions are being taken for the right reasons, that the quality of healthcare services is protected and that public money is being spent wisely

**To clinicians** – because it supports them to make the best possible decisions, reduces the likelihood of things going wrong and protects them in the event that things do go wrong

**The core components of good governance are:**

- **Corporate Governance**  
Is the principal mechanism through which the NEE CCG will bring together all the requirements of how we need to work and will provide the governing body with assurance that we are meeting all of our obligations and managing risk appropriately. It provides a system for overseeing all the elements of the integrated governance framework and ensures the CCG discharges all of its statutory and accountability requirements in a co-ordinated way
- **Clinical Governance**

Is the statutory duty to secure continuous improvement in the quality and outcomes of the services the NEE CCG commissions and safeguarding high standards of care. Effective governance will create an environment in which excellence in clinical care and care quality will flourish

- **Financial Governance**

Is the day-to-day financial control of the organisation and the effective stewardship of public funds required for the delivery of high quality healthcare services

- **Information Governance**

Supports the provision of high quality care through the effective and appropriate use of information. It provides a set of rules with which the NEE CCG must comply in order to maintain comprehensive and accurate records and includes keeping those records confidential and secure

- **Research Governance**

Research and development is a core function of the NHS and leads to benefits for health, public health and the national economy. The DH expects NHS organisations who are considering giving permission for research to take place to manage any significant risks to patients, users and all relevant stakeholders

### **3. THE NEE CCG GOVERNANCE ASSURANCE FRAMEWORK**

The NEE CCG Governance Assurance Framework defines arrangements intended to provide a foundation of excellent governance to enable NEE CCG to lead changes in the way NHS services are planned, delivered and experienced.

The Framework sets out the principles and methods NEE CCG will adhere to in delivering its roles and functions. It also sets out the procedures by which the Board will operate, be governed and held to account on how we conduct our business. The Framework describes how we embed our commitment to openness and how we make ourselves accountable to the people and communities we serve.

The function of good governance is to ensure that an organisation fulfils its overall purpose, achieves its intended outcomes and operates in an effective, efficient and ethical manner.

The underlying principles of all good governance are:

- Accountability
- Transparency

- Probity
- Focus on the sustainable success of an entity over the longer term

Some of the most notable governance and organisational failures can be linked to a failure to adopt these principles – for example at Mid Staffordshire NHS Foundation Trust a lack of accountability and transparency led to a failure of care to their patients, a culture of tolerance to poor standards and has consequently undermined public trust.

These core principles represent the ‘spirit’ of good governance. While codes of governance can set out good practice in critical areas, the lessons from those organisation that have failed is that following the spirit of the guidance is just as important.

Within the NEE CCG Constitution it states in clause 3.4 that the group will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

- a. The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the clinical commissioning group and the conduct of its business
- b. The good governance standards for public services
- c. The seven key principles of the NHS Constitution
- d. The standards of behaviour published by the Committee of Standards in Public Life (1995) known as the ‘Nolan Principles’
- e. The Equality Act 2010

#### **4. Accountability**

The CCG has stated in its Constitution that it will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board (NHS England) in a number of ways including:

- Publishing its constitution, standing orders and standing financial instructions
- Appointing independent lay members and non GP clinicians to its governing body
- Holding meetings of its governing body in public
- Complying with local authority health overview and scrutiny committee requirements
- Publishing an annual report, annual accounts, annual commissioning plan and holding the annual general meeting in public

- Having a published and clear complaints process which complies with the NHS Complaints Regulations
- Comply with the Freedom of Information Act 2000
- Providing information to the NHS Commissioning Board as required
- Publishing its principal commissioning and operational policies
- Tasking the governing body to have an on-going role in reviewing the Group's governance arrangements to ensure that it continues to reflect the principles of good governance.

The CCG is held to account in a variety of ways, both formally and informally.

The primary, formal line of accountability is to the NHS Commissioning Board (NHS England). NHS England has recently published the CCG Assurance Framework for 2015/16. The revised assurance framework recognises that assurance is a continuous process that considers the breadth of a CCG's responsibilities. It will consist of the following components:

- **Well-led organisation:** this will assess the extent to which a CCG:
  - has strong and robust leadership;
  - has robust governance arrangements;
  - involves and engages patients and the public actively;
  - works in partnership with others, including other CCGs;
  - secures the range of skills and capabilities it requires to deliver all of its commissioning functions, using support functions effectively, and getting the best value for money; and
  - has effective systems in place to ensure compliance with its statutory functions.

As a public body the CCG will be accountable to our local population and community.

There is a strategic alignment with the Essex Health and Wellbeing Board.

There is mutual accountability between the CCG governing body and our member practices. This arrangement is detailed in the Memorandum of Agreement (set out in the Constitution, Appendix 9).

There is a commissioning relationship between the CCG and the North East London Commissioning Support Unit (NEL CSU). This arrangement is detailed in the Service Level Agreement.

Board to Board meetings will take place with key partners in the wider health system, for example, with North Essex Partnership Foundation Trust (NEPFT), to scrutinise on-going work and to build strong relationships.

## 5. Transparency

North East Essex CCG has made a commitment through its Constitution to promote an open and transparent approach.

All communications issued by the group, including the commissioning plan, annual report, notices of procurements, public consultations, reports, governing body meeting dates, times, venues and papers are published on the NEE CCG website: [www.neessexccg.nhs.uk](http://www.neessexccg.nhs.uk)

The terms of reference of the CCG board and sub-committees have been published and are appendices to the NHS Constitution.

As part of the Constitution the CCG has published their:

- Standing Orders – which sets out the arrangements for meeting, the appointment processes to elect the group’s representatives and appoint to the group’s committees, including governing body
- Scheme of Reservation and Delegation – which sets out those decisions that are reserved for the membership as a whole and those decisions that are responsibilities of the governing body, its committees and sub-committees, individual members and employees
- Standing Financial Instructions – which sets out the arrangement for managing the group’s financial affairs

Meetings of the governing body will be held in public and will meet at least 6 times per year. Every board member will be given at least 14 days’ notice to attend.

Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times be fully conversant and aware of the Constitution and the group’s policies on Business Conduct, Conflicts of Interest, Hospitality, Sponsorship, and Standards of Business Conduct for NHS managers’ guidance. They should act in good faith and in the interests of the group and should follow the Seven Principles of Public Life (Nolan Principles).

As stated in the Constitution the group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. Procurement guidance and legislation calls for all commissioning organisations to procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers. All employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) are expected to

comply with the Constitution and the group's policies on Procurement and Competition Disputes.

## 6. Probity

Probity is the principle of having strong moral standards and leadership based on honesty and decency. It is the responsibility of the NEE CCG Governing Body to make sure that probity is maintained. The Standards of Business Conduct Policy has been approved and adopted by the NEE Governing Body which clearly states the group's values and standards of conduct for all members of staff, members, committee and sub-committee members of the group and members of the governing body (and its committees).

The Nolan Principles have been adopted by the NEE CCG has part of its Constitution and have clearly stated that the group will work within the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles':

### Nolan Principles

- **Selflessness** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends
- **Integrity** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to 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 the 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. The CCG Governing Body and its committees have all adopted the key principles of:

- Clinical Commissioning must be focused on individual needs and promote the health and wellbeing of communities, as well as addressing health inequalities
- Clinical Commissioning must work in the spirit of public service, professionalism and selflessness to serve our local population
- Clinical Commissioning should be driven by the health needs of the population, prioritising our commissioning towards work which delivers the greatest improvements in health and the best possible experience for all
- Clinical Commissioning will seek to continually improve quality wherever possible and to embrace innovation to achieve this, within available resources and ensuring value for money
- Clinical Commissioning must be drivers of strong clinical leadership and enablers of clinical empowerment

In conclusion, good governance flows from a shared approach or culture as well as systems and structures. It cannot be reduced to a set of rules or achieved by compliance with a set of requirements. The spirit and ethos of good governance must be expressed as values and demonstrated as behaviours.

## **7. GOVERNANCE ARRANGEMENTS WITHIN NEE CCG**

### **7.1 The NEE CCG Constitution**

The Constitution has been developed in partnership with member practices, the LMC, CCG staff and members of the governing body. The document sets out, as required by the Health and Social Care Bill 2012:

- The name of the CCG, members and area covered
- Mission, values and aims
- Functions, general duties and engagement
- Membership
- Roles and responsibilities
- Schemes of delegation, standing orders, scheme of reservation and delegation and standing financial instructions
- Standards of Business Conduct and managing conflicts
- Decision making
- Accountability and rules of engagement
- Terms of reference for the governing body and its sub-committees

In the development of the Constitution the CCG has had to take into consideration their role both as a membership organisation accountable to their GP practices with

the role of being a statutory body, accountable to the National Commissioning Board (NHS England). A statutory organisation is an organisation created by statute. Once established a statutory organisation can only be disbanded by statute, though legislation can provide for the dissolution and merger of individual statutory organisations.

Part 4 of the NEE CCG Constitution states the functions and general duties of the CCG. In summary these are:

- To commission certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
  - All people registered with a member practice and
  - People who are resident in the area and are not registered with a member of any clinical commissioning group
- Commissioning emergency care for anyone present in the group's area
- Determining the remuneration and travelling or other allowances of members of its governing body
- Paying its employees remuneration, fees and allowances
- To promote a comprehensive health service
- To meet the public sector equity duty
- To work in partnership with local authorities
- To make arrangements to secure public involvement
- Promote awareness of and act with regard to the NHS Constitution
- Work in an effective, efficient and economical way
- Act with a view to securing continuous improvement to the quality of services
- Improve the quality of primary medical services and specialised care
- Reduce inequalities
- Promote involvement of patients, carers and their representatives
- Enable patients to make choices
- Promote partnership working
- Promote innovation
- Promote research and use of research
- Promote education and training
- Promote integration
- Stay within set revenue and capital resource limits set for the financial year

## **7.2 Accountability**

The CCG will demonstrate its accountability to members, local people, stakeholders and the NHS Commissioning Board and will:

- Publish an Annual Report, Annual Accounts, Publish the Annual Commissioning Plan

- Publish the Constitution, Standing Orders, Standing Financial Instructions
- Publish its Complaints process in compliance with NHS Complaints Regulations
- Comply with the Freedom of Information Act 2000
- Will appoint independent lay members and non GP clinicians to its governing body
- Hold meetings of its governing body in public
- Comply with the Local Authority(s) Health Overview and Scrutiny Committee requirements

## **8. THE DELIVERY OF GOOD GOVERNANCE ASSURANCE WITHIN NORTH EAST ESSEX CCG**

### **8.1 CORPORATE GOVERNANCE**

#### **8.1.1 The Governing Body**

The purpose of the governing body (Board) is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands and that public money is being spent in a way that is fair, efficient, effective and economic.

The governing body sets the priorities and expectations for the organisation. Specifically, the governing body clarifies the strategic direction, quality priorities, vision and values for the organisation and defines how performance against these key areas will be measured and monitored.

The governing body ensures that high quality care is being delivered and risks to quality are being effectively managed through robust governance assurance and escalation. By focusing on quality, and bringing knowledge and skills to challenge the organisation, the Board will foster and embed a sustainable quality culture that is open, accountable and compassionate and puts patients first.

The CCG must have a governing body that is compliant with the Health and Social Care Act 2012.

The governing body must:

- Identify and address risks to NEE CCG quality objectives through regular review of high quality performance reporting , the Board Assurance

Framework and the Risk Register, underpinned by a robust Risk Management Framework

- Assure decisions, actions and activities are defensible and within the agreed scheme of delegation
- Fully engage with all stakeholders and frontline staff to encourage their ownership and active involvement in the delivery of the organisation's priorities

The NEE CCG Constitution sets out:

- The governing body membership
- The roles and responsibilities of the governing body members including the Chair, Accountable Officer, Chief Finance Officer, GP members, lay members, secondary care specialist and registered nurse.
- Roles and responsibilities of the governing body
- The terms of reference of the CCG governing body
- The terms of reference of all sub-committees of the governing body
- The governance structure of the CCG

### **8.1.2 The Operation of the Governing Body**

The Board meet bi-monthly. Board meetings are held in two parts; Part 1 is open to the public, Part 2 is closed to the public.

Interim meetings will be called as necessary. An Annual General meeting where possible will be held in public prior to the 30 September each year.

Board papers are issued to members seven days prior to meeting. Board papers for public meetings are published in advance on the NEE CCG website.

### **8.1.3 The Governing Body Decision Making Process**

Part 7 of the NEE CCG Constitution details the decision making process within the CCG.

The governing body will need to take into account competing priorities and potential conflicts of interests while making decisions.

It is recognised by NEE CCG that high quality decision making is one of the most important acts for the CCG governing body.

The governing body will need to consider options and consequences. In order to do this efficiently and effectively the board will go through a process of constructive challenge, where ideas, beliefs, facts and recommendations will be tested in order to

verify, confirm or overturn as appropriate, and partial views are tempered by considering alternatives.

A Decision Making Framework is operational and used by the governing body to ensure consistency of decision making across the organisation.

To ensure the governing body is continuously effective the NEE CCG will:

- Undertake a formal, rigorous independent Annual Board Evaluation to evaluate effectiveness. The evaluation will also include perspectives from both internal and external stakeholders
- Facilitate regular Board Development Sessions which are aligned to the outcomes of the annual Board evaluation and will include time for informal debate and relationship building between members
- Facilitate individual Board Member Appraisals to evaluate contribution and performance
- Facilitate regular assessments of the balance of the Board's collective skills, knowledge and experience and challenge composition if necessary
- Develop a clear Board succession planning process to ensure continuity and retention of organisational memory and knowledge
- Facilitate an induction programme with each governing body member prior to sitting on the Board
- Provide the Board with a Forward Planner for Agenda items – to ensure board meetings cover key annual events (e.g. contract negotiations, regulatory returns) and allow critical decision making
- Provide a decision tracking system to record decisions taken by the Board, Committees and partnership boards
- Update the Register of Interest which can be easily accessed by the public
- Quality assure board papers prior to issue

#### **8.1.4 Governing Body and Staff Training & Development**

The Keogh Review identified a number of challenges for commissioning organisations. To ensure that CCG Board and staff have the skills required for proactively monitoring quality of patient care, and is able to respond rapidly and fulfil these challenges, NEE CCG will procure a Training and Development programme for the governing body and management team. The programme will be delivered via the Public Sector Commissioning Academy, Warwick Business School and other internal and external sources.

Scope of training will include:

- Diagnostic evaluation of CCG current capabilities and processes, compared to best practice
- A programme to meet identified needs of the governing body and management team
- Design and on-going support for Board, staff and members of the public involved in the quality assurance process
- The development and implementation of monitoring tools and systems to assure the CCG Board that changes are meeting with public approval and increasing confidence in the safety and responsiveness of the local health system

The Board will also be required to conduct a quarterly review of the Governance Check List (Appendix 1) together with a periodic review of the NEE CCG Board Challenges & Prompts (Appendix 2). The aim of which is to provide assurance that the Board are:

- Progressing
- Are effectively delivering their duties
- Remain focussed on delivering the organisations priorities
- Are instilling the values of the organisation

### **8.1.5 Committees of the Governing Body (Board)**

If the governing body is to work effectively in their strategic role and focus on strategic issues, some more detailed matters will be carried out by committees and will be reported to the Board.

All committees of the Board are required to be quorate and are minuted.

The following Committees have been established by the group:

- Governing Body (the Board)
  - Meet bi-monthly. Interim meetings called as necessary
- Audit Committee
  - Meet quarterly and report to the Board
- Joint Commissioning Board
- Remuneration Committee
  - Meet as and when required. Report to the Board
- Quality Committee
  - Meet Bi-monthly and report to the Board
  -
- Finance and Performance Committee
  - Meet monthly and report to the Board
- Transformation and Delivery Committee

- Meet monthly and report to the Board
- Operational Executive Committee
  - Meet weekly and report to the Board

The establishment of the Strategic Commissioning Committee was approved at the November 2015 Board. This Committee will meet monthly and report to the Board.

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Within the NEE CCG Constitution the function, composition and Chair of each committee is detailed with Terms of Reference for each group in Appendix 4.

## **9. The Monitoring & Management of Risks to Quality**

An effective risk management system will enable the Governing Body to assure itself that the Group is operating within the law and in accordance with its statutory duties.

The governing body must assure itself that internal controls are in place and operating effectively and will be aware of and assess and manage, potential risks to the organisation (corporate and financial) and patient clinical quality. The governing body will also consider and plan for both medium and long term strategic risk.

. The Risk Register is reviewed on a monthly basis by the Operational Executive Team and by the Quality and Audit Committees, with any actions assigned to relevant executive lead as appropriate. Red risks are presented to the Board on a bi-monthly basis.

The Quality Committee will remain as the principal reporting body to the Board on risk management. The Audit Committee provides quarterly assurance to the Board that the CCGs risk management systems conform to the appropriate performance indicators and that progress in compliance is being made.

NEE CCG will direct:

- Management of an up-to-date Risk Register
- Clear ownership of risks and escalation process
- Recording of all risks and incidents
- Appropriate and consistent validation of risks
- Learning from incidents
- Triangulation of complaints, incidents and claims
- The accurate reflection of known top risks to the organisation through the NEE CCG Board Assurance Framework
- There is sufficient resource within the organisation to fully scrutinise its providers

- The Risk Management Policy is up-to-date and regularly reviewed

## **10. Performance Reporting, Analysis & Management**

Good quality information and analysis is the foundation of good decision making at Board level. NEE CCG Board will ensure that members of the governing body:

- Are able and willing to challenge information presented to the Board and not take it at face value
- Ensure that there are robust processes to keep members briefed of the impact to the organisation of external policy decisions and the external context, within which they must operate
- Ensure that lay members are informed regarding the current situation
- Information presented to the Board is correct and up to date, triangulated effectively to identify risk areas for further challenge and investigation
- Receive cultural information, not just technical information, to enable full assessment of provider performance

NEE CCG will direct that information will be:

- Clearly and simply presented including graphic overviews and brief commentary
- Forward looking, presenting trends in performance
- Accurate, valid, reliable, timely, relevant and complete
- Clear links between reports presented and the overall strategic objectives
- Direct the governing body's attention to significant risks, issues, and exceptions
- All performance data is subject to regular quality audits and the outcomes documented

Each Governing Board meeting will receive the following reports:

- Quality report including the Quality Committee reports and summary of the minutes
- Performance report including the report and summary of the minutes from Finance and Performance Committee
- Finance Report including a QIPP Report
- Governance report including risk register, audit committee report and minutes and Assurance Framework review
- Safeguarding adults and safeguarding children report
- Minutes of Transformation and Delivery Committee
- Commissioning Support Performance Report
- Health Forum Committee report and minutes
- Health & Wellbeing Board report & minutes

- Update on implementation of Integrated Plan
- Integrated commissioning report
- Better Care Fund (BCF) report

Board members have a key role to play in actively shaping and designing the sort of intelligence they wish to receive and will regularly evaluate its value and effectiveness.

Too much or too little information can be a significant risk to a Board functioning effectively. NEE CCG will regularly review the usefulness and level of information provided to ensure the Board is not overwhelmed or overloaded and can operate at an optimum level.

### **10.1 Performance Management**

NEE CCG has developed and adopted a Performance Management Process Framework which clearly sets out how the organisation will evaluate critical areas of internal and external performance to drive performance improvements in clinical outcomes and organisational processes and enable the CCG to:

- Monitor, measure and track performance against strategic objectives and benchmarks
- Obtain improved and timely insight into issues and risks to identify and rapidly correct them
- Consolidate information across functions (for example; patients, clinical, operational, human resource and finance) to gain a better view of provider and organisational performance
- Provide business managers, heads of service and the governing body with the tools and information required to make better decisions and design improved patient services
- Inform provider contract penalty imposition and contract renegotiation
- Gain an accurate and up-to-the-minute view of revenue and costs
- Allow pro-active planning and forecasting

## **11. Reporting Processes**

Clearly defined and well understood processes for escalating and resolving issues and managing quality performance within the organisation are vital.

The Board has given delegated authority via the Standing Orders that the reporting process is through the Audit Committee, the Finance & Performance Committee and the Quality Committee. All Committees of the Board report to the Board on a bi-monthly basis.

The NEE CCG Risk Register which combines the Assurance Framework is reviewed bi-monthly by the Operational Executive Committee and reviewed on a quarterly basis by the Audit Committee and the review outcome is presented bi-monthly to the Board.

NEE CCG will direct that:

- All staff are fully conversant with the reporting processes set out in the Risk Management Policy
- Escalation processes are understood, governed and documented
- Action plans are supported by ownership, delivery and follow-up
- Action plans are centrally monitored to determine and validate outcomes
- Learning is shared and implemented
- There are impactful internal audit processes in relation to quality governance
- There are effective performance management systems embedded in all provider contracts and service level agreements
- Training for staff to enable facilitation of the reporting processes
- There is a clear Whistle Blowing Policy

## **12. CLINICAL GOVERNANCE**

### **12.1 Clinical Quality Performance & Monitoring**

NEE CCG will ensure that it has effective and robust provider performance management systems in place contractually and will fully utilise contractual levers, set out in the standard NHS Contract and local service level agreements, to drive quality improvements and to ensure that providers are developing and sustaining organisational cultures which put patients first.

NEE CCG will place particular importance on listening to patients and service users to prevent the occurrence of failures and safeguarding issues.

Monitoring is carried out by the Quality Committee monthly and reported to the Board bi-monthly. Clinical Quality Review Groups meet monthly with key providers to review performance and to assure clinical quality. Resulting trend analysis and issue log is reported to the Quality Committee.

Serious Incident reporting and management is reviewed bi-monthly by the Serious Incident Never Event Panel (SINE) and outcomes reported via a standing item on the weekly Quality Collaborative meeting agenda.

Key patient safety review elements are:

- Patient Safety which include Serious Incident Reporting

- Healthcare Associated Infections
- Vulnerable Adult & Children Safeguarding
- Incident Reporting
- Response to Alerts issued by the National Patient Safety Agency (NPSA) and the Central Alerting system (CAS)

Key clinical effectiveness review elements are:

- NICE compliance
- Clinical audit
- Quality inspections
- Mortality reviews
- Training & workforce levels

NEE CCG will direct that:

- All quality data submitted by providers to the CCG is presented in the same format to avoid inconsistency and to allow the CCG to evaluate and monitor whole economy performance, not just individual provider performance
- There is sufficient resource and capacity within the organisation at all times to fully scrutinise provider clinical quality
- Regular clinical quality walkabouts take place (announced and unannounced) facilitated by clinical quality leads at key provider premises and any identified issues logged and action plans raised and escalated accordingly. GP members will be required to participate in the walkabouts
- GP Practice can report patient concerns regarding provider quality, safety and performance directly to the Clinical Quality team through a formal service notification process

### **13. PATIENT EXPERIENCE & PATIENT & PUBLIC ENGAGEMENT**

Recent high profile service failures have highlighted a lack of board level focus on what patients were saying about their experiences of care.

The National Advisory Group's recently published Berwick Review; 'A promise to learn – a commitment to act: Improving the Safety of Patients in England' states that:

***The patient voice should be heard and heeded at all times***

*'Patient involvement means more than simply engaging people in a discussion about services. Involvement means having the patient voice heard at every level of the service, even when that voice is a whisper. Evidence shows that patient safety improves when patients are more involved in their care and have more control.'*

*Patient involvement is crucial to the delivery of appropriate, meaningful and safe healthcare and is essential at every stage of the care cycle: at the front line, at the interface between patient and clinician; at the organisational level; at the community level; and at the national level. The patient voice should also be heard during the commissioning of healthcare, during the training of healthcare personnel, and in the regulation of healthcare services'.*

Feedback from patients can provide factual elements, which are useful in comparing what people say they experienced, against what an agreed care pathway or quality standard says should happen. Feedback can also provide an opinion element which relates how patients feel about their experience which helps to corroborate (or otherwise) other quality measures.

NEE CCG will put patients and their experience centre stage; ensuring mechanisms are in place for the systematic collection and analysis of patient feedback (including soft information) regarding the health services they use. NEE CCG will also collate and report patient complaints, concerns, comments and compliments.

Patient views are collected and reported regularly from the following and are centrally collated by the PALS team and held in the DATIX system which is updated daily:

- Member Practices Patient Participation Groups
- Patient Engagement Forums
- Local Engagement Forums
- Monthly Health Forum Committee (HFC) Meetings
- Patient Participation Events
- Patient survey results
- Social Media (Twitter, Facebook)
- Online Information (Patient Opinion, NHS Choices & Patient Voice Website)
- Monthly walkabouts (unannounced and announced) at key provider premises to gauge patient views and generate action reports
- Daily Media reports
- Patient complaints and comments via the CCG Complaints & PALS teams
- GP Practice patient concerns and feedback director to the Clinical Quality Team via dedicated email inbox
- Themed reports for patient complaints to the Board
- Regular patient voice presentations to the Board

Other engagement:

- An HFC representative is appointed to the Board

- An HFC representative will be involved in early discussions on any service redesign/review undertaken by NEE CCG

PALS analyse the incoming patient information, identify trends and raise reports which are received monthly by the Quality Committee and escalated accordingly to inform, validate and improve provider performance monitoring. Specific provider/service reports are also issued to individual business managers as necessary.

Clear reporting lines between the various patient groups are formally defined to ensure all patient issues and feedback are recorded, reported and appropriately acted upon. The HFC will be encouraged to regularly and independently evaluate their on-going effectiveness and the CCG will also provide support by facilitating quarterly Development Days.

NEE CCG has developed and adopted a Patient Complaints & PALS Policy.

### **13.1 Patient & Public Communication**

NEE CCG has developed and adopted a Communication & Engagement Strategy & Integrated Plan which sets out how we will communicate and engage with our audiences over the next five years.

The need to communicate and engage well with our staff, the public, patients and users of our services, partners and key stakeholders is central to the success of the organisation. Through effective communication and engagement we can manage, motivate, influence, reassure, explain and create conditions for change.

NEE CCG will:

- Explore the use of all available media methodology (including social media) to ensure different patient audiences are reached and have a voice
- Promote NEE CCG achievements and success to improve and maintain patient confidence
- Regularly update the website to ensure patients are kept up-to-date of CCG progress and plans and are aware of their rights under the NHS Constitution
- Regularly promote and inform patients of the CCG mechanisms available for them to leave feedback and experiences
- Guarantee all relevant CCG documents are accessible to the public
- Regularly review and improve systems for communication activity
- Provide the Board with an annual summary of information that has been made available to the public

## **14. FINANCIAL GOVERNANCE**

Governance procedures are laid out in the Standing Orders, Financial Policies, Standing Financial Instructions, Scheme of Delegation and Terms of Reference for the Audit and Remuneration Committees supported by effective internal and external audit arrangements. All elements must be subject to continual professional review and evaluation by the Chief Finance Officer.

#### **14.1 Internal & External Audit Programme**

Internal audit is required to examine internal controls and recommend improvements in efficiency and operational effectiveness. External Audit is required to examine on a test basis, transactions and records that support accompanying financial statements and the associated disclosures. They review the accounting principles applied and estimates made by management, and evaluate the overall presentation of the organisation's financial statements. Because of the special accountabilities attached to public money and the conduct of public business, the scope of work includes financial statements, aspects of corporate governance and arrangements to secure the economic, efficient and effective use of resources.

NEE CCG will ensure internal and external audit best practice by:

- The appointment of Mazars to provide internal audit services including counter fraud audit and the creation of an anti-fraud culture throughout the organisation
- The appointment of BDO, under consultation with Public Sector Audit Appointments Ltd (previously known as Audit Commission), to provide external I audit for four years commencing with the accounts to 31 March 2014
- Both audit programmes have been agreed by the Audit Committee

### **15. INFORMATION GOVERNANCE**

Information governance is the way by which the NHS handles all organisational information, in particular the personal and sensitive patient and staff information.

NEE CCG will support its four fundamental aims:

- The provision of high quality care by promoting the effective and appropriate use of information
- Encourage staff to work together, preventing duplication of effort and enabling more efficient use of resources
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards

- To enable the organisation to understand its own performance and manage improvement in a systematic and effective way

NEE CCG has developed and adopted an Information Governance Management Framework.

The NEE CCG Caldicott Guardian is a Board member and is the organisations nominated health professional responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing throughout north east Essex.

## **16. RESEARCH GOVERNANCE**

Research Governance can be defined as the broad range of regulations, principles and standards of good practice that exist to ensure the highest standards of quality in research. This covers scientific quality, ethical standards and all aspects of research management.

An approach to research and innovation in NEE has been agreed by the CCG Board and a Research & Innovation Strategy developed and adopted.

Local arrangements include:

- A CCG Representative, the Medical Director of West CCG on behalf of all North CCGs, will sit on the Essex Comprehensive Local Research Network (ECLRN) Board to promote best practice and innovation.
- Agreed affiliation to the Eastern Academic Health Sciences Network (AHSN). The Accountable Officer and the CCG Public Health Consultant sit on the Essex node of the AHSN

## **17. POLICIES & PROCEDURES**

The efficient and safe operation and conduct of an NHS organisation and its staff depends to a great degree on the employment, assimilation and management of sensible and effective policies and procedures. This has a direct impact on the safety of patients, staff and the public and the effectiveness of commissioned services. Good governance and clear accountability can only be achieved with good policies and procedures.

Policies and Procedures are the strategic link between the organisation's vision and its day-to-day operations. Policies & procedures allow employees to understand their roles and responsibilities within predefined limits. Policies & procedures allow management to guide operations without constant management intervention and provide consistency for day to day activities.

NEE CCG will direct that:

- Each Policy is mapped to the relevant Committee and Accountable Executive who will be required to champion the Policy assigned to them
- All staff members are fully conversant with all NEE CCG Policies and Procedures to ensure clarity when dealing with accountability issues or activities that are of critical importance.
- A policy management system is in place to ensure Policies are regularly reviewed and are up-to-date through the NEE CCG Policy Development, Management & Review Policy

The full range of NEE CCG Policies relating to Corporate Governance, Information Governance, Health & Safety, Operational and Incident & Serious Incident Reporting can be viewed at: <http://www.neessexccg.nhs.uk/Library/CCG%20Policies.html>

## **18. STANDARDS OF BUSINESS CONDUCT**

All CCG staff, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with the NEE CCG Constitution and be aware of their responsibilities as outlined in it and in the arrangements for their appointment.

Part 8.1 of the NEE CCG Constitution details the standards of business conduct within the CCG.

### **18.1 NEE CCG Standard of Business Conduct Policy**

The policy clearly sets out the processes for the management and government of:

- Management of Interests – in relation to commissioning & procurement of services and decision making
  - NEECCG has robust arrangements in place to manage members' and employees' interests, to avoid potential or actual conflicts of interest with potential providers, and ensure that decisions made by the group will be taken, and seen to be taken, without any possibility of the influence of external or private interest
- Offers of gifts, hospitality. Gifts & hospitality should not be accepted other than in exceptional circumstances. All CCG governing body members and CCG staff are required to complete a Gifts & Hospitality Register form at financial year start and in January annually.

To ensure compliance NEE CCG will:

- Issue reminder forms to all staff bi-annually via the Corporate Services Manager who will update the register accordingly
- Gifts & Hospitality Register to be scrutinised bi-annually by the Chief Financial Officer and reviewed annually by the Audit Committee
- Sponsorship by third parties. Any proposal for sponsorship of CCG activity or of individuals must be capable of demonstrating how it benefits the health of the local population and how it links with the CCG priority objectives.

To ensure compliance NEE CCG will:

- Guarantee that all proposals will be subject to prior written agreement between authorised officers and prospective sponsors and must clearly specify the benefits to the NHS, the CCG or patient and to the sponsor

NEE CCG will establish and schedule training arrangements to cover interest, gifts and hospitality and sponsorship for all Board members.

## **18.2 ANTI-FRAUD & ANTI-BRIBERY**

NEE CCG is committed to applying the highest standards of ethical conduct and integrity throughout its operations. As stated in the Board Statement on Bribery, 'Under no circumstances is the giving, offering, receiving or soliciting of a bribe acceptable, and will not be tolerated in any form'.

NEE CCG will direct that:

- All CCG staff are familiar with the terms of the Anti-Fraud & Anti-Bribery Policy
- Non-compliance will be dealt with firmly and in accordance with the Bribery Act 2010
- No business will be conducted with external parties who do not support NEE CCG anti-bribery commitments
- The right to terminate any existing provider contracts where there is evidence that acts of bribery have occurred

## **19. RESPONSIBILITIES OF KEY CCG ROLES**

### **19.1 Chair**

The Chair ensures the governing body remains continuously able to discharge its duties and responsibilities as set out in the NEE CCG Constitution. The Chair

ensures that the CCG has proper constitutional and governance arrangements in place and that the governing body and CCG staff members behave with the utmost transparency and responsiveness at all times.

### **19.2 Accountable Officer**

The Accountable Officer is responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money. The Accountable Officer, working closely with the Chair of the governing body, will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's on-going capability and capacity to meet its duties and responsibilities.

### **19.3 Chief Finance Officer**

The Chief Finance Officer is responsible for the CCG's compliance with its financial, accounting and auditing obligations and related duties resting with the Accountable Officer and for ensuring the discharge of obligations under relevant financial directions. The Chief Finance Officer oversees robust audit and governance arrangements leading to propriety in the use of CCG resources.

### **19.4 Lay Member**

The Primary Role of the NEECCG Lay Member is to provide independent Non-Executive membership of the Governing Body. This brings with it shared responsibility with the other members of the Clinical Commissioning Group (CCG) Board for all aspects of the CCG's business.

The focus of the role holder will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day to day running of the organisation. The Lay Member will bring their unique perspective, informed by their expertise and experience. There will be a requirement to have an understanding of quality and patient safety, finance and performance management at all times.

Lay Members will chair sub-committees of the Board, and in that capacity assure the Governing Body that the sub-committee is discharging its responsibilities to the Board, and ensure that any failings are brought to the attention of the Board.

Individual Lay Members will have specific responsibilities for:

- Audit and Financial Control
- Quality
- Performance
- Patient and Public Involvement
- As described in their job descriptions.

Lay Members will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently and with good governance and in accordance with the terms of the CCG constitution as agreed by its members, and that the Board and the wider CCG acts in the best interests with regards to the health of the local population. In discharging this responsibility they will:

- Contribute to the setting and delivering of the commissioning strategy for the CCG, bringing independence and an external perspective to that strategy
- Ensure a consistent focus on service quality, integration and innovation
- Support the CCG to ensure the establishment and maintenance of collaborative working relationships with local government, social care and other CCGs
- Encourage honesty, inclusiveness, fairness and accountability in decision making as part of process
- Demonstrate commitment to continuously improving outcomes, tackling health inequalities and securing the best use of public money. Embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.
- Demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services
- Participate in and where required chair key sub-committees that support accountability
- Provide appropriate, purposeful, constructive scrutiny and challenge across the governing body at all times
- Give an unbiased view on possible conflicts of interest
- Contribute to ensuring that the governing body remains “in tune” with the member practices and in the development of a culture where the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions
- Provide a safe point of access within the governing body for whistleblowers
- Offer a check and balance to ensure that power and decision making does not rest in the hands of a small number of individuals and ensure independent voices are heard and listened to avoid the risk of ‘group think’

**GOVERNANCE CHECKLIST**

The checklist is a living document and will be regularly reviewed and updated quarterly by the CCG Governing Body

RISK	CONTROL	WEAKNESS	ACTION
Does quality drive the organisations strategy?			
Are there clear roles and accountability in relation to quality governance?			
What assurance do we have that independent providers & partners meet the quality and performance standards we expect?			
How do we record risk and controls that are in the hands of our partners and providers? What assurance do we have that they will not compromise our quality objectives?			

RISK	CONTROL	WEAKNESS	ACTION
How do we know that our partners and providers have the capacity and sufficient workforce to deliver their contractual obligations?			
Do we have sufficient early warning systems in place to recognise compromised quality standards?			
How do we identify, plan for and manage provider failure? What contingency plans are in place to minimise disruption and for service continuity?			
Is the performance and quality information appropriate and is it being analysed, challenged and acted upon sufficiently and how?			

RISK	CONTROL	WEAKNESS	ACTION
Are there clearly defined, well understood processes for escalating and resolving issues and managing performance and what are they?			
Does the organisation have the capacity and resource to continually analyse, monitor and learn from provider safety & quality information?			
Is the governing body sufficiently aware of risks to performance and quality?			
Does the governing body have the necessary leadership, skills and knowledge to deliver the quality			

agenda and how do we ensure it does?			
<b>RISK</b>	<b>CONTROL</b>	<b>WEAKNESS</b>	<b>ACTION</b>
Is the governing body assured of the robustness of the quality/performance information?			
How are we assured that the governing body fully understand the quality performance metrics?			
How are the governing body assured of effective financial stewardship of funds?			
How does the governing body actively engage patients, staff and other stakeholders on quality?			
Do we have Board			

succession plans in place to ensure board continuity and excellence standards?			
<b>RISK</b>	<b>CONTROL</b>	<b>WEAKNESS</b>	<b>ACTION</b>
How do we (and our partners and providers) track and follow through on our decisions?			
Do we review and apply lessons from NHS & other investigations and how do we do it?			
How do we ensure there is a high degree of continuous engagement across the GP members and how is it manifested?			
How do the GP members know under what circumstances			

they can challenge the decision of the CCGs committees and Board and hold them to account?			
<b>RISK</b>	<b>CONTROL</b>	<b>WEAKNESS</b>	<b>ACTION</b>
Do we have a robust method of communicating with the public?			
How do we engage with and establish relationships with key stakeholders and partners?			
How do we sufficiently use and act on patient information and complaints?			

How do we actively seek and collate soft and cultural information from patients and how do we use it to improve service quality?			
<b>RISK</b>	<b>CONTROL</b>	<b>WEAKNESS</b>	<b>ACTION</b>
How are we assured that patient safety incidents are reported and dealt with correctly and escalated appropriately?			
How do we manage large scale complaints?			
How do we deal with conflicts of interest?			
How do we achieve a balance between managing risk and encouraging innovation?			

How will we know there aren't better systems available to monitor quality?			
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## **NEE CCG BOARD CHALLENGES & PROMPTS**

Below are a series of key assurance questions (not definitive) for periodic reflection by Board members to allow them to internally scrutinise and focus on Board execution and purpose:

### **1. Is our strategy focused and regularly reviewed so our services meet local objectives and meet the health and social care needs of the local population?**

- Do we have a comprehensive appreciation of our local health and social care needs?
- How do we know the information is comprehensive and up-to-date?
- Are we working effectively in partnership with all those we should be working with?
- Do the services we commission match our defined purpose?
- Are we doing the right things for our local community?

### **2. How do we ensure our financial and business planning follows our strategic priorities and that the organisation is financially viable?**

- Do we know and understand the current financial position?
- Are we assured of the accuracy and relevance of financial reports and projections we receive?
- Do we have the financial skills to ensure that we can effectively engage in financial debate, discussion and challenge?
- How do we use internal and external audit and other external indicators and reports to challenge and validate our understanding and decisions?
- Do we use internal and external audit as a source of ideas about efficiency improvements?
- Are we wasting public money?

### **3. How do we consult with key stakeholders and develop enduring and effective partnerships?**

- Do we just tell them what we are doing or genuinely consult and involve them?

- Do we review what our key stakeholder's views are?
- Can we communicate our vision?
- Can we amend our vision in light of persuasive argument?
- Are our partnerships effective in planning and delivering joint services?

#### **4. How do we make aligned and coherent decisions?**

- Do we consider our decisions and their consequences from the point of view of patients, carers and service users to gain a consistent perspective?
- Do we make decisions promptly considering all the relevant factors through a formal decision making process?
- Are we making informed decisions?
- Do we have enough information to make our decisions?
- Are our decisions aligned and coherent?
- Do we use stakeholder information and patient feedback to check the coherence of our decisions?
- Is there a viewpoint not heard by the Board, for example, young people, minority groups?

#### **5. Have we established robust risk management and continuity plans?**

- Do we actively manage potential risks, rather than reacting to the consequence of the risk exposure?
- Have we effective systems and data sources in place that can assist in the review of complaints, claims, audits and incident reporting within the organisation and beyond to ensure the sharing with and learning from others?

#### **6. Do we follow recognised guidance, guidelines and alerts?**

- Do we hear and respond to views and concerns of our primary and secondary care colleagues regarding new guidance?
- Are we developing our own (higher) levels of quality?

#### **7. Do we have robust arrangements in place to monitor and improve the quality of the services we commission?**

- Are we doing harm to patients?

- Do we know the best and worst performing services in NEE from a quality perspective and how these compare when benchmarked regionally and nationally?
- Do we fully understand all of the quality information presented to us?
- Do we have sufficient internal resource to deliver our quality agenda?
- What measures have we developed to ensure we commission for sustainable quality?

#### **8. Do we have access to a wide range of views?**

- Do we review regularly whether the appropriate range of perspectives is available to us?
- Are we exposing the Board's deliberations to genuine scrutiny?
- Do we make it easy for all groups to attend meetings by attention to location and timing?
- Do we keep our patients, carers, service users and the public up-to-date on the progress we have made?

#### **9. Are we communicating sufficiently with the public regarding the services we commission and to what standard?**

- Do we know and publish the extent to which the organisation meets local and national targets and reasonable expectations?
- Do we have a clear and innovative communications plan and schedule that allows us to proactively promote CCG news and progress to all sectors of the population?

#### **10. Do we have a formal approach to Board succession planning?**

- Have we agreed on our required Board member skills, talents and attributes?
- How do we attract potential high quality board members that truly understand our vision, strategy and core values?

#### **11. Are we meeting expectations?**

## REFERENCES & LINKS FOR FURTHER READING

NEE CCG Website:

<http://www.neessexccg.nhs.uk/Home.html>

NEE CCG document library including all NEE CCG Policies (corporate, health & safety, information governance, operational, incident reporting and serious incident reporting). Also the NEE CCG Constitution, Risk Management Policy, NEE CCG Communication & Engagement Strategy and Board documents can be viewed at:

<http://www.neessexccg.nhs.uk/Library/CCG%20Board%20Meeting.html> [NHS Constitution](#)

[Keogh Report](#)

[Francis Report](#)

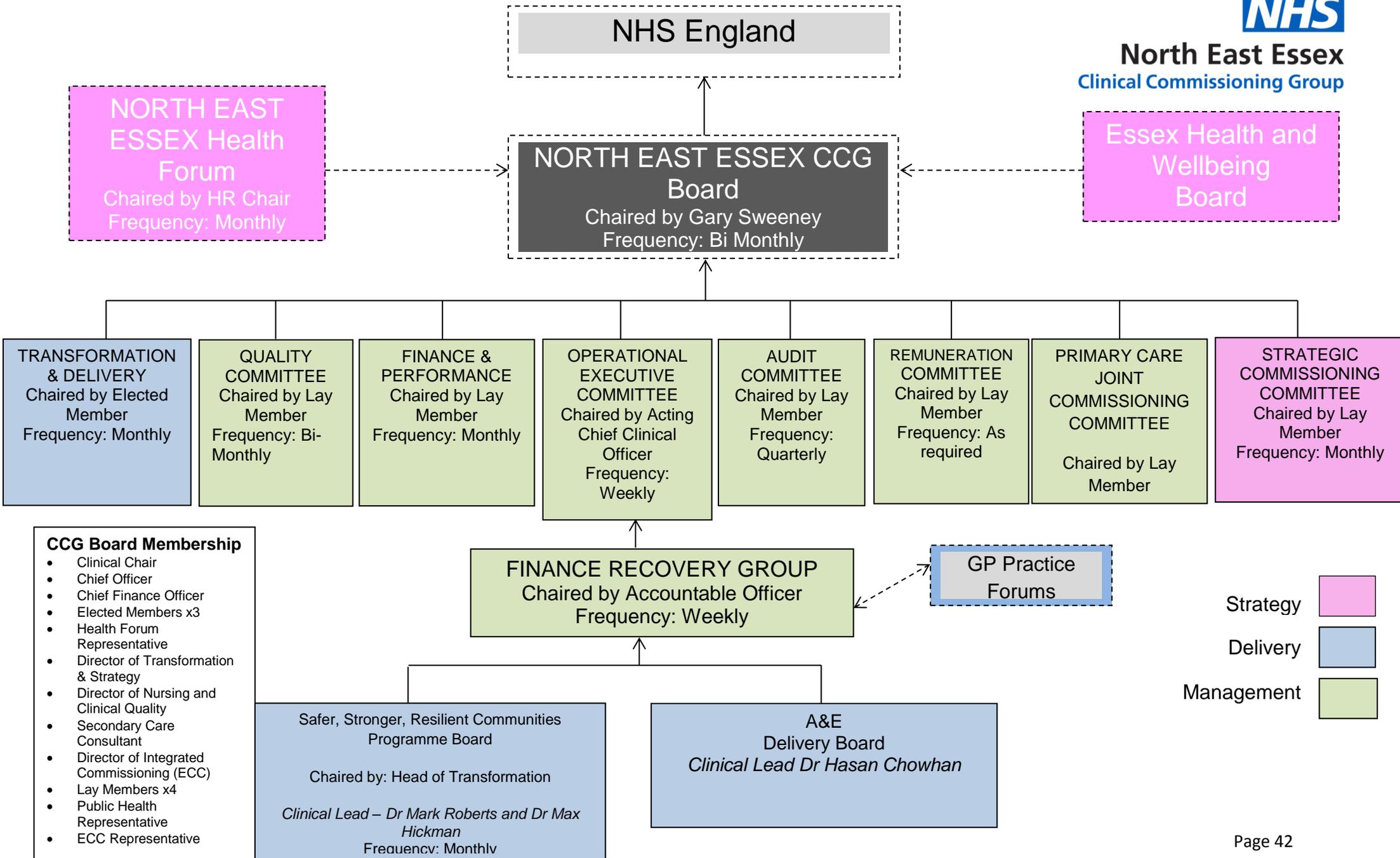
[Berwick Report](#)

<http://www.england.nhs.uk/>



**North East Essex  
Clinical Commissioning Group**

**NORTH EAST ESSEX CCG GOVERNANCE STRUCTURE**



**CCG Board Membership**

- Clinical Chair
- Chief Officer
- Chief Finance Officer
- Elected Members x3
- Health Forum Representative
- Director of Transformation & Strategy
- Director of Nursing and Clinical Quality
- Secondary Care Consultant
- Director of Integrated Commissioning (ECC)
- Lay Members x4
- Public Health Representative
- ECC Representative

Strategy

Delivery

Management

## NEE CCG PERFORMANCE MANAGEMENT PROCESS FRAMEWORK



NEE CCG  
Performance Process