

NHS clinical commissioning groups code of governance

November 2013



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Welcome



Good governance is essential to those leading the NHS, those operating within the system, and those using the service. It supports leaders in making the best decisions, reduces the likelihood of things going wrong and protects them when problems do occur. It inspires confidence in the public that the best decisions are being taken for the right reasons, that the quality of services is protected and that public money is being wisely spent. It is for these reasons that we are delighted to have worked with fellow professional bodies to develop this guidance.

The expert panel overseeing the development of this code of governance for NHS Clinical Commissioning Groups (CCGs) includes representatives of all those professions and perspectives required to be included in the governing body of CCGs:

- GPs;
- nurses;
- secondary care clinicians; and
- lay people.

The final version of this code has strength and credibility by having the panel's mix of knowledge, expertise and understanding at the heart of the code's development.

ICSA is most grateful to Lord Hunt of Wirral for having agreed to chair the panel, to his firm DAC Beachcroft LLP for its support throughout the process to completion and to Louise Thomson of ICSA's Policy Department who conceived the idea of producing this guidance and has been closely involved in its development.

ICSA is grateful also to the members of the panel, and to those who responded to the draft document, for their time and commitment to developing this much needed guidance.

To ICSA's thanks, I add my own to everyone who has been involved.

Simon Osborne FCIS

Chief Executive, ICSA

Foreword from the chairman



The introduction of the CCG brings with it significant opportunities, and challenges, for the NHS. The CCG is a new NHS statutory body, based on the principle of a membership (in this case GP practices) providing suitable representatives to commission services in a defined local area.

Why is this different? CCGs have governing bodies (not boards) which provide assurance for the governance of the CCG. Together with GPs, these bodies include lay members, a secondary care consultant and a nurse. Governing body members are not non-executive directors, but are responsible for ensuring the CCG acts effectively, efficiently and economically, and works in accordance with the principles of good governance. CCGs must also operate entirely in conjunction with the public and patients that they serve – NHS organisations must now involve and work alongside patients, their carers and public from the outset in all areas of their planning. They will also need to collaborate with other organisations in order to deliver coherent, integrated commissioned care.

There are examples of good governance within the NHS and across the UK economy, but none that deal explicitly with the membership arrangements within CCGs. It is for this reason that the panel has drawn up this guidance. It will evolve over time and in response to lessons as they are learned but this code marks the start of the governance journey for CCGs. To reflect those lessons we will review, and amend, the guidance after 12 months. I commend it to you.

Lord Hunt of Wirral

Context

The Government's Health and Social Care Act 2012 (the Act) moved responsibility for commissioning care to clinicians, by way of CCGs. CCGs are statutory NHS bodies making commissioning decisions and developing healthcare strategy for their community.

CCGs are different entities from previous NHS arrangements, with each GP practice being a member and clinicians leading commissioning decisions. The CCG *is* its member practices; the members are the authority and appoint governing body members. This code seeks to differentiate between principles that should be applied to the CCG entity, for the guidance of its members, and those aimed at the governing body.

The transfer of responsibility for commissioning health care and services to CCGs has increased the demands placed on GPs, and fellow clinicians. CCGs must perform these new statutory duties in a manner that is transparent, and enables interested parties to hold them to account; most notably patients and the public. Good governance is an important aspect in delivering that transparency and accountability. The principles detailed should help all those with an interest in CCGs to recognise and support the implementation of good governance.

The aim of this code of governance, specifically created for CCGs, is to develop a concise document that outlines governance principles that support clinicians, and those that work with them, to perform their commissioning activities and help to maintain public trust in clinicians and the NHS.

An agreed approach as to what is understood, and accepted, to be appropriate governance in CCGs would ultimately ensure consistency and define the reasonable expectations, standards and business behaviours of CCG members and governing bodies.

The code was developed by health service professionals for health service professionals. It recognises the variation in size and operational systems between CCGs, and the differences between constitutional arrangements of each CCG. The application of the principles, however, should be proportionate and appropriate for each CCG and its governing body, thereby reinforcing that good governance is an aid to clinicians in delivering the aims of the Act and improving the quality of care and health experiences of patients.

The principles have been designed to complement those constitutions and official guidance from NHS England, legislation and regulatory requirements. The code is a voluntary document, but the expert panel hopes that CCGs will recognise the benefits of adopting the principles for their organisations and the health economy they serve.

Introduction

Good governance in NHS CCGs plays an important role as one aspect of improving the quality of care commissioned. It enhances NHS decision-making with a view to meeting patient needs. CCG governing bodies are one of the primary vehicles by which the Act is translated into local action for the benefit of NHS stakeholders. Success in delivering stated outcomes will be dependent upon the CCG ordering its decision-making processes and behaviours in a way that maximises the likelihood that strategic objectives will be achieved for the benefit of patients, their carers, and the wider public.

‘Governance describes the ways in which organisations conduct themselves to ensure that they carry out their duties successfully and to the standards expected of them. It is concerned with accountability and responsibilities and describes how an organisation is directed and controlled.’¹

The Act creates the mechanism to establish CCGs as statutory bodies that are clinically led. The difference being that clinical commissioning is performed by those closer to patients with the desired result that the quality of care is improved, patient choice increased and noticeable improvements in health outcomes achieved.

The introduction of CCGs, including as they do all GP practices, puts clinical leadership at the heart of commissioning. All CCGs have worked across their membership to develop their constitution which sets out how they will discharge their legal responsibilities. Governing body members of CCGs will play a vital role in serving their patients, carers and the wider community, assuring that the CCG meets its responsibilities and maintains public trust.

The following principles are designed to be universal and applicable to all CCGs in England, regardless of their size or collaborative arrangements and whatever the CCG has set out in its constitution. Inevitably, the practice and procedures for each CCG will differ.

¹ Page 16, Towards establishment: Creating responsive and accountable clinical commissioning groups, NHS Commissioning Board (now known as NHS England), October 2012.

Using the code

The high level principles outlined in this code provide CCGs and their governing body members with flexible guidance to be used in a manner that is appropriate to the needs of the organisation, and CCGs are encouraged to adopt an 'apply or explain' approach. CCGs will decide how best to implement each principle in order for it to be proportionate and effective, but should consider the best way to communicate to their stakeholders how they apply the principles.

It is hoped that all CCGs and their governing bodies will adopt the high level principles and include a statement in their annual reports as to how they apply the principles in order to deliver the group's strategic aims for patients, their carers and the public. Where they do not, CCGs are encouraged to provide a clear explanation as to the reasons.

Principles of the code

CCG governing bodies carry an important responsibility to ensure that the governance of their CCGs enables delivery on their legal duties in a way that enhances public trust in, and support for, the NHS. In order for the members of CCGs and governing body members to perform their duties effectively and efficiently the following principles apply:

- 1** CCG members and their governing bodies understand and support each other's role in effective decision-making with a view to improving the experiences of patients and the quality of the care commissioned.
- 2** CCGs act collaboratively with a range of interested provider parties to deliver better health outcomes for patients and the public.
- 3** CCGs are aware of, and understand, the different relationships to be built and maintained by the CCG when working with other commissioning organisations and regulators in relation to the local and national health economy, and contribute effectively to the greater debate on patient safety, quality and outcomes.
- 4** The CCG and its governing body accept, and act in accordance with, collective accountability to its membership, along with drawing on the strengths and expertise of individual contributions.
- 5** The CCG, through its governing body, ensures that the views of interested parties, including patients, their carers, support groups and the public are actively sought and used to inform commissioning decisions and the likely impact of such decisions.
- 6** Governing bodies have robust and effective processes for decision-making, as outlined in their constitution, that support and maintain transparency and accountability at every level.

Principle 1

CCG members and their governing bodies understand and support each other's role in effective decision-making with a view to improving the experiences of patients and the quality of the care commissioned.

The relationship between GP member practices, who make up the CCG, and the governing body should be based on trust and a clear understanding of the position and responsibilities of each.

This could be achieved by:

- individual GP member practices regularly contributing to, and developing, the CCG's vision² and working with the governing body
- the individual representative of GP member practices having clear guidance as to their role and scope of relationships within the CCG and the governing body
- the various committees of the CCG and the governing body being open in their communications and dealings with the GP member practices, with dialogue based on the mutual understanding of agreed objectives
- ensuring GP member practices' meetings are constructive and effective in demonstrating accountability to interested parties
- having clear and transparent policies and procedures for resolving differences between the CCG and individual GP member practices, which support the CCG's constitution
- GP member practices acknowledging the duties of their governing body for ensuring the governance of the CCG, on their behalf, as detailed in legislation and the CCG's constitution.

Important questions for the CCG:

- Do the GP member practices know under what circumstances they can challenge the decisions of the CCG's committees and governing body and hold them to account?
- Is there a high degree of GP member practice involvement with the work of the CCG?
If so, how is that manifested?
- Where are the priorities and aims of the CCG stated?

² Depending on a CCG's constitution, the governing body may have a more active role in the development of the group's strategy. This will not be the case for each CCG. It is therefore essential that all members of a CCG and their governing body are familiar with the constitution.

Principle 2

CCGs act collaboratively with a range of interested provider parties to deliver better health outcomes for patients and the public.

This could be achieved by:

- identifying those with an interest in the work of the CCG and ensuring that there is a plan for regular and effective communication with them about the CCG, strategy and values. That plan should also be able to demonstrate any changes to proposals that have been effected as a result of those conversations
- identifying any potential and real conflicts of interests of GP member practices, and individuals within them, involved in service provision and commissioning decisions and managing those conflicts in accordance with the CCG's policy, competition law and legal requirements
- adopting and adhering to agreed standards of business conduct that reflect legal and regulatory requirements and good practice
- ensuring appropriate relationships and constructive dialogue at the right level with a range of identified current and future service providers, including members of local professional networks, other CCGs and regulatory organisations, are in alignment with the agreed strategic aims
- regularly reviewing the effectiveness of these relationships and the processes supporting them and, where necessary, taking proactive steps to improve them
- maintaining a record of written agreements and regularly reviewing those agreements between appropriate partners, including other CCGs and locality boards (where they exist)
- working with current and potential providers of NHS funded services to ensure the commissioning of quality healthcare to meet the needs of the CCG's population, this will involve discussing service provision and reconfiguration with interested parties, where appropriate
- ensuring potential partners, and interested provider groups, have the opportunity to express their views and interests appropriately to inform the CCG's planning, decision-making and strategic reviews
- widely communicating the improved health outcomes achieved, in a range of formats for different audiences.

Important questions for the CCG:

- Do the CCG and its governing body consider the feedback from and about provider organisations and act accordingly? If so, how is that manifested?
- Has the CCG put in place robust mechanisms to identify and respond to any patient care or wider quality issues that could have been improved by better co-operation with providers in the past 12 months?
- Does the CCG have appropriate processes in place to ensure they are aware of, and can act upon, issues raised by regulators in relation to their providers?

Principle 3

CCGs are aware of, and understand, the different relationships to be built and maintained by the CCG when working with other commissioning organisations and regulators in relation to the local and national health economy, and contribute effectively to the greater debate on patient safety, quality and outcomes.

The CCG co-operates with other CCGs, NHS entities, service providers, local authorities and relevant organisations with an interest in the local health economy. The CCG, and its governing body, should be clear about the form, level and scope of co-operation required with relevant external bodies in order to discharge the CCG's statutory duties.

This could be achieved by:

- the CCG governing body, and any of its committees being aware of, and understanding, the role of those bodies outlined in the legal and regulatory framework governing CCGs, relating to commissioned services including:
 - NHS England and its regional and area teams
 - health and wellbeing board(s)
 - HealthWatch England and their local representatives
 - CQC
 - Monitor
 - the local authority, especially via their scrutiny arrangements
 - other NHS CCGs
- maintaining a schedule of the specific third party bodies, which the CCG has a duty to co-operate with, and identifying an individual CCG member, or authorised representative, to lead on those arrangements. Examples include: primary care services, specialised services and the work of the health and wellbeing boards
- ensuring authorised individuals or CCG representatives are provided with clear guidance as to their role, scope and limitations of delegated powers, along with details of how those powers will be monitored by the CCG
- changes in the legal and regulatory environment being discussed at the appropriate level and implemented accordingly
- providing relevant information to each commissioning or regulatory organisation in a manner that is timely, accurate and appropriate
- making requests for information from other bodies that are clear in content and identify the purposes for which the information is required.

Important questions for the CCG:

- Does the CCG maintain full records of delegated decision-making? These records should include both:
 - records of delegations made by the CCG of its decision-making powers. This includes both a register of functions which you have asked other CCGs to exercise on your behalf and a record of delegated decision-making authority which has been given to your members, employees, governing body, committees or sub-committees – both general delegations in place for categories of person/organisation and any specific authorisations given for particular decisions. The records should include authority given to individual employees, members or others to make decisions on behalf of the CCG in the context of any joint working groups or other collaborative groups, in which two or more CCGs discuss and agree steps to achieve joint exercise of their commissioning functions or other collaborative activities
 - records of the decisions made under these delegation arrangements
- How often are these records reviewed by the CCG and its committees?

[The CCG remains legally liable for all decisions taken under delegated authority, including functions delegated to another CCG, and decisions which exceed the powers of the person who purports to take the decision are legally vulnerable. Therefore it is very important that the CCG tracks and monitors decisions taken and activities carried out on its behalf.]

Principle 4

The CCG and its governing body accept, and act in accordance with, collective accountability to its membership, along with drawing on the strengths and expertise of individual contributions.

Members of the governing body understand their role and responsibilities collectively and individually in relation to the legal and regulatory frameworks that apply to them.³

This could be achieved by:

- recognising and respecting that all governing body members are equally responsible in law (notwithstanding the additional responsibilities of the Accountable Officer) for the decisions of the governing body, as detailed in a comprehensive induction, ongoing support and in the CCG's code of conduct for the governing body
- ensuring compliance with all relevant legislation and regulation applicable to the CCG, and the activities it undertakes, and making appropriate public statements to confirm that this is the case
- assuring that all governing body members are properly appointed and are qualified to serve, supported by role descriptions and an agreed appointment process
- being alert to those matters reserved to the CCG and those delegated and reserved to the governing body, or other committee, including reviewing regularly the scheme of delegation, list of matters reserved, and the terms of reference for committees. The use of delegated authority will be monitored formally and regularly
- assuring the solvency and financial strength of the group, in line with legal requirements, standing financial instructions, internally agreed financial arrangements and policies detailed in the CCG's annual report and accounts
- ensuring that all governing body members understand their relationship with, and responsibilities to, other organisations, including:
 - patients and the public and other interested parties
 - GP member practices
 - staff
 - committees of the group, and if appropriate to the CCG locality boards
 - collaborative partners, and other arrangements
- undertaking ongoing training and support to ensure all governing body members can fulfil their duties.

³ Further information regarding the respective roles of each governing body member can be found in the documents outlined in Appendix C.

Important questions for governing body members:

- Has each governing body member undergone a thorough induction programme? Has any further training or development been requested and acted on?
- Does the governing body understand its role and what is expected of it in terms of decision-making challenge, scrutiny and governance assurance on behalf of the CCG?
- Does each governing body member understand their collective responsibility and that any disagreements are managed using an agreed process as set out in the constitution?
- Does the governing body understand the particular responsibilities of the Accountable Officer and are these discussed at least annually by the governing body?
- Has counter-fraud awareness training for governing body members been included?

Principle 5

The CCG, through its governing body, ensures that the views of interested parties, including patients, their carers, support groups and the public are actively sought and used to inform commissioning decisions and the likely impact of such decisions.

The governing body will ensure that the CCG involves members of the public, patients, their carers and patient groups in the work of the CCG, including the planning of services and commissioning arrangements, changes to services and the decision-making processes associated with any such arrangements.

This could be achieved by:

- ensuring governing body meetings are open to the public, unless not in the public interest, with clear criteria as to when matters of confidentiality or business sensitivity require private discussions
- open and regular communication informing interested parties about the work of the CCG providing guidance to interested parties on how patients, carers and the public, can get involved with the work of the CCG and how it can be held to account
- the CCG delivering appropriate consultations on significant changes to services commissioned and policies affecting the wider health economy
- listening and responding to the views of patients, carers and the local community and providing feedback as to how, if appropriate, those opinions have informed decisions aligned to the CCG's public and patient involvement strategy
- the CCG handling complaints constructively, impartially and effectively in line with a widely promoted policy
- considering the CCG's responsibilities to the wider community and publicly reporting that approach.

Important questions for governing body members:

- How did the CCG identify its target audiences and put in place appropriate engagement procedures for each?
- What methods does the governing body use to monitor the extent to which public and patients are involved in the business of the CCG?
- Does a description of the CCG's public involvement and engagement appear in the CCG's annual report?
- Does the CCG publish learning from, and responses to, complaints?

Principle 6

Governing bodies have robust and effective processes for decision-making, as outlined in their constitution, that support and maintain transparency and accountability at every level.

Governing body members must demonstrate probity and integrity in their governance role and when representing the CCG. Governing body members must ensure that the CCG has made appropriate arrangements for compliance with accepted principles of good governance that are relevant to it, and that the CCG adopts and adheres to open, robust and transparent processes.

This could be achieved by:

- the CCG fully supporting the members of the governing body in fulfilling their roles⁴
- governing body members acting in the best interests of the CCG, its patients, their carers and the public, in accordance with CCG agreed policies, procedures and values
- adopting and adhering to a conflicts of interest policy, which is publicly available
- establishing and regularly updating the register of interests, which can be easily accessed by the public
- ensuring conflicted governing body members are identified and do not participate in decision-making⁵
- behaving in accordance with the Nolan principles,⁶ and any codes of conduct agreed by the CCG
- promoting and supporting the NHS Constitution, as detailed in the annual report or on the CCG's website
- complying with laws against bribery, including implementing clear guidance on gifts and hospitality, and recording those gifts that have been offered, accepted and refused
- assuring legal requirements regarding competition and procurement practices are implemented and recorded accordingly
- assuring decisions, actions and activities are defensible and within the agreed scheme of delegation.

Key questions for governing body members:

- What types of decisions have generated most interest from external parties?
- Does the governing body receive an annual summary of information that has been made available to the public?
- Has the governing body checked that its delegations and schedule of matters reserved are enacted in practice across the CCG? What remedial, if any, action has been taken?
- Does the governing body regularly review the CCG's actions under Freedom of Information legislation?
- Has the CCG received any feedback regarding its procurement processes, from interested parties, and if so what actions were taken as a result?

4 See Appendix C for sources of further information on these roles.

5 Further guidance can be found in Appendix C

6 Please see Appendix A for the Nolan Principles

Appendix A: The Seven Principles of Public Life (Nolan principles)

The Committee on Standards in Public Life was established in 1994, initially to deal with concerns about unethical conduct amongst MPs, including accepting financial incentives for tabling Parliamentary questions, and issues over procedures for appointment to public bodies. As an independent advisory body to the Government it monitors, reports and makes recommendations on all issues relating to standards in public life.

'The seven principles are:

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 material 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.'

Further information about the committee can be found at www.public-standards.gov.uk.

Appendix B: Professional Standards Authority

The Commission for Health Regulatory Excellence (since the Health and Social Care Act 2012 the body was renamed the Professional Standards Authority) was charged by the Secretary of State for Health to develop a range of standards for those appointed to NHS boards or governing bodies.

The final standards cover the personal behaviour of board and governing body members, technical competence and business practices. The standards can be found at www.professionalstandards.org.uk/docs/psa-library/november-2012---standards-for-board-members.pdf?sfvrsn=0.

Appendix C: Further reading

Legislation

Health and Social Care Act 2012

S.I.2012, No. 1631 NHS, England: NHS (Clinical Commissioning Groups) Regulations 2012, June 2012

S.I.2013, No. 474 NHS, England: NHS (Clinical Commissioning Groups – Payments in Respect of Quality) Regulations 2013, April 2013

NHS England resources

Towards establishment: Creating responsive and accountable clinical commissioning groups
NHS Commissioning Board, October 2012

Model constitution framework for clinical commissioning groups
NHS Commissioning Board, October 2012

Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills
NHS Commissioning Board, July 2012

Clinical Commissioning Groups: Remuneration guidance for chief officers and chief financial officers
NHS Commissioning Board, July 2012

Clinical Commissioning Group Template Remuneration committee Terms of Reference
NHS Commissioning Board, April 2012

Clinical Commissioning Group Template Audit Committee Terms of Reference
NHS Commissioning Board, April 2012

Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services
NHS Commissioning Board, October 2012

Framework for Collaborative Commissioning
NHS Commissioning Board, March 2013

BMA resources

Transparency and Probity
BMA, April 2013

RCN resources

Nurse membership on Clinical Commissioning Group governing bodies
RCN

Clinical commissioning groups – the statutory nurse role on the governing body
RCN, October 2012

Other resources

Good Governance for Clinical Commissioning Groups: An introductory guide
NAPC/KPMG, July 2012

Appendix D: Examples of NHS CCGs governance arrangements⁷

Details of governance structures

NHS Bedfordshire CCG: bit.ly/1ghEz8e
NHS Chiltern CCG: bit.ly/GWEXJw
NHS Hambleton, Richmondshire and Whitby CCG: bit.ly/18hTitX
NHS North East Essex CCG: bit.ly/19PgXOm
NHS Wolverhampton City CCG: bit.ly/Y6woyf

Audit committee information

NHS Harrogate and Rural District CCG: bit.ly/17GiLsH
NHS Ipswich and East Suffolk CCG: bit.ly/167yNS0

Governing body role descriptions

NHS North Somerset CCG: bit.ly/1buSlOx

Risk management

NHS Trafford CCG: bit.ly/1hTIXpm

Full and summary versions of constitution

NHS Bath and North East Somerset CCG: bit.ly/1eoajUX
NHS Enfield CCG: bit.ly/19Lrezv
NHS Wakefield CCG: bit.ly/1hTJ2cA

Governing body remuneration details

NHS North Kirklees CCG: bit.ly/19Lrn6b

Complaints policy

NHS Bath and North East Somerset CCG: bit.ly/1eoajUX
NHS Enfield CCG: bit.ly/19Lrezv
NHS Harrogate and Rural District CCG: bit.ly/18hTQQw

Communications and engagement

NHS Enfield CCG: bit.ly/19Lrezv
NHS West Norfolk CCG: bit.ly/1bTZdJA

The following are examples of CCGs that provide details of their GP member practices on their website

NHS Barnsley CCG: bit.ly/194Fhzk
NHS Bristol CCG: bit.ly/H1sLXg
NHS Camden CCG: bit.ly/1buSRMs
NHS Coventry and Rugby CCG: bit.ly/16dxGLr
NHS Greater Huddersfield CCG: bit.ly/194Fjag
NHS Leeds South and East CCG: bit.ly/17tge61
NHS North Kirklees CCG: bit.ly/H3lc2o
NHS South Gloucestershire CCG: bit.ly/1gjO1YE

⁷ These links are provided for illustrative purposes and are not endorsed by the expert panel.

The expert panel

In developing this code of governance we have called upon the expertise of the following individuals. The expert panel members have been integral to the development of this code and for extending the understanding of CCG governance.

Chairman

Lord Hunt of Wirral DAC Beachcroft LLP

Panel members

Stuart Abrahams	Royal College of Nursing
Susan Ayles-Peacock	North and East London NHS Commissioning Support Unit
Laura Aylett	Royal College of Nursing
Anne Crofts	DAC Beachcroft LLP
Dr Rupert Dunbar-Rees	Outcomes Based Healthcare
Seamus Gillen	Institute of Chartered Secretaries and Administrators
Giles Peel	DAC Beachcroft LLP
Sir Tony Redmond	
Dr Kevin Stewart	Royal College of Physicians
Louise Thomson	Institute of Chartered Secretaries and Administrators
Nigel Trowbridge	Chesterfield Royal NHS FT
Alan Wells	Vice Chair, NHS Waltham Forest CCG
Dean Westcott	Past President of ACCA/NHS West Essex CCG
Catherine Wright	Institute of Chartered Secretaries and Administrators

The expert panel were also fortunate to benefit from the advice of Nicola King, a representative from NHS England.

Background information



ICSA is the Membership and qualifying body for professionals working in governance, risk and compliance, including company secretaries. Our Members work in all sectors and at every level of seniority. With over 100 years of experience, we champion high governance standards by providing qualifications, training, high-quality guidance and support (including technical resources, publications and software), and through our work with regulators and policy-makers.

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