



## STANDARDS COMMITTEE

### — Agenda —

**WEDNESDAY  
10 JUNE 2009**

**7.00 PM**

**COMMITTEE ROOM 4**

**HAMMERSMITH  
TOWN HALL  
LONDON W6 9JU**

#### Membership

Mr. Steven Moussavi  
Mr. Christopher Troke  
Ms Grace Moody-Stuart  
Mrs Joyce Epstein  
Councillor Nicholas Botterill  
Councillor Donald Johnson  
Councillor Lisa Homan  
Councillor Adronie Alford  
Councillor Stephen Cowan

If you require further information relating to this agenda, please contact the Co-ordinator:

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[http://www.lbhf.gov.uk/Directory/Council\\_and\\_Democracy/Decisions\\_meetings\\_and\\_agendas/Other\\_Committees/27736\\_Standards\\_Committee.asp](http://www.lbhf.gov.uk/Directory/Council_and_Democracy/Decisions_meetings_and_agendas/Other_Committees/27736_Standards_Committee.asp)

Issue Date: 1 JUNE 2009

10 JUNE 2009

<u>ITEM</u>		<u>PAGE</u>
<b>1</b>	<b>ELECTION OF CHAIRMAN</b>	
	The constitution provides that the Committee shall elect its own Chairman, with the intention that this shall be one of the appointed independent members on annual rotation.	
<b>2</b>	<b>MINUTES – 1 APRIL 2009</b>	<b>4-7</b>
	To confirm and sign the minutes of the meeting held on 1 April 2009 as an accurate record.	
<b>3</b>	<b>APOLOGIES FOR ABSENCE</b>	
	.	
<b>4</b>	<b>DECLARATION OF INTERESTS</b>	
	If a Councillor has any prejudicial or personal interest in a particular report they should declare the existence and nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.	
	At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a prejudicial interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken unless a dispensation has been obtained from the Standards Committee.	
	Where members of the public are not allowed to be in attendance, then the Councillor with a prejudicial interest should withdraw from the meeting whilst the matter is under consideration unless the disability has been removed by the Standards Committee.	
<b>5</b>	<b>TERMS OF REFERENCE</b>	<b>8-9</b>
	To note the Committee's Membership and Terms of Reference, as agreed at the Annual Council meeting on 27 May 2009	

- 6 ANTI-FRAUD SERVICE**
- To receive a presentation from Ross Chesterton of the Council's Anti-Fraud Service as it affects both staff and Members.
- 7 REGISTER OF INTERESTS AND OF GIFTS AND HOSPITALITY** **10-13**
- To note the attached report and recommend any changes to the arrangements set out in the report.
- 8 PRIMARY CARE TRUST** **14-18**  
**App 1 19-24**  
**App 2 25-32**
- To note the effect of the new joint arrangements between the Council and Hammermsith & Fulham Primary Care Trust and how governance issues are addressed in the PCT
- 9 ANNUAL ASSEMBLY OF STANDARDS COMMITTEES, BIRMINGHAM,12-13 OCTOBER 2009** **33-35**
- To decide the names of the 2 delegates to attend the 8<sup>th</sup> Annual Assembly of Standards Committees in Birmingham on 12 and 13 October 2009.
- 10 COUNCILLORS' EXPENSES**
- To discuss the current arrangements for Councillors' Expenses.
- 11 WORK PROGRAMME** **36-37**
- To note the Committee's initial work programme for 2009/2010, to be agreed by the Committee at its first meeting on 10 June 2009.
- 12 EXCLUSION OF PRESS AND PUBLIC**
- The Committee is invited to resolve, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the following item of business, on the grounds that it contains the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.
- 13 LOCAL COMPLAINTS 2008-09** **38-57**
- As requested at the last meeting, the attached papers outline the details of the case last year, as decided by the Assessment and Review Sub-Committees.

The papers are as follows:

*1 Pre-Assessment Report to Assessment Sub-Committee*

*2 Assessment Sub-Committee Minutes*

*3 Assessment Sub-Committee – Summary of Decision*

*4 Review Sub-Committee Minutes*

*5 Review Sub-Committee – Summary of Decision*

The Committee is asked to note the outcome of the complaint and the effectiveness of the arrangements for deciding local complaints agreed at the meeting in June 2008 and reviewed in April 2009.

# STANDARDS COMMITTEE —Minutes—

# 2

1 APRIL 2009

**Members Present:**

Mr. Christopher Troke (Chairman)  
Mrs. Joyce Epstein  
Ms Grace Moody-Stuart  
Mr. Steven Moussavi  
Councillor Lisa Homan  
Councillor Donald Johnson

**Officers in attendance:**

Michael Cogher, Assistant Director (Legal & Democratic Services)  
David Bays, Committee Co-ordinator

ITEM

ACTION

1

**MINUTES OF THE MEETING OF THE STANDARDS  
COMMITTEE HELD ON 4 FEBRUARY 2009**

**RESOLVED** - That the minutes of the meeting held on 4 February 2009 be agreed and signed as an accurate record.

**KA/DB to note**

**2**      **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Alford, Botterill and Cowan.

**ACE/KA/DB to note**

**3**      **DECLARATIONS OF INTEREST**

There were no declarations of interest.

**4**      **CODES AND PROTOCOLS**

The Committee considered a report on paragraph 5.1 of the Member/Officer Protocol, as requested at the previous meeting. The report outlined Cabinet Members' extensive "need to know" to carry out their responsibilities and therefore the justification for them to be kept informed. This did not apply in the case of personal matters raised by opposition members where they would not receive a copy.

**MC**

It was noted that Councillor Cowan had not submitted any alternative wording for this paragraph but that he would be entitled to do so at the forthcoming Annual Council meeting when the Codes and Protocols were due to be discussed. Enquiries with other authorities seemed to indicate that they dealt with the issue on a case by case basis.

There were no other parts of the Codes and Protocols Members wished to review prior to the Council meeting.

In light of the the report, the Committee

**RESOLVED**

That no changes be recommended to the Council on the Statutory Codes of Conduct and LBHF Local Protocols and Guidance to Members, as set out on pages 360-413 of the Council's Constitution.

**5**      **ANNUAL REPORT 2008-09**

The Committee received a draft Annual Report and agreed some minor changes in light of the meeting as well as concluding comments by the Chairman.

**DB**

**RESOLVED**

That the draft report be updated and finalised as agreed above.

**6**      **REVIEW OF LOCAL COMPLAINTS SYSTEM.**

The Committee received a report summarising the system adopted in June 2008 and considered whether any changes were needed in light of experience during the year.

Only one case had been considered during the year. The system put in place had worked well and the Committee saw no reason to make any changes to the arrangements.

**RESOLVED**

That no changes be made to the system agreed in 2008 to deal with local complaints.

**7**      **WORK PROGRAMME**

**DB**

The Committee discussed possible topics for its Work Programme for the forthcoming year. In addition to a review of the Council's Whistleblowing Policy and of the Anti-Fraud Service's current activities, they requested reports on

- The details of the complaints case heard in 2008, to be circulated as an exempt item
- The implications for the Committee of the arrangements for integrating the local authority and the Primary Care Trust
- How the Register of Interests and code on gifts and hospitality is monitored to ensure compliance by Members
- Feedback from the Council's IT section on the amount and duration of "hits" on the website in relation to local complaints.

They also agreed it might be useful to invite Sophia Lambert, Chairman of the Kensington & Chelsea Standards Committee

and Chairman of the Virtual Network of London Standards Committee Chairmen, to the October 2009 meeting for her ideas about future work by the Standards Committee.

**RESOLVED**

That the Work Programme be amended as set out above.

**ANY OTHER BUSINESS**

**8**

Mr. Moussavi raised his concern at the discussions which had been taking place about the possible Chairman for 2009-10, following the convention that the Chairmanship should rotate between the various Independent Members. The Committee were re-assured that this was normal practice in advance of meetings to elect Chairmen and in no way affected the decision of the Committee at its next meeting to elect its own Chairman.

Meeting began : 7:00 pm

Meeting ended : 7.55 pm

CHAIRMAN.....



**STANDARDS COMMITTEE**  
**TERMS OF REFERENCE**

**1. Constitution**

- 1.1 The Standards Committee shall be appointed by the Council under Section 53 of the Local Government Act 2000.
- 1.2 The Constitution of the Committee may be amended in the light of further Regulations and guidance from the Secretary of State and/or the Standards Board for England.

**2. Membership**

- 2.1 Members of the Committee shall be appointed by the Council and shall consist of:

5 independent members (appointed by the Council on a simple majority after recommendation by the Standards Committee Appointments Panel); and

5 Councillors (3 Administration - no more than one of whom may come from the Executive - and 2 Opposition members)

**3. Quorum**

- 3.1. The quorum for the meeting shall be 4 members, one of whom must be an independent member and one of whom must be a member of the Council.

**4. Voting**

- 4.1 All members of the Committee shall have voting rights. In the event of an equality of votes, the Chairman shall have the casting vote.

**5. Chairman**

- 5.1 The Committee shall elect its own Chairman from among the independent members, with the intention that this shall be on annual rotation.

**6. Procedures**

- 6.1 Council Standing Orders (as applicable to Committees) shall apply at meetings of the Committee.
- 6.2 Meetings of the Committee shall be held in public, subject to the provisions for considering exempt items in accordance with sections 100A-D of the Local Government Act 1972 (as amended).

**7. Terms Of Reference**

- 7.1 To promote and maintain high standards of conduct within the Council by Councillors, co-opted members and employees, and to oversee the Council's ethical governance framework.
- 7.2 To assist members, co-opted members and employees of the authority to observe the authority's Codes of Conduct (Councillors statutory Code and Staff Code of Conduct). To oversee and monitor the application of the Council's local protocols, and to recommend to Council any changes or additions needed.
- 7.3 To oversee the preparation and dissemination of advice and guidance on matters relating to the Councillors' Code of Conduct, and to review arrangements for Councillor training in this area.
- 7.4 To receive an annual report on the operation of the Council's Confidential Reporting Code (whistle-blowing policy).
- 7.5 To consider and advise on any matters relating to the Council's ethical governance framework, and to draw up a forward programme of work, so as to ensure effective oversight of such issues.
- 7.6 To grant dispensations in accordance with the Relevant Authorities (Standards Committees) (Dispensation) Regulations 2002.
- 7.7 To carry out all the functions of a Standards Committee under the Standards Committee (England) Regulations 2008 including the consideration, investigation, determination and referral of complaints against elected members, and the establishment of sub-committees for these purposes.
- 7.8 Other functions from time to time as agreed appropriate by the Council or required by new legislation.



# STANDARDS COMMITTEE

# 7

## 10 JUNE 2009

### CONTRIBUTORS

### WARDS

ADLDS  
HCS

**REVIEW OF THE MEMBERS' REGISTER OF INTERESTS AND THE REGISTER OF GIFTS AND HOSPITALITY** All

#### Summary

This report summarises the outcomes of a corporate governance review recently conducted by Internal Audit. The Committee is also updated on the implementation of improved processes for dealing with the Members' Register of Interests and the Register of Gifts and Hospitality following the audit.

#### RECOMMENDATION:

That the Committee note that improved processes have been established to ensure the prompt and accurate handling of amendments to the Members' Register of Interests and the Register of Gifts and Hospitality.

## 1. **BACKGROUND**

1.1 In March 2009, Internal Audit conducted an audit of corporate and partnership governance, which focused on the following areas:-

- Corporate governance;
- Financial management and governance documents;
- Code of Conduct;
- Register of Gifts and Hospitality;
- Register of Interests; and
- Partnership governance arrangements.

1.2 The overall opinion of the auditors was that a substantial level of assurance could be given regarding the Council's corporate and partnership governance, and consequently no priority 1 recommendations were made. However, some weaknesses in control were identified in relation to the Register of Interests and the Register of Gifts and Hospitality.

## 2. **INTERNAL AUDIT RECOMMENDATIONS**

2.1 The final report recommended a number of changes to the procedure for dealing with both registers:-

- (i) that the Register of Gifts and Hospitality should be promptly updated in response to notifications from Councillors;
- (ii) that the 'Notification by Member of a Local Authority of Financial and Other Interests' should be promptly updated when a Councillor files a 'Declaration of interests of councillors and co-opted members made at Council, committee and other meetings';
- (iii) that declaration of interests of Councillors and co-opted members made at Council, committee and other meetings should be dated and cross referenced to the meeting at which they were declared.

2.2 In response to these findings, Councillors' Services have established improved processes for dealing with amendments to both the Register of Interest and the Register of Gifts and Hospitality.

### **3. DECLARATIONS OF INTEREST**

- 3.1 A review of all Member Declarations of Interest forms has now been completed. As part of this process, 23 councillors were written to, with a 100 percent response rate. Those councillors who had up to date forms were not contacted. However, the process will continue with an annual reminder to all Councillors in September. All forms were cross-referenced with the list of outside organisations to which the Council appoints, and where Councillors had not declared an appointment, they were sent a letter reminding them of the need to do so.
- 3.2 The standard letter sent out to members on their appointment to an outside organisation has also been updated to remind them of the need to update the register. This will allow us to capture the relevant information on appointments.
- 3.3 Declarations made by members at meetings are now routinely cross checked against the register to ensure that information is up to date. Any changes to the declaration of interest forms are updated within 48 hours of receipt and published on the Internet.
- 3.4 Members have been reminded that guidance on declarations of interest is contained in the Statutory Members Code of Conduct (2007), which is available in Part 5 of the Council's Constitution.

### **4. REGISTER OF GIFTS AND HOSPITALITY**

- 4.1 The register has been redesigned to record entries on an annual basis, running from May to April each year.
- 4.2 Forms submitted to Councillors' Services are updated within 48 hours of receipt.
- 4.3 Members are reminded that the Part 5 of the Council's Constitution contains 'Guidance Gifts and Hospitality'.

### **5. CONCLUSIONS**

- 5.1 These process improvements will ensure that all member declarations of interest and entries in the Register of Gifts and Hospitality are updated promptly and accurately. It will also assist the Corporate Finance division in collating data for completing the related party transactions information required to close the Council's accounts.

**6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES**

6.1 There are no financial implications arising from this decision.

**7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

7.1 The Monitoring Officer is obliged, under s.81 of the Local Government Act 2000, to maintain the register of interests etc.. which is accessible to the public, and members are obliged to register their interests, gifts and hospitality and any changes within 28 days of their occurrence.

**LOCAL GOVERNMENT ACT 2000  
BACKGROUND PAPERS**

<b>No.</b>	<b>Brief Description of Background Papers</b>	<b>Name/Ext. of holder of file/copy</b>	<b>Department/Location</b>
1.	Register of Members' Interests	Kayode Adewumi	Head of Councillors' Services x2499
2.	Register of Gifts and Hospitality	Kayode Adewumi	Head of Councillors' Services x2499
3.	Internal Audit Report 2008/09 London Borough of Hammersmith & Fulham Corporate and Partnership Governance April 2009	Kayode Adewumi	Head of Councillors' Services x2499
4	LB Hammersmith and Fulham Council Constitution – Part 5 Statutory Members Code of Conduct (2007) and Guidance on Gifts and Hospitality	Kayode Adewumi	Head of Councillors' Services x2499



# STANDARDS COMMITTEE

8

10 JUNE 2009

## CONTRIBUTORS

## WARDS

Monitoring Officer

Summary

All

This report informs the Committee of the work being undertaken by the Council and the PCT for the closer integration of public services in the Borough and the appointment Geoff Alltimes as the Chief Executive of the PCT.

## RECOMMENDATION:

That the Committee consider the report and note the separate arrangements which apply to the PCT in relation to ethics and conduct.

## 1. **Background**

- 1.1 Local authorities and NHS bodies have a number of powers to enable them to work in partnership with one another. These include the power for the Council to provide the NHS with goods and services, including professional and managerial services and powers to pool certain budgets and delegate certain health related functions to one another.
- 1.2 Since last summer the executive teams of the Council and the PCT have sponsored a project to assess the opportunities and risk of pursuing closer integration. The outcome of this work led the executive leadership of both organisations to conclude that the challenges they face can be best tackled by harnessing each others expertise through integration, to deliver better outcomes for residents.
- 1.3 In March this year the PCT Board and the Council's Cabinet agreed to the appointment of the Council's Chief Executive, Geoff Alltimes, as Chief Executive of the PCT and to delegate authority to officers to work to integrate executive teams. The Executive Summary to the Cabinet Report is reproduced below. A copy of the full report can be obtained from [David.Viles@lbhf.gov.uk](mailto:David.Viles@lbhf.gov.uk) .

## 2. **Executive Summary**

- 2.1 There has rarely been a more opportune time for London Borough of Hammersmith and Fulham (LBHF) and NHS Hammersmith and Fulham (NHS H&F, the local primary care trust) to be seeking to put in place arrangements which have the potential to deliver real and significant benefits in the management of public services in the borough. This business case sets out the case for closer integration of the management teams of LBHF and NHS H&F, and the proposed management and integration structure.
- 2.2 LBHF and NHS H&F have a good track record in delivering better outcomes for residents by working closely together for example in child and adolescent mental health services, teenage pregnancy prevention and co-location, joint management and joint commissioning of services for people with mental health problems and people with learning disabilities.
- 2.3 Despite the progress achieved through close working, the future challenges faced by both organisations remain substantial. The ambitions to regenerate key neighbourhoods in the borough, improve social mobility and reduce health inequalities in Hammersmith and Fulham are demanding. The recent joint strategic needs assessment undertaken by LBHF and NHS H&F provides a clear picture as to the health and well-being needs of residents, and to meet those needs successfully requires more than the traditional health service – it requires all partners to ensure the health gain of all activity is maximised. The new Local Area Agreement and Comprehensive Area Agreement, with its focus on the area and place rather than individual statutory bodies reaffirms the need to look beyond



traditional boundaries and reconsider how we work together for the benefit of our residents. The increased emphasis on strengthening commissioning in the NHS has required the NHS to look carefully at how it commissions services locally. Finally, the financial context of constrained public sector growth in the future, combined with the future cost pressures resulting from the ageing population and lifestyle factors means that all partners must look for innovative ways to drive the best value for residents from the system.

- 2.4 Given this context, the executive teams of LBHF and NHS H&F have sponsored a project to assess the opportunities and risk of pursuing closer integration. Segmentation analysis undertaken for the project and analysis from the recent Joint Strategic Needs Assessment work has identified opportunities to improve access, delivery, quality of outcome and effectiveness of outreach. Overall, they represent a substantial programme of reform to existing services across the NHS and the Council (and not confined to children's and adults services where most joint services have been developed) and opportunities to work together to develop new programmes to improve access, assist people to choose healthy lives, and to make better use of the intelligence and support services that NHS H&F and LBHF both require.
- 2.5 The executive leadership of both organisations believe that the challenges they face can best be tackled by harnessing each others expertise through integration, to deliver better outcomes for residents. It is therefore proposed to integrate the executives of LBHF and NHS H&F by creating an unified executive team.
- 2.6 The proposed approach is for:
- a unified management team to support the two continuing statutory bodies;
  - a single Chief Executive of both the LBHF and NHS H&F;
  - an unified executive management team, consisting the existing 5 Directors of LBHF and a new post at NHS H&F of Managing Director Health;
  - both the NHS H&F Board and LBHF Cabinet continuing, with minor changes to membership; and
  - the NHS H&F Board and LBHF Cabinet to meet twice a year to discuss shared agendas.
- 2.7 We believe that implementing an unified executive team can:
- improve resident and customer satisfaction with public services in H&F;
  - deliver high quality, timely, effective services, with best value for money;

- deliver real, early benefits that will make a difference to residents;
  - support both organisations to achieve and maintain excellence in delivering their functions; and
  - over the long term, reduce health inequalities and regenerate neighbourhoods.
- 2.8 Integration will enable improvements to the achievements of targets, excellence in commissioning and value for money which mean that we can improve NHS H&F's current performance rating by the Healthcare Commission (shortly the Care Quality Commission), and as a partnership, seek to achieve the very best score on the new Comprehensive Area Assessment.
- 2.9 The proposals have been considered by the Health and Social Care Scrutiny Committee, which supported the proposals, and have received the support of NHS London.

### **3. The Effect of Integration**

- 3.1 Integration will be achieved through the powers of the parties to co-operate, share professional services and enter into pooled budget and delegations for appropriate services. It does not, and cannot, amount to a merger of the Council and the PCT. Both will remain separate statutory legal entities responsible for the discharge of their respective statutory functions. The Council and the Cabinet will remain the ultimate decisions makers for the local authority and the Board will remain the ultimate decision maker for the PCT. Both bodies will remain accountable to the relevant government agencies and the High Court in relation to administrative law matters.

### **4. Ethical Arrangements within the PCT**

- 4.1 The PCT has its own ethical arrangements under the aegis of the Secretary of State for Health and the Department of Health. All board directors of NHS organisations are required on appointment to sign up to a Code of Conduct. Breaches of this code by chairmen and non-executive directors are drawn to the attention of the appropriate Regional Commissioner of the NHS Appointments Commission who has powers of investigation and removal.
- 4.2 NHS managers are required to adhere to the NHS Code of Conduct for Managers and Chairmen and non-executive directors are responsible for taking disciplinary action against any non-executive director in breach of the manager's code.
- 4.3 A copy of the Code of Conduct for NHS Boards is attached at appendix 1 together with the Code of Accountability for NHS Boards which explains how boards should seek to discharge their functions.

- 4.4 It will be seen that the Code of Conduct for NHS Boards covers broadly similar areas to the Councillors' Code of Conduct but without provisions relevant only to a democratically elected body. Thus the NHS Code covers:-
- General Public Service Values
  - Rules on declaration and registration of interests and non-participation where appropriate
  - Rules on hospitality and expenditure
  - Conduct in relation to staff
- 4.5 The general provisions in the NHS Code are expanded upon in the PCT's Standing Orders.
- 4.6 Paragraph 7 of these Standing Orders, which deals with the duties and obligations of board members and senior managers, are attached at Appendix 2. This provides more detailed rules in relation to the declaration, recording and registration of interests, participation etc.
- 5. Impact on the Standards Committee**
- 5.1 Because the Council and the PCT will remain separate legal entities each subject to their own distinct statutory duties, governance arrangements and codes of conduct there will be no direct implications for the Committee. Where joint meetings of the PCT Board and the Cabinet take place officers will ensure that the relevant rules in relation to interests are identified on the agenda. Individuals who are subject to two sets of codes of conduct (currently only the Chief Executive) will be able to obtain advice from the relevant body as and when required.

**LOCAL GOVERNMENT ACT 2000  
BACKGROUND PAPERS**

<b>No.</b>	<b>Brief Description of Background Papers</b>	<b>Name/Ext. of holder of file/copy</b>	<b>Department/Location</b>
1.	NHS Code of Conduct, Code of Accountability, Hammersmith and Fulham PCT Standing Orders (December 2008)	Michael Cogher, Ext 2700	FCS, Room 133a, First Floor Hammersmith Town Hall

## CODE OF CONDUCT CODE OF ACCOUNTABILITY IN THE NHS

### CODE OF CONDUCT

Public Service Values  
General Principles  
Openness and Public Responsibilities  
Public Service Values in Management  
Public Business and Private Gain  
Hospitality and Other Expenditure  
Relations with Suppliers  
Staff  
Compliance

### CODE OF ACCOUNTABILITY

Status  
Code of Conduct  
Statutory Accountability  
The Board of Directors  
The Role of the Chair  
Non-Executive Directors  
Reporting and Controls  
Declaration of Interests  
Employee Relations

## CODE OF CONDUCT FOR NHS BOARDS

Public service values must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

There are three crucial public service values which must underpin the work of the health service.

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

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

**Openness** – there should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

### General Principles

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

The success of this Code depends on a vigorous and visible example from boards and the consequential influence on the behaviour of all those who work within the organisation. Boards have a clear responsibility for corporate standards of conduct and acceptance of the Code should inform and govern the decisions and conduct of all board directors.

### Openness and Public Responsibilities

Health needs and patterns of provision of health care do not stand still. There should be a willingness to be open with the public, patients and with staff as the need for change emerges. It is a requirement that major changes are consulted upon before decisions are reached. Information supporting those decisions should be made available, in a way that is understandable, and positive

responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000.

NHS business should be conducted in a way that is socially responsible. As a large employer in the local community, NHS organisations should forge an open and positive relationship with the local community and should work with staff and partners to set out a vision for the organisation in line with the expectations of patients and the public. NHS organisations should demonstrate to the public that they are concerned with the wider health of the population including the impact of the organisation's activities on the environment.

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

### Public Service Values in Management

It is unacceptable for the board of any NHS organisation, or any individual within the organisation for which the board is responsible, to ignore public service values in achieving results. Chairs and board directors have a duty to ensure that public funds are properly safeguarded and that at all times the board conducts its business as efficiently and effectively as possible. Proper stewardship of public monies requires value for money to be high on the agenda of all NHS boards.

Accounting, tendering and employment practices within the NHS must reflect the highest professional standards. Public statements and reports issued by the board should be clear, comprehensive and balanced, and should fully represent the facts. Annual and other key reports should be issued in good time to all individuals and groups in the community who have a legitimate interest in health issues to allow full consideration by those wishing to attend public meetings on local health issues.

### Public Business and Private Gain

Chairs and board directors should act impartially and should not be influenced by social or business relationships. No one should use their public position to further their private interests. Where there is a potential for private interests to be material and relevant to NHS business, the relevant interests should be declared and recorded in the board minutes, and entered into a register which is available to the public. When a conflict of interest is established, the board director should withdraw and play no part in the relevant discussion or decision.

### Hospitality and Other Expenditure

Board directors should set an example to their organisation in the use of public funds and the need for good value in incurring public expenditure. The use of NHS monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. NHS boards should be aware that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage respect for the NHS in the eyes of the community.

### Relations with Suppliers

NHS boards should have an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and the decision should be recorded. NHS boards should be aware of the risks in incurring obligations to suppliers at any stage of a contracting relationship. Suppliers should be selected on the basis of quality, suitability, reliability and value for money. The Department of Health has issued guidance to NHS organisations about standards of business conduct (ref: HSG(93)5).

### Staff

NHS boards should ensure that staff have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The board must establish a climate:

- that enables staff who have concerns to raise these reasonably and responsibly with the right parties;
- that gives a clear commitment that staff concerns will be taken seriously and investigated; and
- where there is an unequivocal guarantee that staff who raise concerns responsibly and reasonably will be protected against victimisation.

(Ref: Whistleblowing in the NHS, letter dated 25 July 2003 from the Director of HR in the NHS)

### Compliance

Board directors should satisfy themselves that the actions of the board and its directors in conducting board business fully reflect the values in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All board directors of NHS organisations are required, on appointment, to subscribe to the Code of Conduct.

Originally published April 1994  
First revision April 2002  
Second revision July 2004

## CODE OF ACCOUNTABILITY FOR NHS BOARDS

This Code of Practice is the basis on which NHS organisations should seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health.

### Status

NHS organisations, such as NHS trusts, primary care trusts, strategic health authorities and special health authorities, are established under statute as corporate bodies so ensuring that they have separate legal personality. Statutes and regulations prescribe the structure, functions and responsibilities of the boards of these bodies and prescribe the way chairs and directors of boards are to be appointed.

### Code of Conduct

All board directors of NHS organisations are required, on appointment, to subscribe to the Code of Conduct. Breaches of this Code of Conduct by the chair or a non-executive director of the board should be drawn to the attention of the appropriate Regional Commissioner of the NHS Appointments Commission.

NHS managers are required to take all reasonable steps to comply with the requirements set out in the Code of Conduct for NHS Managers. Chairs and non-executive directors of NHS boards are responsible for taking firm, prompt and fair disciplinary action against any executive director in breach of the Code of Conduct for NHS Managers.

### Statutory Accountability

The Secretary of State for Health has statutory responsibility for the health of the population of England and uses statutory powers to delegate functions to NHS organisations who are thus accountable to the Secretary of State and to Parliament. The Department of Health is responsible for directing the NHS, ensuring national policies are implemented and for the effective stewardship of NHS resources.

NHS trusts provide services to patients (these may be acute services, ambulance services, mental health or other special services, e.g. for children). Other main functions are to:

- ensure services are of high quality and accessible;
- lead the development of new ways of working to fully engage patients and ensure a patient-centred service;

Primary care trusts are expected to identify the health needs of the population, to work to improve the health of the community and to secure the provision of a full range of services. Other main functions are to:

- maintain an effective public health function;
- lead local planning;
- manage and develop primary healthcare services;
- develop and improve local services;
- lead the integration of health and social care; and
- deliver services within their remit.

Strategic health authorities provide strategic leadership to ensure the maintenance of provision and the delivery of improvements in local health and health services by primary care trusts and NHS trusts, within the national framework of developing a patient-centred NHS and supported by effective controls and clinical governance systems. Other main functions for which the Strategic Health Authority is responsible are to:

- lead the development and empowerment of uniformly excellent frontline NHS organisations committed to innovation and improvement;
- consider the overall needs of the health economy across primary, community, secondary and tertiary care, and working with primary care trusts and NHS trusts to deliver a programme to meet these needs;
- performance manage and ensure accountability of local primary care trusts and NHS trusts;
- lead on the creation and development of clinical and public health networks;
- create capacity through the preparation and delivery of strategies for capital investment, information management and workforce development;
- ensure effective networks and joint working exists between NHS organisations for the provision of health and social care; and
- ensure the development and training of an adequate workforce of competent clinical personnel.

NHS trust, primary care trust and strategic health authority finances are subject to external audit by the Audit Commission and, for the value for money element, by the Healthcare Commission.

NHS boards must co-operate fully with the Department of Health, the Audit Commission and the Healthcare Commission when required to account for the use they have made of public funds, the delivery of patient care and other services, and compliance with statutes, directions, guidance and policies of the Secretary of State. The Chief Executive/Permanent Secretary of the Department of Health, as Accounting Officer for the NHS, is accountable to Parliament. The work of the Department of Health and its associated bodies is examined by the House of Commons Health Committee. Its remit is to examine the expenditure, administration and policy of the Department of Health. Two other Parliamentary Committees, the Public Accounts Committee and the Public Administration Select Committee, scrutinise the work of the Department of Health and the health service.

#### The Board of Directors

NHS boards comprise executive directors together with non-executive directors and a chair who are appointed by the NHS Appointments Commission on behalf of the Secretary of State. Together they share corporate responsibility for all decisions of the board. There is a clear division of responsibility between the chair and the chief executive; the chair's role and board functions are set out below; the chief executive is directly accountable to the board for meeting their objectives, and as Accountable Officer, to the Chief Executive of the NHS for the performance of the organisation. Boards are required to meet regularly and to retain full and effective control over the organisation; the chair and non-executive directors are responsible for monitoring the executive management of the organisation and are responsible to the Secretary of State for the discharge of these responsibilities. Strategic health authorities generally provide the line of accountability from local NHS organisations to the Secretary of State for the performance of the organisation. Regional Commissioners of the NHS Appointments Commission will always be available to chairs and non-executive directors on matters of concern to them relating to the personal effectiveness of individual chairs and non-executives.

The duty of an NHS board is to add value to the organisation, enabling it to deliver healthcare and health improvement within the law and without causing harm. It does this by providing a framework of good governance within which the organisation can thrive and grow. Good governance is not restrictive but

an enabling ingredient to underpin change and modernisation.

The role of an NHS board is to:

- be collectively responsible for adding value to the organisation, for promoting the success of the organisation by directing and supervising the organisation's affairs
- provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed
- set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance
- set the organisation's values and standards and ensure that its obligations to patients, the local community and the Secretary of State are understood and met.

Further details may be obtained from *Governing the NHS: A Guide for NHS Boards* at [www.dh.gov.uk](http://www.dh.gov.uk)

#### The Role of the Chair

The overall role of the chair is one of enabling and leading so that the attributes and specific roles of the executive team and the non-executives are brought together in a constructive partnership to take forward the business of the organisation.

The key responsibilities of the chair are:

- leadership of the board, ensuring its effectiveness on all aspects of its role and setting its agenda;
- ensuring the provision of accurate, timely and clear information to directors;
- ensuring effective communication with staff, patients and the public;
- arranging the regular evaluation of the performance of the board, its committees and individual directors; and
- facilitating the effective contribution of non-executive directors and ensuring constructive relations between executive and non-executive directors.

A complementary relationship between the chair and chief executive is important. The chief executive is accountable to the chair and non-executive directors of the board for ensuring that the board is empowered to govern the organisation and that the objectives it sets are accomplished through effective and



properly controlled executive action. The chief executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the board.

Further details may be obtained from *Governing the NHS: A Guide for NHS Boards* at [www.dh.gov.uk](http://www.dh.gov.uk).

#### Non-Executive Directors

Non-executive directors are appointed by the NHS Appointments Commission on behalf of the Secretary of State to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.

The duties of non-executive directors are to:

- constructively challenge and contribute to the development of strategy;
- scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance;
- satisfy themselves that financial information is accurate and that financial controls and systems of risk management are robust and defensible;
- determine appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary, removing senior management and in succession planning; and
- ensure the board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

Non-executive directors also have a key role in a small number of permanent board committees such as the Audit Committee, Remuneration and Terms of Service Committee, the Clinical Governance Committee and Risk Management Committee.

Further details may be obtained from *Governing the NHS: A Guide for NHS Boards* at [www.dh.gov.uk](http://www.dh.gov.uk).

#### Reporting and Controls

It is the board's duty to present through the timely publication of an annual report, annual accounts and other means, a balanced and readily-understood assessment of the organisation's performance to:

- the Department of Health, on behalf of the Secretary of State

- the Audit Commission and its appointed auditors, and
- the local community.

Detailed financial guidance, including the role of internal and external auditors, issued by the Department of Health must be observed. (Ref: the *NHS Finance Manual* at [www.info.doh.gov.uk/doh/finman](http://www.info.doh.gov.uk/doh/finman)). The Standing Orders of boards should prescribe the terms on which committees and sub-committees of the board may be delegated functions, and should include the schedule of decisions reserved for the board.

#### Declaration of Interests

It is a requirement that chairs and all board directors should declare any conflict of interest that arises in the course of conducting NHS business. All NHS organisations maintain a register of member's interests to avoid any danger of board directors being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties. All board members are therefore expected to declare any personal or business interest which may influence, or may be *perceived* to influence, their judgement. This should include, as a minimum, personal direct and indirect financial interests, and should normally also include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner of, or being employed by, a person with such an interest.

#### Employee Relations

NHS boards must comply with legislation and guidance from the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money. Fair and open competition should be the basis for appointment to posts in the NHS.

The terms and conditions agreed by the board for senior staff should take full account of the need to obtain maximum value for money for the funds available for patient care. The board should ensure through the appointment of a remuneration and terms of service committee that executive board directors' remuneration can be justified as reasonable. Board directors' remuneration for the NHS organisation should be published in its annual report.

Originally published April 1994  
First revision April 2002  
Second revision July 2004

appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the PCT's Standing Orders and Standing Financial Instructions.

## **6.2 Specific Policy statements**

Notwithstanding the application of SO No. 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Standards of Business Conduct and Conflicts of Interest Policy for the staff;
- Code of Conduct for NHS Managers 2002
- ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry
- the staff Disciplinary and Appeals Procedures adopted by the PCT both of which shall have effect as if incorporated in these Standing Orders.

## **6.3 Standing Financial Instructions**

Standing Financial Instructions adopted by the PCT Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

## **6.4 Specific guidance**

Notwithstanding the application of SO No. 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2000.

## **7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS**

### **7.1 Declaration of Interests**

#### **7.1.1 Requirements for Declaring Interests and applicability to Board and PEC Members**

- i) The NHS Code of Accountability requires PCT Board members and PEC members to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment. References here to Board members shall mean both Trust Board members and PEC members.

#### **7.1.2 Interests which are relevant and material**

- (i) Interests which should be regarded as "relevant and material" are:
  - a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);

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- b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
  - c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
  - d) A position of authority in a charity or voluntary organisation in the field of health and social care;
  - e) Any connection with a voluntary or other organisation contracting for NHS services.
  - f) Research funding/grants that may be received by an individual or their department;
  - g) Interests in pooled funds that are under separate management.
  - h) Practice Based Commissioning (see 18.3)
- (ii) Any Member of the PCT Board or PEC who comes to know that the PCT has entered into or proposes to enter into a contract in which he or any person connected with him (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member or PEC member shall declare his/her interest by giving notice in writing of such fact to the PCT as soon as practicable.

#### 7.1.3 Advice on Interests

**If Board or PEC members have any doubt about the relevance of an interest, this should be discussed with the Chairman of the PCT or the Chairman of the PEC as appropriate, or with the PCT Company Secretary.**

Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

#### 7.1.4 Recording of Interests in PCT Board and PEC minutes

At the time Board members' interests are declared, they should be recorded in the PCT Board minutes or in the case of the PEC in the PEC's minutes. Where interests are declared to the PEC these should be formally reported to the PCT Board at the earliest opportunity.

Any changes in interests should be declared at the next PCT Board meeting or PEC meeting following the change occurring and recorded in the minutes of that meeting.

#### 7.1.5 Publication of declared interests in Annual Report

Board members' and PEC Members, Directorships of companies likely or possibly seeking to do business with the NHS should be published in the PCT's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

#### 7.1.6 Conflicts of interest which arise during the course of a meeting

During the course of a PCT Board meeting or an PEC meeting, if a conflict of interest is established, the Board or PEC Member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

## 7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or PEC members. In particular the Register will include details of all Directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both executive and non-executive PCT Board Members and PEC members.

7.2.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicise arrangements for viewing it.

## 7.3 Exclusion of Chairman and Members in proceedings on account of pecuniary interest

### 7.3.1 Definition of terms used in interpreting 'Pecuniary' interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

- (i) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- (ii) "contract" shall include any proposed contract or other course of dealing;
- (iii) "Pecuniary interest"

Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

- a) he/she, or a nominee of his/her, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or
- b) he/she is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

#### iv) Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

- a) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or
- b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or
- c) those securities of any company in which he/her (or any person connected with him/her) has a beneficial interest do not exceed

£5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2 (ii).

#### 7.3.2 Exclusion in proceedings of the PCT Board or PEC

- (i) Subject to the following provisions of this Standing Order, if the Chairman or a member of the PCT Board, or Chairman of the PEC or member of the PEC has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the PCT Board or PEC at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (ii) The Secretary of State may, subject to such conditions as he/she may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him/her in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health).
- (iii) The PCT Board may exclude the Chairman or a member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest is under consideration. The PEC may take the same action in relation to the PEC Chairman or PEC Members.
- (iv) Any remuneration, compensation or allowance payable to the Chairman or a member by virtue of paragraph 11 of Schedule 3 to the National Health Service Act 2006 (remuneration, pensions of members) shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- (v) This Standing Order applies to a committee (including the PEC) or sub-committee and to a joint committee or sub-committee as it applies to the PCT and applies to a member of any such committee or sub-committee (whether or not he is also a member of the Trust) as it applies to a Member of the PCT.

#### 7.3.3 Waiver of Standing Orders made by the Secretary of State of Health

- (1) Power of the Secretary of State to make waivers

Under regulation 11(2) (repeated in SO 7.2 above) there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

- (2) Definition of 'Chairman' for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3. (3) (below), the "relevant chairman" is–

- (a) at a meeting of the PCT, the Chairman of that PCT;
- (b) at a meeting of the PEC–

- (i) in a case where the member in question is the Chairman of that Committee, the Chairman of the PCT;
- (ii) in the case of any other member, the Chairman of that Committee.

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the PCT or its PEC on account of a pecuniary interest.

It will apply to:

- (i) A member of the PCT, or the PEC of the PCT, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of–
    - (a) services under the National Health Service Act 2006;
    - (b) for the benefit of persons for whom the PCT is responsible.
  - (ii) Where the 'pecuniary interest' of the member in the matter which is the subject of consideration at a meeting at which he is present:–
    - (a) arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
    - (b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:–
      - (i) are members of the same profession as the member in question;
      - (ii) are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the PCT is responsible.
- (4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (a) the member must disclose his interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (b) the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;
- (c) **in the case of a meeting of the PCT:**
  - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded; but
  - (ii) may not vote on any question with respect to it.

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**(d) in the case of a meeting of the PEC:**

- (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded; and
- (ii) may vote on any question with respect to it; but
- (iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the PCT Board.

**7.4 Standards of Business Conduct**

**7.4.1 PCT Policy and National Guidance**

All PCT staff and members of must comply with the Trust's Standards of Business Conduct and Conflicts of Interest Policy and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' (and other standards in SO 6.2).

**7.4.2 Interest of Officers in Contracts**

- i) Any officer or employee of the PCT who comes to know that the PCT has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust's Company Secretary as soon as practicable.
- ii) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the PCT.
- iii) The PCT will require interests, employment or relationships so declared to be entered in a register of interests of staff.

**7.4.3 Canvassing of and Recommendations by Members in Relation to Appointments**

- i) Canvassing of members of the PCT or of any Committee of the Trust directly or indirectly for any appointment under the PCT shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.
- ii) Members of the PCT or PEC shall not solicit for any person any appointment under the PCT or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the PCT.

**7.4.4 Relatives of Members or Officers**

- i) Candidates for any staff appointment under the PCT shall, when making an application, disclose in writing to the PCT whether they are related to any member or the holder of any office under the PCT. Failure to disclose such a

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relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.

- ii) The Chairman and every member and officer of the PCT shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the PCT Board any such disclosure made.
- iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the PCT whether they are related to any other member or holder of any office under the PCT.
- iv) Where the relationship to a member of the PCT is disclosed, the Standing Order headed 'Disability of Chairman and members in proceedings on account of pecuniary interest' (SO 7) shall apply.

## **8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS**

### **8.1 Custody of Seal**

The common seal of the PCT shall be kept by the Chief Executive or a nominated Manager by him in a secure place. The Chief Executive has nominated the Deputy Board Secretary to keep custody of the Seal

### **8.2 Sealing of Documents**

Where it is necessary that a document shall be sealed, the seal shall be affixed by the Deputy Board Secretary in the presence of two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

### **8.3 Register of Sealing**

The Chief Executive shall keep a register in which he/she, or another manager of the PCT authorised by him/her, shall enter a record of the sealing of every document. The Chief Executive has nominated the Deputy Board Secretary to keep the Seal Register and record all use of the seal in the register.

### **8.4 Signature of documents**

Where any document will be a necessary step in legal proceedings on behalf of the PCT, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

## **9. MISCELLANEOUS (see overlap with SFI No. 21.3)**

### **9.1 Joint Finance Arrangements**

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 256 of the NHS Act 2006. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services

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# STANDARDS COMMITTEE

# 9

## 10 JUNE 2009

**CONTRIBUTORS**

**ANNUAL ASSEMBLY OF STANDARDS WARDS  
COMMITTEES 2009**

**ACE  
ADLDS**

**ALL**

Summary

The report outlines details of the Annual Assembly of Standards Committees and seeks the Committee's views as to who should attend.

**RECOMMENDATION:**

That the Committee agree the names of 2 delegates to attend the Annual Assembly.

## BACKGROUND

1.1 The Annual Assembly of Standards Committees is the leading conference on all issues concerned with the local government Code of Conduct and improving ethical standards.

1.2 The conference, which this year is held on 12 and 13 October at the International Convention Centre in Birmingham, has been running for 7 years, and attracts a capacity 800 delegate audience.

1.3 At the last meeting it was agreed that the Council should book 2 places for the conference in the nominal names of the Chairman of the Committee and of the Assistant Chief Executive respectively, the final names of those attending to be decided at this meeting.

## 8<sup>th</sup> ANNUAL ASSEMBLY

2.1 The 8<sup>th</sup> Annual Assembly Programme is entitled “Bringing Standards into Focus”. The Standards Board has worked with a Panel of monitoring officers and standards committee members to develop a range of sessions for this year’s programme. The sessions look in depth at standards in action, give delegates the opportunity to share good practice examples and allows them to discuss their experiences of managing the practicalities of local assessment.

2.2 The programme is designed to bring strategic issues for ethical governance into focus, and aims to provide delegates with the knowledge and practical resources you need to improve and promote standards and local democracy in their own authority. In particular, the **Sharing Good Practice** discussion forums on Day 2 are highly recommended. They are a great opportunity to discuss delegates’ questions on the standards framework with colleagues from the standards community.

2.3 Delegates attend a mix of plenary, mini-plenary sessions, workshops, discussion forums and fringe events.

2.4 The Conference booking includes all the sessions including refreshments and the conference Dinner but early booking of accommodation separately is advised.

## RECOMMENDATION

3 To agree the names of the 2 Members who should attend this year’s Conference. Last year the Conference was attended by Joyce Epstein and Michael Cogher.

### LOCAL GOVERNMENT ACT 2000 BACKGROUND PAPERS

No.	Brief Description of	Name/Ext. of holder of	Department/Location
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	<b>Background Papers</b>	<b>file/copy</b>	
1	Annual Assembly Website <a href="http://www.annualassembly.co.uk">www.annualassembly.co.uk</a>	Standards Board for England	



# STANDARDS COMMITTEE

10 JUNE 2009

# 11

## CONTRIBUTORS

## STANDARDS COMMITTEE WORK PROGRAMME

## WARDS

ADLDS  
HCS

ALL

### Synopsis

The attached appendix sets out the Committee's future work programme and scheduled reporting dates. Members are asked to note and update the work programme as necessary.

### RECOMMENDATION:

That the Standards Committee note and agree its proposed future work programme.

## APPENDIX A

### STANDARDS COMMITTEE PROPOSED FORWARD WORK PROGRAMME

<b>TITLE</b>	<b>PROPOSED DATE</b>
Anti-Fraud Service – Review of Service’s Current Activities	10 June 2009
Register of Interests and of Gifts and Hospitality	10 June 2009
Primary Care Trust Arrangements	10 June 2009
Summary of 2008 Complaints Case	10 June 2009
Names of Delegates to Annual Assembly	10 June 2009
Hits on Web Site	26 October 2009
Invitation to Chairman of K&C Standards Committee	26 October 2009
Whistleblowing Policy review	26 October 2009
Outside Organisations	26 October 2009

The Committee is also scheduled to meet on 6 January and 24 March 2010. No items have so far been allocated for those meetings.

### **LOCAL GOVERNMENT ACT 2000 BACKGROUND PAPERS**

<b>No.</b>	<b>Brief Description of Background Papers</b>	<b>Name/Ext. of holder of file/copy</b>	<b>Department/Location</b>
1.	Council Calendar 2009-10	David Bays x 2628	Room 203, Hammersmith Town Hall