NHS
Wiltshire
Clinical
Commissioning
Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 2 April 2013

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/13/04a/07 Wiltshire CCG Constitution**
Author:	Rob Hayday, Head of Project Management
Lead Director/GP Lead:	Debbie Fielding, Accountable Officer
Executive summary:	The Constitution provides the governance framework for how the CCG as a corporate entity will operate. It describes the constituent parts and the rights and responsibilities of the member practices. It states the vision and the values of the CCG organisation. It sets out key roles and rules for members and staff to abide by. It describes the routes that need to be followed when there are disputes or conflicts of interest. The Constitution has been developed with the support of PricewaterhouseCoopers (PwC). **The Governing Body is asked to formally accept this version of the Constitution which has previously been agreed by the Clinical Commissioning Committee while operating in shadow form.**
Who has been involved/contributed:	GP practices have been involved in the Constitution and 100% have supported the development. PwC and, where necessary, solicitors have provided support to the CCG in developing the document.
Cross Reference to Strategic Objectives:	The organisation is required to have a Constitution as part of the authorisation process.
Engagement & Involvement	The involvement of the LMC is noted in the Constitution.
Communications Issues:	The Constitution will be made available to the public on the CCG website from April 2013.
Financial Implications:	None Identified.

Review arrangements:	The Constitution sets out the process for making changes.
Risk Management:	The CCG is required under the terms of authorisation to have a Constitution in place
National Policy / Legislation:	The NHS Constitution is contained within the document and it is expected that he CCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business.
Equality & Diversity:	An Equality Impact Assessment has not been completed at this time. The Constitution states how the CCG is required to meet the public sector equality duty including compliance with the European Convention on Human Rights and the Equality Act 2010.
Other External Assessment:	The Constitution has been reviewed by the NCB as part of the CCG's application to the NCB for Authorisation.
Next steps:	The document will be published on the CCG website.

NHS
Wiltshire
Clinical
Commissioning
Group

NHS WILTSHIRE CLINICAL COMMISSIONING GROUP

CONSTITUTION

Draft Version 9, 14 March 2012

NHS Commissioning Board Effective Date: [1 April 2013]

[Page left intentionally blank]

Table of Contents

FOREWORD 3

INTRODUCTION AND COMMENCEMENT 5

1.1. Name 5

1.2. Statutory Framework 5

1.3. Status of this Constitution 5

1.4. Amendment and Variation of this Constitution 6

AREA COVERED 7

MEMBERSHIP 8

1.7. Membership of the CCG 8

1.8. Eligibility of Membership 8

1.9. Practice Representatives 8

1.10. Groups of the CCG 9

1.11. Rights and Responsibilities of Member Practices and their Practice Representatives 9

1.12. Cessation of Membership 10

VISION, VALUES AND AIMS 11

1.13. Vision 11

1.14. Values 11

1.15. Aims 11

1.16. Principles of Good Governance 12

1.17. Accountability 12

FUNCTIONS AND GENERAL DUTIES 14

1.18. Functions 14

1.19. General Duties 15

1.20. General Financial Duties 19

1.21. Other Relevant Regulations, Directions and Documents 20

DECISION MAKING: THE GOVERNING STRUCTURE 21

1.22. Authority to act 21

1.23. Scheme of Reservation and Delegation 21

1.24. General 21

1.25. Committees of the CCG 22

1.26. The Governing Body 22

1.27. Group Committees 26

ROLES AND RESPONSIBILITIES 29

1.28. Practice Representatives 29

1.29. All Members of the CCG's Governing Body 29

1.30. The Chair of the Governing Body 29

1.31. The Vice Chair of the Governing Body 30

1.32. The Deputy Chair of the Governing Body ... 30
1.33. Role of the Accountable Officer ... 30
1.34. Role of the Chief Finance Officer ... 30
1.35. Joint Appointments with other Organisations ... 31
STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST 32
1.36. Standards of Business Conduct ... 32
1.37. Conflicts of Interest ... 32
THE CCG AS EMPLOYER ... 33
TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS ... 34
1.38. General ... 34
1.39. Standing Orders ... 34
APPENDIX A – Definitions of Key Descriptions Used in this Constitution ... 35
APPENDIX B – List of Member Practices ... 37
APPENDIX C – Group Terms of Reference ... 45
APPENDIX D – Standing Orders ... 68
APPENDIX E – Schemes of Reservation & Delegation ... 88
APPENDIX F – Prime Financial Policies ... 113
APPENDIX G – Nolan Principles ... 127
APPENDIX H – NHS Constitution ... 128
APPENDIX I – Checklist for a CCG's Constitution ... 130
APPENDIX J – Structure Diagram ... 132
APPENDIX K – Committee Terms of Reference ... 133
APPENDIX L - Role of the Practice Representative ... 150
APPENDIX M – Standards of Business Conduct Policy ... 151

FOREWORD

We are delighted to present the constitution for our new Wiltshire Clinical Commissioning Group. From April 2013, Clinical Commissioning Groups (CCGs) will become the statutory bodies responsible for commissioning local health services in England.

The constitution is a mandatory document. It describes the arrangements made by Wiltshire CCG to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the composition of the CCG, the governing principles, rules and procedures that the CCG will establish. It sets the expectation that those involved in the CCG will adhere to the NHS Constitution and the Nolan principles which create expectations of those involved in public service.

The introduction of Clinical Commissioning gives Wiltshire General Practitioners an unprecedented opportunity to realise their simple but bold vision to reorganise patient services for the population of Wiltshire.

This vision will ensure that the NHS care can operate with improved efficiency, offering high quality to patients.

We will put General Practitioners back in the driving seat for care delivery and care co-ordination in the community.

They will be supported by “wrap around teams” of high quality community resources to support our older people in order for them to remain healthy in their own homes, reducing the need for unplanned hospital admissions. We will ensure the quality of patient care in every setting remains safe, effective and appropriate.

The key to the success of clinical commissioning in the rural community of Wiltshire will be ensuring we utilise the collective knowledge of the general practitioners with respect to their communities, their patients and the current care pathways available to their patients.

In order to ensure the benefits of localism are maximised Wiltshire Clinical Commissioning Group will operate as three local groups. The geography of Wiltshire naturally divides into three areas of population separated by the sparsely populated Salisbury Plain. The three groups cover the natural communities of South Wiltshire centred around Salisbury, (Sarum Group) with its population mostly choosing to use Salisbury Foundation Trust for its hospital based services, the community of North and East Wiltshire, mostly choosing to use the services provided by Great Western Hospital (NEW Group) and the area covering the market towns of West Wiltshire (WWYKD Group) where the population mostly choose Royal United Hospital in Bath for its services.

The local Groups have a track record of joint working and recognised that there was a firm foundation already in place to become one CCG with a strong locality focus to retain a ‘bottom up approach’ and local autonomy.

This Constitution sets out the organisational and governance structures of Wiltshire CCG that have been designed to ensure that all practices have a voice through each of the Group Executive Committees which comprise of a majority of GPs.

The constitution also describes the makeup of the Governing Body which will meet in public and will contain lay members. The Governing Body, which will also include a majority of GPs, is responsible for ensuring probity and accountability in the day to day running of the CCG; to ensure that decisions are taken in an open and transparent way.

The new organisation will be patient centred and outward facing, maximising opportunities to form collaborative partnerships with others for the benefit of the health and social care of the population of Wiltshire

The sound governance arrangements described in the constitution will allow the enthusiastic local clinicians of the CCG; that are supported by a creative, dynamic and experienced management team, to commission high quality services for the residents of Wiltshire.

Dr Steve Rowlands	Deborah Fielding
Chair	Accountable Officer

INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS Wiltshire Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. Clinical Commissioning Groups (CCGs) are established under the Health and Social Care Act 2012 ("the 2012 Act").[1] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[2] The duties of CCGs to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2. The NHS Commissioning Board is responsible for determining applications from prospective CCGs to be established as CCGs[4] and undertakes an annual assessment of each established CCG.[5] It has powers to intervene in a CCG where it is satisfied that a CCG is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3. CCGs are clinically led membership organisations made up of general practices. The members of the CCG are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[7]

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS Wiltshire CCG and has effect from 1st day of April 2013, when the NHS Commissioning Board established the CCG.[8] The constitution is published on the CCG's website at www.wiltshireccg.nhs.uk.

---

1 See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act

2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

3 Duties of CCGs to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.[9]

a) where the CCG applies to the NHS Commissioning Board and that application is granted;
b) where in the circumstances set out in legislation the NHS Commissioning Board varies the CCG's constitution other than on application by the CCG.

[9] See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

AREA COVERED

1.5. The geographical area covered by NHS Wiltshire CCG is

a) that represented by the Wiltshire County boundary, and
b) one Dorset practice, Sixpenny Handley.

1.6. The CCG will be funded based on the GP registered population of Member Practices.

MEMBERSHIP

1.7. Membership of the CCG

1.7.1. The Practices which comprise the Members of NHS Wiltshire CCG are listed in Appendix B.

1.8. Eligibility of Membership

1.8.1. Any General Practice situated within the Area which holds a contract for the provision of primary medical services to a registered list and whose Practice population is within the boundaries of the CCG shall be eligible for membership of the CCG.

1.8.2. No Practice shall become a Member of the CCG unless that Practice:

a) is eligible to become a Member; and
b) has been entered into the List of Member Practices.

1.9. Practice Representatives

1.9.1. Each Member Practice will have a representative who is either a GP partner or salaried GP of that Practice. The name of this representative must be submitted in writing to the CCG via the Group.

The Practice Representatives will be collectively known as the Council of Members.

1.9.2. If a Practice Representative is unable to attend a meeting of the Council of Members the Practice may allocate another Member of their Practice to take their place.

1.9.3. Matters Reserved to the Council of Members.

Any of the following matters require the prior consent of a meeting of the Council of Members and no action can be taken by the Governing Body (except the calling of such a meeting or circulation of a written resolution to seek such consent) without such consent.

a) amend the constitution with the exception of:
    i) removal of items in [brackets] on the publication of regulations as set out in Clause 1.4
    ii) specific changes required by regulation as set out in clause 1.3
b) re-elect the Governing Body or any Member(s) of the Governing Body
    i) the Members may call an extraordinary general meeting ("EGM") at any time for the purpose of re-electing the Governing Body or any Member(s) of the Governing Body by applying to the Governing Body in

writing and being supported by not less than one-third of the Members. The Governing Body shall then give notice to the Members stating the date on which the EGM will be held, such meeting to be held within twenty-eight (28) days of the Members' application to the Governing Body.

ii) at the EGM held pursuant to clause 3.3.3 b) i), if fifty (50) per cent or more Members vote to re-elect the Governing Body or any |Member(s) of the Governing Body then within three (3) months a further EGM will be called where elections will take place to elect a Governing Body or replace any Member(s) of the existing Governing Body. Members shall be entitled to cast their vote either electronically in advance of the EGM or at the EGM.

c) change the nature of the business of the CCG or do anything inconsistent with the objectives; or
d) use any other name than that specified in Clause 2
e) merge amalgamate or federate the CCG with any other CCG or
f) remove any Practice or Practice Representative for any reason other than those set out at Clause 3.6
g) reorganise the boundaries of or change the number of Groups.

1.10. Groups of the CCG

NHS Wiltshire CCG will have 3 semi autonomous Groups.

a) North and East Wiltshire;
b) Sarum; and
c) West Wiltshire, Yatton Keynell and Devizes.

Each Group will form a Group Committee with local Terms of Reference and representation to be determined. The Terms of Reference are attached in Appendix C. (The Terms of Reference are not identical in relation to each Group but will adhere to relevant requirements and be ratified by NHS Wiltshire CCG in all cases).

Each Group will nominate 2 Representatives to be GP members of the NHS Wiltshire CCG Governing Body (6 GP Group Representatives in total). Each GP Representative on the Governing Body will have a single vote.

1.11. Rights and Responsibilities of Member Practices and their Practice Representatives

1.11.1. Member practices are entitled to the following benefits:

a) to be consulted on all plans that significantly affect their commissioning and budget;
b) access to training schemes and ongoing skills development;
c) access to a pooled budget for management of high risk and high cost patients;
d) access to information and analytical support;

e) access to management skills to improve commissioning effectiveness and efficiency;
f) representation of interests via Group representatives on the Governing Body;
g) to be involved in the development of the strategy for their Group; and
h) to take part in votes as described in their Group Terms of Reference.

1.11.2. Members are required to comply with the following membership obligations:

a) to nominate a Practice Representative;
b) to attend via their Practice Representative Group meetings, Group GP forum and the annual general meetings;
c) to manage patient care within appropriate budgets delegated to Practice/ Group level and to engage with plans to address any over spend;
d) to support delivery of agreed plans;
e) to engage with accredited pathways, protocols and policies, and to support associated training;

1.11.3. Any partner or salaried general practitioner of a Member Practice has the right to be nominated to be a Practice Representative

1.12. Cessation of Membership

1.12.1. A Member Practice ceases to be a Member if:

a) that Member gives at least 3 months' prior written notice to the Governing Body of their intention to cease being a Member of the CCG;
b) the Practice ceases to be eligible for membership;
    i) that Member ceases to hold a contract for the provision of primary medical services within the area of the CCG;
    ii) that Practice merges with any other Practice, unless that other Practice is an existing Member.

1.12.2. A Practice representative shall cease to represent that Practice if he or she:

a) ceases to be on the performers list;
b) is a Member of a Practice that ceases to be for whatever reason a member of the CCG;
c) is removed from the professional register by order of the GMC or is under suspension.

VISION, VALUES AND AIMS

1.13. Vision

1.13.1. The vision of NHS Wiltshire CCG is “To ensure the provision of a health service which is high quality, effective, clinically led and local”.

1.13.2. The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

1.14. Values

1.14.1. Good corporate governance arrangements are critical to achieving the CCG’s objectives.

1.14.2. The values that lie at the heart of the CCG’s work are:

a) decisions will be clinically led and locally focused;
b) clear accountability to our communities;
c) do the best we can and strive for value for money;
d) transparent in our decision making;
e) promote innovation and best practice;
f) value the opinions of staff, stakeholders and partners – a listening organisation;
g) remember: one size does not always fit all;
h) adhere to the Nolan principles of standards in public service.

1.15. Aims

1.15.1. The CCG’s aims are:

a) to make clinically led commissioning a reality in providing local solutions to local needs;
b) to deliver strategic plans which address the needs of local populations and involve patients, practices and partners;
c) to address the growing needs of our ageing population, and the mental health needs of our combined populations;
d) to encourage and support the whole population in managing and improving their health and well being;
e) to ensure sustainability of the emerging organisation in delivering cost effective healthcare;
f) to communicate effectively, staying engaged with all of our patients, partners and stakeholders.

1.16. Principles of Good Governance

1.16.1. In accordance with section 14L (2) (b) of the 2006 Act,[10] the CCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
b) *The Good Governance Standard for Public Services*;[11]
c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[12]
d) the seven key principles of the *NHS Constitution*;[13]
e) the Equality Act 2010.[14]

1.16.2. The Governing Body of the CCG will throughout each year have an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

1.17. Accountability

The NHS Wiltshire CCG is accountable to the NHS Commissioning Board and to its members.

The NHS Wiltshire CCG will retain assurance over its Scheme of Delegation as outlined in the structure diagram attached in Appendix J.

The NHS Wiltshire CCG Governing Body is committed to communicate decisions and developments to all GPs working in the CCG's geographic area in a timely fashion, through the Group structure.

The NHS Wiltshire CCG Governing Body will seek the views of the membership through the Group structure.

1.17.1. The NHS Wiltshire CCG will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

a) publishing its constitution;
b) appointing independent lay members and non GP clinicians to its Governing Body;

---

10 Inserted by section 25 of the 2012 Act

11 *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

12 See Appendix G

13 See Appendix H

14 See http://www.legislation.gov.uk/ukpga/2010/15/contents

c) holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
d) ensuring that patients and the public are fully consulted and involved in every aspect of the commissioning cycle in line with the Duty to Consult. This will include publishing an engagement strategy and consultation policy
e) publishing annually a commissioning plan;
f) working closely with local authority health overview and scrutiny;
g) meeting annually in public to publish and present its annual report and accounts (which must be published);
h) producing annual accounts in respect of each financial year which will be externally audited;
i) publishing an annual consultation report describing all the consultations it has undertaken and the findings and actions resulting;
j) having a published and clear complaints process;
k) complying with the Freedom of Information Act 2000;
l) providing information to the NHS Commissioning Board as required.

FUNCTIONS AND GENERAL DUTIES

1.18. Functions

1.18.1. The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of CCGs: a working document*. They relate to:

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i) all people registered with member GP practices, and
   ii) people who are usually resident within the area and are not registered with a member of any CCG;
b) commissioning emergency care for anyone present in the CCG's area;
c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body (through the Remuneration Committee) and determining any other terms and conditions of service of the CCG's employees;
d) determining (through the Remuneration Committee) the remuneration and travelling or other allowances of members of its Governing Body.

1.18.2. In discharging its functions the CCG will delegate to its Committees the authority to undertake such management activities as are required to deliver the outcomes based Annual Operating Plan as agreed by the NHS Wiltshire CCG Governing Body, including the responsibility to:

a) act[15], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to ***promote a comprehensive health service***[16] *and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*[17] published by the Secretary of State before the start of each financial year;
b) ***meet the public sector equality duty***[18] including compliance with the European Convention on Human Rights and the Equality Act 2010
c) work in partnership with its local authority[ies] to develop ***joint strategic needs assessments***[19] and ***joint health and wellbeing strategies***[20]

---

15 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

16 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

17 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

18 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

19 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

20 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

1.19. General Duties in discharging its functions the CCG will:

1.19.1. Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) delegating responsibility to the governing body and/or its committees (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);
b) placing the each year in the Communications and Engagement Strategy ;
f) working in partnership with patients and the local community to secure the best care for them;
g) adapting engagement activities to meet the specific needs of the different patient groups and communities;
h) publishing information about health services on the CCGs website and through other media;
i) encouraging and acting on feedback; and
i) identifying how the CCG will monitor and report its compliance against this statement of principles (i.e. the committee / mechanism to oversee this).

More detail is contained within the Communications and Engagement Strategy available separately.

1.19.2 Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution[21] by:

a) delegating responsibility to the Quality and Clinical Governance Committee. .

1.19.3 Act ***effectively, efficiently and economically***[22] by:

a) delegating responsibility to the finance, audit and remuneration committees;
b) demonstrating value for money and adhering to procurement regulations;
c) adhering to equality legislation;
d) remaining within set revenue and capital resource limits set for the financial year and meeting a control total each year; and
e) making appropriate commissioning support arrangements (quality assured).

These arrangements will be reflected in the group's standing orders/scheme of reservation and delegation, respectively at Appendices D and E.

1.19.4 Act with a view to ***securing continuous improvement to the quality of services***[23] by:

---

[21] See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

[22] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

[23] See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

a) delegating responsibility to the Quality and Clinical Governance Committee, with a focus on patient safety and clinical risk management;

b) requiring the above committee in relation particularly to patient safety and risk management to:
   i) develop appropriate policies and monitoring mechanisms;
   ii) report to the governing body and to the NHS Commissioning Board; and
   iii) give early warning where services are deteriorating in quality/becoming unsafe;

c) using established mechanisms such as the provider contracts meetings and the CCGs performance management arrangements, , , Planned/Urgent/Integrated Care Networks and Joint Commissioning Boards to support this function; and

d) agreeing lead members of the governing body and officers to lead on the fulfilment of these functions.

1.19.5 Assist and support the NHS Commissioning Board in relation to the Board's duty to ***improve the quality of primary medical services***[24] by:

a) delegating responsibility to the appropriate committee (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E). b) requiring regular reports to the governing body, by the body to whom responsibility is delegated, to include any details of recommendations for actions;

c) fostering a culture of openness and asking for assistance early;

d) referring a practice to the NHS Commissioning Board, if local action cannot achieve the required level of performance; and

e) being aware that the group is not the commissioner of the services provided by local practices.

1.19.6 Have regard to the need to ***reduce inequalities***[25] by:

a) delegating responsibility to the Quality and Clinical Governance Committee; and

b) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account.

1.19.7 Promote the involvement of patients, their carers and representatives in decisions about their healthcare[26] by:

a) delegating responsibility to the governing body and/or its committees (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);

---

[24] See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

[25] See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

[26] See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

b) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account;
c) acting in accordance with our annual Communications and Engagement Strategy which includes the CCG objectives that will inform all the CCG's communications and engagement activity:

1.19.8 Act with a view to ***enabling patients to make choices***[27] by:

a) delegating responsibility to the governing body and/or the Quality and Clinical Governance Committee (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);
b) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account;
c) facilitating the provision of up to date information on local services;
d) encouraging practices and commissioned providers to use shared decision making aids; and
e) acting in accordance with our Communications and Engagement Strategy.

1.19.9 ***Obtain appropriate advice***[28] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) delegating responsibility to ithe governing body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix E), which shall discharge such functions either directly or by delegation to its committees;
b) assisting the governing body to develop strategy and implementation plans and working with the governing body and its committees to implement plans;
c) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account;
d) the inclusion of a nurse and a Secondary Care Doctor on the governing body;
e) working with appropriate clinical networks, to ensure our commissioning is informed by the best available advice and guidance; and
f) working with the voluntary sector and local communities, through Patient Participation processes such as Patient Participation Groups.

1.19.10 ***Promote innovation***[29] by:

a) delegating responsibility to the governing body and/or its committees (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E D);

---

27 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
29 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

b) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account.
c) building upon the natural innovation that is present in so much general practice; and

d) building into the governing body's management structure skills and capacity for service redesign.
e) Identify an innovations lead who will be accountable at Governing Body level

1.19.11 ***Promote research and the use of research***[30] by:

a) delegating responsibility to the governing body and/or its committees (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix D);
b) establishing governance arrangements for the above research and ensuring that any financial commitments are fully investigated and budgeted for; and
c) understanding and complying with its statutory responsibilities regarding the promotion of research, and following the policy of ensuring that the NHS meets the treatment costs for patients taking part in Government funded research as well as research funded by research charity partner organisations;.

The CCG recognises that research is a vital tool in providing the new knowledge needed to tackle health inequalities and improve health outcomes.

1.19.12 Have regard to the need to ***promote education and training***[31] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[32] by:

a) delegating responsibility to the Quality and Clinical Governance Committee ;
b) adopting a workforce strategy that is approved by the Governing Body and having in place arrangements for the Governing Body to receive an annual report on workforce.
c) publishing workforce information in accordance with statutory requirements as a minimum
d) ensuring that the contracts and contract monitoring arrangements require contracted providers to promote education and training
e) having regard to national and regional arrangements relating to education and training
f) maximising opportunities for improving patient care by developing staff, through education and training, to meet the primary care needs of its population;

---

[30] See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
[31] See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
[32] See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

g) working in partnership with local education and training institutions to ensure that the process for planning, commissioning and delivering education and training is linked to, and will integrate with, the priorities that the group identifies when it is commissioning services.

The CCG is committed to the education and training of the NHS workforce.

1.19.13 Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities[33]

a) delegating responsibility to the governing body and/or its committees (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);
b) monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account.
c) participating in appropriate forums which encourage collaboration and working across organisational boundaries
d) developing Memorandums of Understanding with organisations that set out sound governance arrangements for the collaborations.

1.20. General Financial Duties

The CCG Governing Body will define schemes of delegation and financial policies (shown in the appendices to this constitution), and hold Group Committees to account so as to:

1.20.1. Ensure its expenditure does not exceed the aggregate of its allocations for the financial year[34];

1.20.2. Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year[35];

1.20.3. Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by the NHS Commissioning Board [36];

1.20.4. Publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS Commissioning Board[37].

33 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
35 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
36 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
37 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

1.21. Other Relevant Regulations, Directions and Documents

1.21.1. The CCG will:

a) comply with all relevant regulations;
b) comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and
c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

1.21.2. The CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant CCG policies and procedures.

DECISION MAKING: THE GOVERNING STRUCTURE

1.22. Authority to act

1.22.1. The CCG is accountable for exercising the statutory functions of the CCG. It may grant authority to act on its behalf to:

a) any of its Members;
b) its Governing Body;
c) employees;
d) Group Committees;
e) a committee or sub-committee of the CCG.

1.22.2. The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the CCG as expressed through:

a) the CCG's scheme of reservation and delegation; and
b) or Group Committees and other committees through their terms of reference.

1.23. Scheme of Reservation and Delegation[38]

1.23.1. The CCG's scheme of reservation and delegation sets out:

a) those decisions that are reserved for the membership as a whole;
b) those decisions that are the responsibilities of its Governing Body (and its committees), the Group Committees, the CCG's committees and sub-committees, individual members and employees.

1.23.2. The CCG remains accountable for all of its functions, including those that it has delegated.

1.24. General

1.24.1. In discharging functions of the CCG that have been delegated, its Governing Body, the Group Committees, committees, joint committees, sub committees and individuals must:

a) comply with the CCG's principles of good governance,[39]
b) operate in accordance with the CCG's scheme of reservation and delegation,[40]
c) comply with the CCG's standing orders,[41]

---

38 See Appendix E
39 See section 4.4 on Principles of Good Governance above
40 See appendix E
41 See appendix D

d) comply with the CCG's arrangements for discharging its statutory duties,[42]
e) where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

1.24.2. When discharging their delegated functions, Group Committees, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference.

1.24.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) identify the roles and responsibilities of those CCGs, local authorities or other bodies who are working together;
b) identify any pooled budgets and how these will be managed and reported in annual accounts;
c) specify under which CCG's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
e) identify how disputes will be resolved and the steps required to terminate the working arrangements;
f) specify how decisions are communicated to the collaborative partners.

1.24.4. The CCG recognises the LMC as the statutory representative of the profession and the role of the LMC in the local provision of primary medical services. Both Wiltshire CCG and the LMC recognise the benefits of cooperation and dialogue in the effective provision of services for patients. Wiltshire CCG will seek to engage with the LMC whenever appropriate.

1.25. Committees of the CCG

Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the CCG or the committee they are accountable to.

1.26. The Governing Body

1.26.1. ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[43] The Governing Body has responsibility for:

[42] See chapter 5 above
[43] See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCGs *principles of good governance*[44] (its main function);
b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
c) approving any functions of the CCG that are specified in regulations;[45]
d) ensuring delivery of the CCG's strategic aims and focus on the organisation's purpose and on outcomes for patients and the population;
e) creating a culture of openness and transparency, values and behaviours which support continuous improvements in clinical effectiveness, safety and experience of the services they commission;
f) ensuring an assurance framework is in place linked to strategic objectives and risks;
g) approving the NHS Wiltshire CCG's code of conduct outlining, the organisation's culture, values and behaviours based on the principles of good governance, the Nolan Principles and other codes of conduct (for NHS Managers and clinical professions); leading by example and assuring awareness of and compliance with the code of conduct by all staff;
h) holding the Groups to account for all delegated devolved responsibilities;
i) monitoring management of significant risk and seeking assurance that management decisions balance performance within appropriate limits defined by the Group Committees;
j) taking full account of and assimilating Group strategic plans in developing CCG strategic plans;
k) Understanding and advising on the implications of appropriate risks taken by groups and management in pursuit of better outcomes, and their potential impact on local communities, other localities, partner organisations, strategic providers and other stakeholders;
l) promoting an open and transparent learning culture and values for the whole organisation;
m) taking informed, transparent decisions;
n) developing the capacity and capability of the Governing Body, the Group Committees and management resource to be effective; and
o) engaging stakeholders and making accountability real.

1.26.2. ***Composition of the Governing Body*** - the Governing Body shall not have fewer than 13 members and comprises of:

a) Chair who is not a Group representative but who has been nominated and elected by the NHS Wiltshire CCG GP membership. The Chair is normally expected to be a GP. In the event that no GP stands forward then the governing body would invite a lay member to take on the role of Chair until such time as a GP Chair can be appointed;

---

44 See section 4.4 on Principles of Good Governance above

45 See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

b) six representatives from the three Groups, comprising two GP representatives from each Group. Groups will nominate their two representatives, one of whom should be the Group Chair. One of the 3 Group Chairs will act as Deputy Chair when required to do so;
c) two lay members:
    i) one to lead on audit, remuneration and conflict of interest matters, who will be appointed Vice Chair,
    ii) one to lead on patient and public participation matters;
d) one registered nurse;
e) one secondary care specialist doctor;
f) the Accountable Officer;
g) the Chief Finance Officer;
h) In addition the Governing Body may co-opt as appropriate additional non-voting members.

1.26.3. **Decisions reserved for the Governing Body**

a) approving the standing orders, scheme of delegation and standing financial instructions (SFIs) (or business rules fulfilling the same function as SOs);
b) establishing terms of reference and reporting arrangements for all committees;
c) agreeing the scheme of delegation to the localities, committees, sub-committees and schedule of reserved decisions;
d) approving the strategic and annual operating plan developed by the Groups;
e) approving NHS Wiltshire CCG's assurance framework, linking risks to the NHS Wiltshire CCG's objectives;
f) appointing the Governing Body's Vice Chair;
g) approving the NHS Wiltshire CCG's strategic aims;
h) approving business cases for capital and/or revenue investment if it affects more than one Group and/or is outside of delegated limits;
i) approving delegated budgets;
j) receiving and approving the annual report, annual accounts and quality account.

1.26.4. ***Committees of the Governing Body*** - the Governing Body has appointed the following committees and sub-committees:

a) **Audit & Assurance Committee** – which is accountable to the CCG's Governing Body, provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information, quality assurance and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit & Assurance Committee, which includes information on the membership of the Audit & Assurance Committee[46].

The Audit & Assurance Committee is a committee of the Governing Body comprising non-executive directors/lay persons, (but not the Chair or Vice

[46] See appendix K for the terms of reference of the Audit & Assurance Committee

Chair), who will assure the Governing Body that ALL the governance systems and processes including clinical are working.

The Audit & Assurance Committee shall be comprised of the Non-Executive Finance lead who will be the Chair, the other Non-Executive, and one of the Group Chairs. It will meet with the Chief Finance Officer and Internal & External Auditors.

The Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function[47], to its Audit & Assurance committee:

i) to ensure the governance arrangements of the CCG are in place, well designed and used as designed
ii) to ensure effective and robust financial management systems are in place and being followed;
iii) To ensure that risks are effectively managed;
iv) to ensure the publication of the Annual Report including the accounts;
v) to ensure the probity of decision making is in line with the scheme of delegation, SFIs, terms of reference, Standing Orders and the declaration of interests policy.

b) **Remuneration Committee** – which is accountable to the CCG's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee[48].

The remuneration committee is a committee of the Governing Body which will oversee appointments to the Governing Body and all matters relating to remuneration and pay for Governing Body members. The Remuneration Committee must show proper process to explain why appointments have been made to the Governing Body, and why particular rewards packages have been agreed. The Remuneration Committee shall also agree such travelling or other allowances as it considers appropriate.

The Remuneration Committee will include the Chair of the CCG Governing Body, the two lay members, the Accountable Officer (except when any matter affecting his/her personal position are being discussed) and one of the GP Group Chairs. The Chair will be the Lay member with responsibility for audit, remuneration and conflict of interest matters.. The Remuneration Committee will take HR advice as appropriate on its work.

c) **Quality and Clinical Governance Committee** – a committee of the Governing Body which will help the Governing Body to develop and

---

47 See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

48 See appendix K for the terms of reference of the remuneration committee

understand service quality issues and provide assurance to the Governing Body on these matters. The committee may test the quality approach by in depth review in areas of service quality. The aim of this committee is to ensure that the Governing Body mainstreams consideration of service and clinical issues; identifies and manages risks to quality; acts against poor performance; and implements plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisions[49].

The terms of reference of the Quality and Clinical Governance Committee are attached in Appendix K.

d) **Finance Committee** – a committee of the Governing Body which will look at the prospective risk environment.

The Finance Committee has the following responsibilities:

a) agree detailed revenue financial plans, budgets and financial monitoring reports;
b) monitor the financial performances of the CCG against the detailed plans and seek~~ing~~ assurance that robust plans are in place to ensure financial risks are managed;
c) oversee the development and implementation of the financial information systems' strategy;
d) act as an Assurance Committee of the CCG's business and finance risks via the Assurance Framework and Risk Registers;
e) consider and assess any new investment decisions and make recommendations to the Governing Body or officers of the CCG in line with the scheme of delegation;
f) review any financial activity which impacts on the financial performance of the CCG;
g) take any legal or other professional advice with regard to the financial performance of the CCG as necessary.

The terms of reference of the Finance Committee are attached in Appendix K.

1.27. Group Committees

1.27.1. The following 3 Group Committees have been established by the CCG to represent the 3 Groups. These are accountable to both the CCG Governing Body and to their Group membership:

a) North & East Wiltshire
b) Sarum
c) West Wiltshire, Yatton Keynell and Devizes

[49] See appendix K for the terms of reference of the Quality and Clinical Governance Committee

1.27.2. The Group Committees are accountable to the Governing Body and to the Group membership (who approves and keeps under review the committee's terms of reference[50]).

The composition of the Group Committees will be determined in accordance with the arrangements agreed locally and documented in the Group terms of reference which are attached in Appendix C.

The Group Committees will include in their memberships the Group GP Chair and a second nominated GP representative who are members of the CCG Governing Body, in line with arrangements set out in the Group Terms of Reference. The Group Committees are responsible for the following functions delegated to them:

a) ensure good governance within the Group
b) develop and agree strategic direction for the Group (and therefore of the CCG), taking account of national directives
c) inform and pursue the aims of NHS Wiltshire CCG as set out in section 4.3
d) commission services required by their Group under the scheme of delegation
e) draw up and manage budgets and financial reporting within appropriate arrangements agreed with CFO that ensure appropriate scrutiny, probity and good management (but also enable innovation and creative solutions), and take appropriate actions to minimise financial risk
f) specify arrangements for, and carry out performance management against Group plans:
   i) of practices within the Group
   ii) of providers from which they commission services (with the support of CSO)
g) draw up business cases for investments and disinvestments
h) develop responses to external requirements
i) engagement with local stakeholders
j) appointment of, and performance management of the Group management team(in conjunction with the Accountable Officer where appropriate)
k) set objectives for the Group management team, ensuring these are cascaded to all Group staff
l) regularly monitor the progress made by the Group management team against agreed objectives (in conjunction with relevant professional leads).
m) maintain risk registers and escalate where appropriate, ensuring these support the NHS Wiltshire Risk Framework.

1.27.3. In discharging these responsibilities, the decisions reserved for the Groups are;
a) approve individual practice budgets for activity and finance
b) approve investment and disinvestments within approved scheme of delegation
c) approve the Group's strategic plans
d) approve Commissioning plans developed by the Group

50 See appendix C for the terms of reference of the Group Committees

e) approve interventions to respond to adverse performance against Group plans
    i) Of practises within the Group
    ii) Of providers from whom the Group commissions services
f) approve the objectives to be set for Group management
g) approve Group responses to external requirements
h) approve the approach to stakeholder engagement.

ROLES AND RESPONSIBILITIES

1.28. Practice Representatives

7.1.1. Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the CCG. The role of each practice representative is described in Appendix L.

1.29. All Members of the CCG's Governing Body

1.29.1. Guidance on the roles of members of the CCG's Governing Body is set out in a separate document[51]. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution.

1.30. The Chair of the Governing Body

1.30.1. The Chair of the Governing Body is responsible for:

a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
b) building and developing the CCG's Governing Body and its individual members;
c) ensuring that the CCG has proper constitutional and governance arrangements in place;
d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
e) contributing to building a shared vision of the aims, values and culture of the organisation;
f) leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities;
g) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
h) ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;
i) ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

1.30.2. Where the Chair of the Governing Body is also the senior clinical voice of the CCG they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

---

[51] Draft *CCG Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, March 2012

1.31. The Vice Chair of the Governing Body

1.31.1. The Vice Chair of the Governing Body will chair meetings of the Governing Body in the absence of the Chair.

1.32. The Deputy Chair of the Governing Body

1.32.1. The Deputy Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act. (Refer to section 6.5.2 b) and the Standing Orders shown in the appendices to this constitution).

1.33. Role of the Accountable Officer

1.33.1. The Accountable Officer of the CCG is a member of the Governing Body.

1.33.2. This role of Accountable Officer has been summarised in a national document[52] as:

a) being responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied, and that safeguarding of funds is ensured through effective financial and management systems;
c) working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

1.33.3. In addition to the Accountable Officer's general duties, where the Accountable Officer is also the senior clinical voice of the CCG they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

1.34. Role of the Chief Finance Officer

1.34.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems

---

52 See the latest version of the NHS Commissioning Board Authority's *CCG Governing Body members: Role outlines, attributes and skills*

1.34.2. This role of Chief Finance Officer has been summarised in a national document[53] as:

a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the control of expenditure;
b) making appropriate arrangements to support and monitor the CCG's finances;
c) overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;
d) being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties; and
e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board.

1.35. Joint Appointments with other Organisations

1.35.1. Any joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

53 See the latest version of the NHS Commissioning Board Authority's *CCG Governing Body members: Role outlines, attributes and skills*

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

1.36. Standards of Business Conduct

1.36.1. Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix G.

1.36.2. They must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the CCG's website at www.wiltshireccg.nhs.uk.

1.36.3. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

1.37. Conflicts of Interest

1.37.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest. The CCG's Standards of Business Conduct Policy (which covers conflicts of interest and member interests) are attached in Appendix M.

THE CCG AS EMPLOYER

1.37.2. The CCG recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the CCG.

1.37.3. The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

1.37.4. The CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the CCG. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

1.37.5. The CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

1.37.6. The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

1.37.7. The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.

1.37.8. The CCG will ensure that it complies with all aspects of employment law.

1.37.9. The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

1.37.10. The CCG will adopt a Code of Conduct for staff and will maintain and promote effective ‘whistleblowing’ procedures to ensure that concerned staff have means through which their concerns can be voiced.

1.37.11. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the CCG’s website at www.wiltshireccg.nhs.uk.

TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

1.38. General

1.38.1. The CCG will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.

1.38.2. Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website at www.wiltshireccg.nhs.uk.

1.38.3. The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

1.39. Standing Orders

1.39.1. This constitution is also informed by a number of documents which provide further details on how the CCG will operate. They are the CCG's:

a) ***Standing orders (Appendix D)*** – which sets out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body;
b) ***Scheme of reservation and delegation (Appendix E)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body, the Governing Body's committees and sub-committees, the CCG's committees and sub-committees, individual members and employees;
c) ***Prime financial policies (Appendix F)*** – which sets out the arrangements for managing the CCG's financial affairs.

APPENDIX A – Definitions of Key Descriptions Used in this Constitution

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the CCG: • complies with its obligations under: o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and o any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the CCG to act as Chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance
CCG	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act). In this document, means NHS Wiltshire CCG whose constitution this is
Committee	a committee or sub-committee created and appointed by: • the membership of the CCG • a committee / sub-committee created by a committee created / appointed by the membership of the CCG • a committee / sub-committee created / appointed by the Governing Body
Council of Members	the Practice Representatives will be collectively known as the Council of Members, as defined in Chapter 3 of this Constitution
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a

	CCG is established until the following 31 March
Governing Body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a CCG has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	any member appointed to the Governing Body of the CCG
Group	Semi-autonomous groups (3) which comprise NHS Wiltshire Clinical Commissioning Group. These being: • North and East Wiltshire • Sarum • West Wiltshire, Yatton Keynell and Devizes
Lay member	a lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this CCG (see tables in Chapter 3 and Appendix B)
Practice representative	an individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees

APPENDIX B – List of Member Practices

Practice Name	Practice Address	Name of Signed Person	Names on Return	Date Practice Signed to Indicate Support	Yes, the Practice supports the development of the Wiltshire CCG, as set out in the Constitution Draft 4 (29th June 2012)
WWYKD Group					
The Avenue Surgery	14 The Avenue Warminster Wiltshire BA12 9AA	Dr Lindsay Kinlin	Dr Alan Greenwood Dr David Little Dr Caroline Wingfield Dr Oran Corey Dr Linday Kinlin Practice Management Team: Sue Rest Frankie Vince Kathryn Moffatt Paul Jones	28/08/2012	√
Westbury Group Practice	Mane Way Leigh Park Westbury Wiltshire BA13 3FG	Dr Debbie Beale	Dr Debbie Beale Mrs Debbie Riddiford - Practice Manager	03/09/2012	√
Smallbrook Surgery	Warminster Hospital Warminster Wiltshire BA14 8QS	Jayne Elton - Practice Manager	Dr Muhammed Rehman Dr Tanya Howgrave-Graham Dr Alexandra Blackham Jayne Elton - Practice Manager /Nurse Practitioner	31/08/2012	√
Adcroft Surgery	Prospect Place Trowbridge Wiltshire BA14 8QA	Dr Charlie Bundy	Dr C Bundy Dr S Locke Dr K Bimbh Mrs L Thomas (Practice Manager)	10/08/2012	√

Lovemead Group Practice	Roundstone Surgery Polebarn Circus Trowbridge Wiltshire BA14 7EH	Dr Lucy Thompson	Mr M Duckworth Dr G Bryant Dr L Thompson Dr J Harden (Also forwarded to Dr E Reece, Dr M Hales & Dr K Downey to read on their return from leave)	14/08/2012	√
Bradford Road Medical Centre	60 Bradford Road Trowbridge Wiltshire BA14 7EH	Dr Steve Rowlands	Dr Stephen Rowlands Dr Ian Swan Dr Toby Cookson Dr Brenda Nye	24/08/2012	√
Widbrook Medical Practice	72 Wingfield Road Trowbridge Wiltshire BA14 9EN	Dr R Collins	-	30/08/2012	√
Bradford on Avon & Melksham Health Partnership	Station Approach Bradford-On-Avon Wiltshire BA15 1DQ	Dr Nigel Gough	Reviewed by Angie Benford, Managing Partner for detail (suggestions for amendments made). All Partners except Dr Heffer who is on sabbatical have had the opportunity to review the document. Discussed with Dr Gough, Senior Partner, and agreement reached on the way forward.	02/08/2012	√
Spa Medical Centre	Snowberry Lane Melksham Wiltshire SN12 6UN	Dr Rob Matthews	Dr Rob Matthews Dr Jeremy Simmons Gaynor Cole (Practice Manager)	22/08/2012	√
Giffords Primary Care Centre	Spa Road Melksham Wiltshire SN12 7EA	Dr Jeremy Cottrill	Dr Sally Rosser Dr Peter Phillips Dr James Hill Dr Meave Duignan Dr Jeremy Cottrill	09/07/2012	√
Courtyard Surgery	39 High Streeet West Lavington Devizes Wiltshire SN10 4JB	Dr Helen Osborn	Dr Helen Osborn	30/08/2012	√

Market Lavington Surgery	High Street Market Lavington Wiltshire SN10 4AQ	Dr R Sandford-Hill	Dr R Sandford-Hill Dr J Kostelnik Dr B Kay	14/08/2012	√
Jubilee Field Surgery	Yatton Keynell Chippenham Wiltshire SN14 7EJ	Dr Sanjeev Popli	Dr Sanjeev Popli Dr Susan Lavelle Dr Hannah Welsh Mrs A Popli Mrs Tracy Harris (Practice Manager)	02/08/2012	√
St James Surgery	Gians Lane Devizes Wiltshire SN10 1QU	Dr A Downey	Dr A Downey	03/09/2012	√
Lansdowne Surgery	Waiblingen Way Devizes Wiltshire SN10 2BU	Dr N Swale	Dr N Swale	07/09/2012	√
Southbroom Surgery	The Green Devizes Wiltshire SN10 1LQ	Dr James Kay	Dr Heaton - Renshaw Dr Pullen Dr Lindon Dr Williams Dr Kay	20/08/2012	√
NEW Group					
Box Surgery	London Road Box Wiltshire SN13 8NA	Dr A. R. Girdher	Dr K Gruffydd-Jones Dr Hannah Leyden Dr Sue Walker Jeni Leggat-Green - Practice Manager	13/08/2012	√
The Sprays Surgery (Burbage Surgery)	9 The Sprays Burbage Marlborough Wiltshire SN8 3TA	Dr Trevor King	Dr Trevor King	06/09/2012	√
Beversbrook Medical Centre	Harrier Close Calne Wiltshire SN11 9UT	Dr Averil Sandford-Hill	Dr Averil Sandford-Hill Dr Dougal McLennan Dr Simon Church	16/08/2012	√
Northlands Surgery	North Street Calne Wiltshire SN11 0HH	Dr A. S. Thornton	Dr Andrew Thornton Dr R Leach Dr E Yully Dr N Ware Dr A Brownhill Dr E Simons Dr J Dalton	05/09/2012	√

Patford House Surgery (Sutton Benger)	8a Patford Street Calne Wiltshire SN11 0EF	Dr P Harris	Dr P Harris D D Bowen Dr N McCay Dr C Wilkinson Ms S Harries	14/08/2012	√
Hathaway Medical Centre	Middlefield Road Chippenham Wiltshire SN14 6GT	Andy Briggs	0	07/09/2012	√
Rowden Surgery	Rowden Hill Chippenham Wiltshire SN15 2SB	Dr Nick Brown	Dr Anne Lashford Dr John Barter Dr Alistair McKibben Dr Richard Gaunt Dr Alison Challens Dr Gavin Durrant Gill Massey (PM)	05/09/2012	√
The Lodge Surgery	Lodge Road Chippenham Wiltshire SN15 3SY	Dr Robert Muir	Dr Robert Muir Discussed with partners	28/08/2012	√
The Porch Surgery	Beechfield Road Corsham Wiltshire SN13 9DL	Dr MacArthur	Dr MacArthur Dr Burrell Dr Starr Dr Hatherell Dr Mohr Dr Munnelly Dr Davies Helen Paish - Practice Manager Linda Callahgan - Nurse Manager	14/08/2012	√
Cricklade Surgery	113 High Street Cricklade Swindon Wiltshire SN6 6AY	Dr Lanil De Silva	Dr Lanil de Silva (single handed practice)	05/09/2012	√
Old School House Surgery	Chruch Street Great Bedwyn Malborough Wiltshire SN8 3PF	Dr Tim Ballard	Dr Tim Ballard	06/09/2012	√
Malmesbury Primary Care Centre	Prioy Way Malmesbury Wiltshire SN16 0FB	David Grogan	Dr David Charles Dr Nigel Pickering Dr John Pettit Dr Jackie Neale Dr John Harrison Dr Anna Le Dr Tom Estcourt Dr Victoria Couchman Dr Laura Haynes Dr Chris Philips	03/09/2012	√

Ramsbury Surgery	Whittonditch Road Ramsbury Malborough SN8 2QT	Dr Rosemary Symon	Dr Rosemary Symon Dr Jonathan Rayner Dr Graham Muller Dr Andy Fisher Dr Rachel Lambert	11/09/2012	√
The Malborough Medical Practice	George Lane Marlborough Wiltshire SN8 4BY	Dr Richard Hook	Dr Richard Hook Dr P Tulloch Dr J Campbell Dr J Williams Dr R Rosalie Dr S Hanson Dr J Glover	24/08/2012	√
The Surgery (Pewsey)	High Street Pewsey Wiltshire SN9 5AQ	Dr Simon Ralfe	Dr Simon Ralfe Dr Anna Collings Judy Sharp	05/09/2012	√
Purton Surgery	High Street Purton Swindon Wiltshire SN5 4BD	Dr Carita Gomara	Dr Carita Gomara discussed with partners	05/09/2012	√
The Tolsey Surgery	High Street Sherston Malmesbury Wiltshire SN16 0LQ	Dr Watkins	Dr Watkins Dr Pettit Dr Harris Judy Sharp - PM	05/09/2012	√
The Surgery (Sutton Benger)	Chestnut Road Sutton Benger Nr. Chippenham Wiltshire SN15 4RP	Dr P Harris	Dr P Harris D D Bowen Dr N McCay Dr C Wilkinson Ms S Harries	14/08/2012	√
New Court Surgery	Borough Fields Wootton Bassett Swindon Wiltshire SN4 7AX	Elaine Smith	Dr Nelson Dr Bailes Dr Gonsalves	03/09/2012	√
Tinkers Lane Surgery	Wootton Bassett Swindon Wiltshire SN4 7AT	Dr Peter Fudge	Dr Peter Fudge Dr Marshall Dr Davies	05/09/2012	√
Sarum					
Bemerton Heath Surgery	Pembroke Road Salisbury Wiltshire SP2 9DJ	Dr John Jameson	Dr Christine Baker Dr John Jameson	06/08/2012	√
Castle Street Surgery	67 Castle Street Salisbury Wiltshire SP1 3SP	Dr Rosemary Wolstenholme	Wendy Shelley - Practice Manager Dr Rosemary Wolstenholme	02/08/2012	√

			Dr Rob Rosa Jess Stone		
Downton Surgery	Moot Lane Downton Salisbury Wiltshire SP5 3JP	Dr P Borrelli	Dr P Borrelli Mrs S Jennings	07/08/2012	√
Endless Street Surgery	72 Endless Street Salisbury Wiltshire SP1 3UH	Dr K O'Connor	Dr K O'Connor Dr F Stein Dr J Howell Dr J Buck Dr FJ Walters Dr M Kollarikova Dr D Henderson	14/08/2012	√
Salisbury Medical Practice (Grove House)	Grove House 18 Wilton Road Salisbury Wiltshire SP2 7EE	Dr R Hewetson	Dr R Hewetson Dr P Sharpe Dr J Burns	10/09/2012	√
Harcourt Medical Centre	Crane Bridge Road Salisbury Wiltshire SP2 7TD	Dr T Markey	Dr Markey Dr Thorne Dr Kay Pickup Dr Rendell Dr Bottjer	14/08/2012	√
Salisbury Medical Practice (New Street)	61 New Street Salisbury Wiltshire SP1 2PH	Dr Paul McKinley Dr Sue Taylor Dr Jane Rustom Dr Rebecca Seabridge	Dr Paul McKinley Dr Sue Taylor Dr Jane Rustom Dr Rebecca Seabridge	13/09/2012	√
St.Ann Street	82 St Ann Street Salisbury Wiltshire SP1 2PT	Dr Nick Stranger	Dr Nick Stranger Dr Julian Totman Dr Fiona Dickson Dr Beth Whitworth Dr Chat Sheth	13/09/2012	√
Three Swans	Rollestone Street Salisbury Wiltshire SP1 1DX	Dr Elizabether Stanger	Dr Elizabeth Stanger Dr M Moore Dr H Bond Dr H McKeown Dr D Vyas Dr G Dawe Dr C Kyte	04/10/2012	√
Whiteparish	Common Road Whiteparish Salisbury Wiltshire SP5 2SU	Dr Chris Gotham	Dr C Gotham Dr F Malloch Dr R Clapton Dr I Dean Dr M Essigman	12/09/2012	√

Avon Valley Practice	Fairfield Upavon Pewsey Wiltshire SN9 6DZ	Dr Peter Jenkins	Dr Peter Jenkins Dr Fiona Ross Russell Dr Ian Green Dr Ed Millar-Craig	06/08/2012	√
Barcroft Practice	The Centre Amesbury Wiltshire SP4 7DL	Dr A Yule	Dr A Yule	29/08/2012	√
Bourne Valley Practice	10-12 High Street Lugershall Andover Wiltshire SP11 9PZ	Dr A.G Greig	Dr A.G Greig	02/08/2012	√
Cross Plain	Bulford Road Durrington Salisbury Wiltshire SP4 8DH	Ruth Freeman	Dr C Grummitt Dr William Grummitt Ruth Freeman - Practice Manager Dr Peter Windcross Dr Elizabeth Shaw	10/09/2012	√
The Castle Practice	Central Street Lugershall Andover Wiltshire SP11 9RA	Chrissie Williams (Practice Manager)	Dr Stephen Comber Dr Louise O'Leary Dr Toby Davies	17/08/2012	√
Salisbury WIC (SWIHC)	Avon Approach Salisbury Wiltshire SP1 3SL	Hugh Bond	Dr Hugh Bond Dr Naz Hamal Jo Broom - Practice Manager	26/09/2012	√
St.Melor House Surgery	St Melor House Edwards Road Amesbury SP4 7LT	Dr Stuart Eastman	Dr Stuart Eastman Dr Amita Dureja	14/08/2012	√
Orchard Partnership (Spring Orchard)	Cherry Orchard Codford Warminster Wiltshire BA12 0PN	Dr Andy Hall	Dr John Fishwick Dr Sally Houghton Dr James Banfield Dr Fiona Dawe Dr Andy Hall	12/08/2012	√
Hindon Surgery	Hindon Salisbury Wiltshire SP3 6DJ	Dr Patrick Craig-McFeely	Dr Patrick Craig-McFeely Dr Sally Hayes Dr Jan Emms	09/08/2012	√
Mere	Dark Lane Mere Warminster Wiltshire BA12 6DT	Dr Tim King	Dr Tim King Dr Eve McBride Dr Ed Halsey	06/08/2012	√

Orchard Partnership (Old Orchard)	High Street Fovant Salisbury Wiltshire SP3 5JL	Dr Andy Hall	Dr John Fishwick Dr Sally Houghton Dr James Banfield Dr Fiona Dawe Dr Andy Hall	12/08/2012	√
Silton	Gillingham Road Silton Gillingham Wiltshire SP8 5DF	Dr Neil Harding	Dr Neil Harding (Senior Partner)	23/08/2012	√
Sixpenny Handley & Chalke Valley	Dean Lane Sixpenny Handley Salisbury SP5 5PA	Dr Elizabeth Nodder	Dr Elizabeth Nodder Dr Mark Morgan Dr Rachel Taubman Bill Carter (Practice Manager)	30/07/2012	√
Orchard Partnership (Till Valley)	High Street Shrewton Salisbury SP3 4BZ	Dr Andy Hall	Dr John Fishwick Dr Sally Houghton Dr James Banfield Dr Fiona Dawe Dr Andy Hall	12/08/2012	√
Tisbury	Park Road Tisbury Wiltshire SP3 6LF	Dr John Dalton	Dr John Dalton Dr Laurence Carter	21/09/2012	√
Wilton Health Centre	Market Square Wilton Wiltshire SP2 0HT	Dr Amanda Deeks	Dr Richard Brown Dr Amanda Deeks Dr Polly Jacobs Dr Kara Barnett	11/09/2012	√
Orchard Partnership (Cherry Orchard)	South StreetWiltonWiltshireSP2 0JU	Dr Andy Hall	Dr John FishwickDr Sally HoughtonDr James BanfieldDr Fiona DaweDr Andy Hall	12/08/2012	√

APPENDIX C – Group Terms of Reference

1. **Terms of reference for North and East Wiltshire Group**

2. **Terms of Reference for Sarum**

3. **Terms of Reference for West Wiltshire, Yatton Keynell and Devizes**

NHS Wiltshire CCG
North and East Wiltshire Group (NEW)

One of Three Groups within the NHS Wiltshire Clinical Commissioning Group

14 March 2013

1. Structure and Membership

The NEW Group is one of three Groups which form NHS Wiltshire CCG. NEW is an association of independent contractor practices that work co-operatively to further the aim and objectives of the CCG collectively.
The following practices are members of the NEW Group:

North
Hathaway Surgery
Porch Surgery
Box Surgery
Tinkers Lane Surgery
Northlands Surgery
Malmesbury Primary Care Centre
Rowden Surgery
Patford House Surgery
New Court Surgery
Cricklade Surgery
Tolsey Surgery
Lodge Surgery
Beversbrook Med Centre
Purton Surgery

East
Pewsey Surgery
Marlborough
Ramsbury Surgery
Burbage Surgery
Old School House

2. Aim

To co-ordinate working between GP practices in and around the Group area and thereby extend and enhance the clinical services jointly provided and commissioned by these practices to the local population.

3. Objectives

- To ensure practices and sub-localities develop and agree shared commissioning proposals based on local health need assessment;
- To work with other Groups across Wiltshire (Sarum and WWYKD) and neighbouring CCGs where there is common interest and benefit to the population;
- To work jointly, where appropriate, with NHS bodies and other providers and agencies in the commissioning of services;
- To ensure that the CCG develops appropriate performance management arrangements to ensure NEW Group maintains financial balance and commissions high quality services with partners across the wider health community.

4. Guiding principles

Member practices and their individual GPs and Practice Managers will respect and follow the guiding principles of the CCG:

- ***Fairness***
  All decisions and actions made by the CCG will be fair to all member practices and the populations they serve. This means that wherever possible and practicable, resource investment will be distributed fairly across member practices. Factors relevant to the assessment of fairness will be: equitable sharing of NEW resources; work done; use of a practice's staff and/or premises; and practices' list sizes. In order for this to occur, the following must be noted:
  - Member practices accept that in the pilot stages of any project, an uneven distribution of resources may be necessary until services are rolled-out across the whole CCG;
  - Some work proposed by the CCG will be based on services provided across the whole local population and in every practice. Other activity may be based on a single location, but in all cases the CCG will agree a fair and open process for the allocation of service provision.
- ***Openness***
  The CCG believes that to work together effectively, the CCG and its members need to be open with each other. Therefore, practices are required to share any plans which may affect the work of the CCG with the wider CCG. Individual practices will not negotiate with other providers or commissioners, other than core services and those under a DES (Directed Enhanced Services) or county-wide LES (Local Enhanced Services), without prior discussion with the CCG.
- ***Transparency***
  The CCG will ensure that decision-making is fair and transparent. Every member practice will be kept fully updated and aware of the work of the CCG and the Group and will take responsibility for this. To support this, minutes will be taken at every meeting and distributed shortly thereafter. Other regular communication, as work programmes are developed, will be agreed.

5. Ensuring Fair Representation

The practices have been grouped into two geographically relevant localities that reflect the previous Practice Based Commissioning groups. Representation on relevant Committees will, as far as possible, ensure membership from a cross section of the two localities. The arrangements are intended to ensure continuity but also enable all GPs to participate.

6. Committee Structure

The governance and reporting arrangements for NEW puts the members of the Group at the top of the decision making process and will be as follows:

a. ***GP Forum – expected to meet annually***

Once a year the practices will meet as a GP Forum within NEW to review the work of the Group over the previous 12 months and to agree the strategic direction and vision for the future. The GP Forum will be chaired by the current Chair of the Group or the Chair designate. The appointment of GP members of the Group Committee (including the Group Chair) will be ratified at the annual meeting.
All GPs and Practice Managers will be invited to the GP Forum and it is envisaged that all practices will have an attendee. Absence at the GP Forum can be agreed with the Group Chairs. The Group Director, CCG Accountable Officer, Group Administrative Support and CGG Chief Financial Officer will also be invited. The CCG Chair will also be asked to attend when required.

The GP forum receives and validates information about the Group and the CCG direction. It provides the forum for sharing best practice for delivering quality care and it is central to developing engagement and ownership across the organisation. The matters to be discussed at the GP Forum shall be set out in the notice of the meeting and shall include the consideration and, if thought fit, approval of:

- Minutes of all formal meetings as a matter of public record;
- the Group Annual Report;
- the Group Annual Financial Position Accounts;
- the transaction of any other business included in the notice convening the meeting;
- the election of members to the Group Executive Committee including the Group Chairs and the Group Chair (or the announcement of the results of an election if held previously by ballot), where applicable;
- Any changes to the Group Terms of Reference;
- The strategic direction of the Group.

Notice of the annual GP Forum will be published at least 14 days prior to the meeting.

i. ***Decision making***

It is expected that all decision making will be by consensus. However, where consensus cannot be reached, and decisions require a vote of the practice membership, the following voting rights will be applied:

Register Practice Population	Number of Votes
Under 2000	1
2001 – 4000	2
4001 – 6000	3
6001 – 8000	4
8001 – 10000	5
Over 10001	6

- Quorum for the annual meeting will be 1 representative from each practice. Practices that are absent will be allowed to cast a postal vote if it is deemed that the vote result is in the balance or a practice will be allowed to provide a proxy vote on their behalf.
- Where clinicians within a practice are split over the decision, then the proportional split of votes should reflect the stance of the individuals, e.g. a practice with 6

GPs who have 3 votes where 2 GPs agree with the decision and the other 4 disagree, will cast a vote of 1 for and 2 against.

b. ***Chair Person and Deputy Chair Person of the Group***
The Chair and Deputy Chair will be nominated from within the Group Committee. The Chair is expected to serve for a period of 3 years initially, before moving to a 2 year tenure. It is expected that the Deputy Chair will be the Chair Elect with a new Deputy Chair then nominated from a different locality. Over time it is therefore expected that the Chair will rotate between localities unless the Group representative indicates that they do not wish to serve as Chair, in which case the group would nominate a Chair. The Chair can only serve consecutive terms in the event that other locality representatives do not wish to become Chair.
The nomination and election process will be supported by the LMC (Local Medical Council).

c. ***NEW Group Executive Committee – expected to meet monthly***
The Group Executive Committee will comprise of:
- Group Chair (GP);
- Group Deputy Chair;
- At least 4 other GP members who take particular leadership roles;
- At least 2 Practice Managers;
- Group Director;
- Group Service Development Support Manager;
- Non-Executive Director of the CCG;
- Secretary.

A quorum will consist of the Chair or Deputy Chair plus 2 other GP members.

Period of Tenure – Group members will be members of the Group Executive Committee for a period of 2 years. In the first period, members will serve for a period of 3 years to ensure continuity during transition periods. This will ensure all GPs/Practices have the opportunity to serve on the Group Committee. If, after the period of 2 years, another GP does not wish to serve on the Group Executive Committee, then the existing members can serve a further term. It is hoped that at least one of the GP members will be a non-principal. The LMC will support the election process.

The Group Executive Committee will be responsible for the day-to-day running of the Group. The Group members will be nominated by the practice membership and the nominated representative will attend the GP Executive Committee. They will take a full role in supporting the agreed work programme. If expertise in specific areas is needed, the Committee may co-opt additional members. Two of the nominated representatives, one of which should be the Chair, will attend the CCG Governing Body. The Group Executive Committee will be responsible for the strategic direction and ensuring compliance with the governance arrangements of the CCG. The Chair of the GP Forum is also expected to be the Chair of the Group Executive Committee.

d. ***Locality Groups – expected to meet every 2 months***

As a minimum, the Locality Group will comprise of a GP representative from each Practice. Other members of the practice can attend by invitation. Reimbursement arrangements will be determined by the Remuneration Committee of the CCG.

The Locality Group will be responsible for the practical implementation of local work programmes and act as a communication channel to the Group Committee, GP Forum and the NHS Wiltshire CCG. Representation from practices is to be agreed locally via a nomination process. It is not anticipated that a voting system will be necessary unless more than one GP from each practice expresses a preference to be the Group Practice Representative from their practice. The LMC will support this voting/nomination process.

7. Public Involvement/Stakeholder Engagement

Currently 2 Non-Executive Directors act as public representatives on the Clinical Commissioning Committee. Further guidance is awaited with regard to process for wider public involvement once the CCG is fully established.

GENERAL

8. Removal from Office

Any GP members of the Group Executive Committee may be removed from office if more than 2/3rds of the possible voting members at the time support a motion of no confidence.

9. Declarations of Interest

All members are expected to adhere to the Standards of Business Conduct Policy.

10. Record Keeping

Agendas and papers will be circulated in advance of the Executive, Locality and GP Forum meetings. Minutes will be taken and circulated promptly after the meetings. This represents good practice which should be applied to all Group meetings.

11. Workload

Each practice will take a fair share of the administrative and representative work required for the Group. Practices recognise that workload will fluctuate according to the current demands on the CCG. Different individuals will have skills required at certain times but every practice is expected to volunteer some assistance. This will be reimbursed at appropriate and fair rates as agreed by the Remuneration Committee of the CCG.

12. Indemnity

The Group and its member practices shall indemnify any member practice or individual in respect of all payments made and personal liabilities properly incurred by a Member in the performance of duties as a Member in the ordinary and proper conduct of the

Business or in respect of anything necessarily done by him or her for the preservation of the Business or property of the Group.

The Group will agree any category or categories of expenses for which Members may claim reimbursement in accordance with reimbursement levels agreed via the NHS Wiltshire CCG Remuneration Committee. Any legal liability arising from the activities of the Group / Group within the NHS Wiltshire CCG shall be the responsibility of the CCG, provided that the liability was incurred by the members of the committee acting responsibly and in good faith.

13. Disputes

The aim of the Group is to avoid disputes between its members by conducting its work in an open, fair and transparent manner. If a dispute arises the individuals or practices involved must first raise the dispute with the Chair of the Group. If the dispute cannot be resolved by these means then the Group will ask Wessex LMC and/or the Chair of the Wiltshire CCG for guidance and support. Section 8 of Appendix D Standing Orders documents the procedure for resolving disputes between groups of the CCG, or between a group of the CCG and the CCG.

14. Disqualification Criteria

Please refer to the CCG Constitution Section 3.6 – Cessation of Membership.

15. Employment of Staff

The CCG will employ directly the majority of its staff supporting the Local Group. Employees will be aligned to the Groups to support the Group working arrangements and will be accountable to the Group Director. Some of these employees will have responsibilities that will span the boundaries of individual Groups. Arrangements relating to staff directly employed by the NEW local group from pooled Primary Care resource will be subject to a separate agreement between members of the Group and is outside the Wiltshire CCG Constitution.

SARUM Group

One of three Groups of GP practices that constitute NHS Wiltshire Clinical Commissioning Group

14 March 2013

1. Structure and Membership

Sarum Group is one of the three Groups of GP practices that form the NHS Wiltshire Clinical Commissioning Group (CCG). This particular Group is an association of independent contractor practices in South Wiltshire plus one in Dorset that are centred around Salisbury NHS Foundation Trust. They share many issues and challenges and have grouped together to work cooperatively to further the aims and objectives of the CCG in general and of the Sarum Group in particular.

Within the Sarum Group, the practices are grouped into three localities that loosely mirror the former PBC (Practice Based Commissioning) localities. The practices within the Sarum Group are a mixture of rural and urban practices with the Salisbury practices representative in all three localities:

Southern Locality
Downton Surgery
Endless Street Surgery
Harcourt Medical Centre
Sixpenny Handley & Chalke Valley Practice
St. Ann Street Surgery
Whiteparish Surgery
Salisbury Walk In Health Centre

Western Locality
Bemerton Heath
Hindon Surgery
Mere Surgery
Silton Surgery
The Orchard Partnership
The Three Swans Surgery
Tisbury Surgery
Wilton Health Centre

Northern Locality
Avon Valley Practice
Barcroft Medical Centre
Bourne Valley Practice
Castle Street Surgery
Cross Plain Surgery
St. Melor House Surgery
Salisbury Medical Practice (New Street)
Salisbury Medical Practice (Grove House)
The Castle Practice

2. Aims

Sarum Group exists to co-ordinate working between GP practices in and around the Sarum Group and throughout the CCG. The main aim is to extend and enhance the clinical services jointly provided and commissioned by these practices.

3. Objectives

- to ensure practices and localities within the Sarum Group develop and agree shared commissioning proposals based on local health need assessment;
- to work with other Groups within Wiltshire CCG (NEW and WWYKD) and neighbouring CCGs where there is common interest and benefit to the population;
- to work jointly, where appropriate, with NHS bodies and other providers and agencies in the commissioning of services;
- to develop appropriate performance management arrangements to ensure that the Sarum Group maintains financial balance and commissions high quality services with partners across the wider health community.

4. Guiding principles

Member practices and their individual GPs and Practice Managers will respect and abide by the following guiding principles of the CCG/Group:

- ***Fairness***
  All decisions and actions made by Sarum Group Board, it's other functions, and the CCG will be fair to all member practices and the populations they serve. This means that, wherever possible and practicable, investment will be distributed fairly across practices. As part of this desire to ensure fairness, it should be noted that:
  - member practices accept that, in the pilot stages of any project, an uneven distribution of resources may be necessary until services are rolled out across the Group/whole CCG;
  - some work proposed by the CCG/Group will be based on services provided across the whole local population and in every practice. Other activity may be based on a single location. However, in all cases the CCG/Group will agree a fair and open process for the allocation of service provision.

  Among the many factors relevant to the assessment of fairness will be equitable sharing of new resources; work done; use of a practice's staff and/or premises; practice list size.
- ***Openness***
  The CCG/Group believes that, to work together effectively, the CCG/Group and its members need to be open with each other. Therefore practices are required to share - with the Group and the wider CCG - any plans that may affect the work of the CCG/Group. Other than core services and those under a DES or county wide LES, individual practices will not negotiate with other providers or commissioners without prior discussion with the CCG/Group.
- ***Transparency***
  The CCG/Group will ensure that decision-making is fair and transparent. Every member practice will be kept fully updated and aware of the work of the CCG and

the Group. To support this, minutes will be taken at every meeting and distributed shortly thereafter. As work programmes are developed, similar such regular communication will be agreed.

5. Ensuring Fair Representation

Within the Sarum Group, practices have been grouped into three geographically relevant localities that, to a large extent, reflect the previous Practice Based Commissioning groups. Representation on relevant committees will, as far as possible, ensure membership from a cross-section of the three localities. The arrangements are intended to ensure continuity but also enable all GPs to participate.

5. Committee Structure

The governance and reporting arrangements for the Sarum Group puts the members of the Group at the top of the decision making process and will be as follows:

a. Full *Group Meeting* - *expected to meet at least twice per year*

The Group Meeting receives and validates information about the Group and the CCG direction. It provides the forum for sharing best practice for delivering quality care and it is central to developing engagement and ownership across the organisation. The meeting will take place at least twice per year and will be the forum for discharging responsibilities in line with the CCG Constitution on an annual basis as set out below.

Once a year, this meeting will review the work of the Group over the previous 12 months and agree the strategic direction and vision for the future. The appointment of GP Directors on the Sarum Group Board including the Chair will be ratified at the Annual Group Meeting.

All GPs and Practice Managers working in practices within the Sarum Group will be invited to the Annual Group Meeting along with Group Director and relevant members of the supporting team.. Other than for exceptional reasons, each practice will have at least one attendee.

The Group Meeting will adhere to the following principles:

- Sarum Group will hold an Annual Group Meeting once in each year;
- it will be held on a business day;
- it will be chaired by the current Group Chair or Chair designate;
- quorum for the meeting will be one representative from at least 2/3rds of Sarum practices;
- minutes of the meeting will be a matter of public record;
- matters to be discussed at the Annual Group Meeting will be set out in the Notice of the meeting;
- the Notice will be published at least 6 weeks prior to the Annual Group Meeting;
- the agenda will include consideration and, if thought fit, approval of:

- Sarum Group's Annual Report;
- Sarum Group's Annual Financial Position/Accounts;
- any other business included in the Notice convening the meeting;
- the election of GP Directors on the Sarum Group Board, as and when appropriate;
- any changes to Sarum Group's Terms of Reference;
- the strategic direction of Sarum Group.

In the event that the members are required to vote on an issue, individual GPs working in Sarum practices whether principal or salaried may cast their individual vote (this was the manner by which we elected Sarum Directors in early 2012)

b. *Sarum Group Executive – expected to meet weekly*

The Sarum Group Executive will comprise up to six GP Directors with representation from each locality and the Group Director. Others can be invited as required. Together they will provide the leadership and strategic direction for the Group. This will involve talking a full role in supporting the agreed work programme and linking with the CCG. The GP Directors will be elected by GPs working in Sarum practices whether principal, salaried or locum. Each GP will have an individual vote to elect a representative of his/her locality. Any voting process will be supported by the LMC. The Group Director will be appointed by the GP Directors on the Sarum Group Board plus the CCG Accountable Officer.

The Sarum Executive meeting will be chaired by the Group Chair, one of the GP Directors or the Group Director as agreed by the Executive membership.

c. *Chair Person and Vice Chair Person of the Group*

The Chair of Sarum Group will be nominated by and from among the Sarum GP Directors. The Chair and GP Directors are each expected to serve for a period of 3 years. The Sarum Group will appoint a Vice Chair who will discharge the functions of the Chair in his/her absence. However, Sarum will, depending on the agenda, expect other Group Directors to champion agenda items depending on the subject area and as such adopt a more fluid rotational arrangement.

- Quorum for this meeting will be a minimum of 3 of the above Group GP Directors and the Group Director.

The Chair of Sarum Group Board plus any one of the other GP Directors will represent Sarum Group at the CCG Board meetings. Each will have full voting rights at the CCG meetings. They will be accompanied by the Group Director. S/he will not have any voting rights at the CCG Board.

d. *Sarum Group Management Support Team– meets weekly*

Sarum Group Executive will be supported in the day-to-day running of the Group by the Management Support Team. The Group Director will provide the leadership role and all within the Sarum Management Support Team will report to him/her. Some will also be accountable to the CCG Accountable Officer or to the CCG Chief Finance Officer.

Sarum Group Executive comprises:

- Group Director

- Group Administrator
- Associate Director of Commissioning
- Group Commissioning Manager
- Commissioning Support Manager
- Service Redesign Projects Manager
- Group Finance and Information Manager

Sarum Group Executive and Management Support Team will also have direct access to other functions within the CCG plus those commissioned from Commissioning Support Services (CSSs).

e. *Sarum Group Locality Leads Forum ("Locality Forum") – expected to meet monthly except August and December)*

The Locality Forum provides leadership and strategic direction to the three Sarum localities. Each Locality will be represented by its GP Director plus one other GP lead for each locality. In addition, one Practice Manager from each locality will attend along with the Group Director. The role of the Locality Forum is to plan and review progress across the Group on PBC LES, QIPP, QP in QOF, etc.

f. *Sarum Locality meetings – meetings of GP practices in smaller groups*

The Sarum locality meetings take place monthly (except August and December). The meetings are attended by GPs, Practice Managers and other healthcare professionals from each of the practices in each locality. The process for deciding who is the locality lead and represents each practice is for the practice to decide.

g. *Sarum Clinical Cabinet*

The Sarum Clinical Cabinet is an ad-hoc group of GPs, Practice Managers and other healthcare professionals from practices within Sarum Group who lead and/or support others on specific short-term projects in such areas as:

- Mental Health
- Pathway redesign
- Women & Children's Services
- Community Services
- Elderly Care

Those working in the Clinical Cabinet will be working to agreed Terms of Reference and Project Plans. Their progress will be reviewed regularly by the Sarum Group Board.

GENERAL

6. Removal from Office

Any Elected officer of the Sarum Group may be removed from office if more than 2/3rds of the voting members at the time support a motion of no confidence during an Extraordinary Group Meeting.

7. Declarations of Interest

All representatives are expected to adhere to the Standards of Business Conduct Policy agreed by the CCG.

8. Decision making

The following decision-making process applies to the relevant meeting. It is anticipated that, where possible, decisions are made on a consensus basis. However in the event that a consensus cannot be reached then formal voting will be as follows:

- Decisions will be made on a simple majority;
- Co-opted members will not have a vote.

Decisions will follow the standing financial instructions/scheme of delegation of the CCG.

9. Record keeping

For the Sarum Group Board agendas and papers will be circulated in advance of the meeting and minutes will be taken and circulated promptly after the meetings. This represents good practice which should be applied to other Group meetings listed above.

10. Workload

Each practice will take a fair share of the administrative and representative work required for the Group. Practices recognise that workload will fluctuate according to the current demands on the CCG. Different individuals will have skills required at certain times but every practice is expected to volunteer some assistance. This will be reimbursed at appropriate and fair rates as agreed by the CCG Remuneration Committee

11. Indemnity

The Group and its member practices shall indemnify any member practice or individual in respect of all payments made and personal liabilities properly incurred by a Member in the performance of duties as a Member in the ordinary and proper conduct of the Business or in respect of anything necessarily done by him/her for the preservation of the Business or property of the Group.

12. Expenses

The Group will agree any category or categories of expenses for which Members may claim reimbursement in accordance with reimbursement levels agreed via the NHS Wiltshire CCG Remuneration Committee. Any legal liability arising from the activities of the Group within the NHS Wiltshire CCG shall be the responsibility of the CCG provided that the liability was incurred by the members of the committee acting responsibly and in good faith and within the scheme of delegation

13. Disputes

The aim of the Sarum Group is to avoid disputes between its members by conducting its work in an open, fair and transparent way. If a dispute arises, the individuals or practices involved must first raise the dispute with the Chair of the Sarum Group Board. If necessary, the Chair will put the matter before the CCG Executive. If the dispute cannot be resolved by these means, Sarum Group Board will ask Wessex LMC and/or the Wiltshire CCG/NHS Commissioning Board for guidance and support. Clause 8 of the Wiltshire CCG Constitution documents the procedure for resolving disputes between groups of the CCG, or between a group of the CCG and the CCG.

14. Disqualification Criteria

Please refer to the CCG Constitution section 3.6 – Cessation of Membership.

15. Employment of Staff

The CCG will directly employ the majority of staff supporting the Local Group.
Employees will be aligned to Groups to support the Group working arrangements and will be accountable to the Group Director. Some of these employees will have responsibilities which span the boundaries of individual Groups.

NHS Wiltshire CCG
West Wiltshire, Yatton Keynell and Devizes Group (WWYKD)

One of Three Groups within the NHS Wiltshire Clinical Commissioning Group

14 March 2013

1. Structure and Membership

The WWYKD Group is one of three Groups which form NHS Wiltshire CCG. WWYKD is an association of independent contractor practices that work cooperatively to further the aim and objectives of the CCG collectively.
The following practices are members of the WWYKD Group:

Locality 1 – Devizes and Yatton Keynell
Courtyard Surgery,
Market Lavington Surgery
St James Surgery
The Lansdowne Surgery
Southbroom Surgery
Jubilee Field Surgery

Locality 2 – Trowbridge
Adcroft Surgery
Lovemead Group Practice
Bradford Road Medical Centre
Widbrook Medical Practice

Locality 3 – Melksham and Bradford on Avon
Spa Medical Centre
Giffords Surgery
Bradford-On-Avon & Melksham Health Partnership

Locality 4 – Warminster and Westbury
Westbury Group Practice
The Avenue Surgery
Smallbrook Surgery

2. Aim

To co-ordinate working between GP practices in and around the Group area and thereby extend and enhance the clinical services jointly provided and commissioned by these practices to the local population.

3. Objectives

- To ensure practices and localities develop and agree shared commissioning proposals based on local health need assessment;
- To work with other Groups across Wiltshire (Sarum and NEW) and neighbouring CCGs where there is common interest and benefit to the population;
- To work jointly, where appropriate, with NHS bodies and other providers and agencies in the commissioning of services;
- To ensure that the CCG develops appropriate performance management arrangements to ensure WWYKD Group maintains financial balance and

commissions high quality services with partners across the wider health community.

4. Guiding principles

Member practices and their individual GPs and Practice Managers will respect and follow the guiding principles of the CCG as set out below:

- ***Fairness***
  All decisions and actions made by the CCG will be fair to all member practices and the populations they serve. This means that wherever possible and practicable, resource investment will be distributed fairly across member practices. In order for this to occur, the following must be noted:
    - Member practices accept that in the pilot stages of any project an uneven distribution of resources may be necessary until services are rolled-out across the whole CCG;
    - Some work proposed by the CCG will be based on services provided across the Group population and in every practice. Other activity may be based on a single location, but in all cases the CCG will agree a fair and open process for the allocation of service provision.

- ***Openness***
  The CCG believes that to work together effectively the CCG and its members need to be open with each other. Therefore practices are required to share any plans which may affect the work of the CCG with the wider CCG. Individual practices will not negotiate with other providers or commissioners, other than core services and those under a DES or county-wide LES, without prior discussion with the CCG.

- ***Transparency***
  The CCG will ensure that decision-making is fair and transparent. Every member practice will be kept fully updated and aware of the work of the CCG and the group will take responsibility for this. To support this, minutes will be taken at every local group meeting and distributed shortly thereafter. Other regular communication, as work programmes are developed, will be agreed.

5. Ensuring Fair Representation

The practices have been grouped into four geographically relevant localities. Representation on relevant Committees will, as far as possible, ensure membership from a cross section of the four localities. The arrangements are intended to ensure continuity but also enable all GPs to participate.

6. Committee Structure

The governance and reporting arrangements for WWYKD are set out below.

a. GP Forum – Expected to meet bi-monthly

The GP Forum will be comprised:

- At least 1 representative from each practice, this will be a nominated GP lead. All GPs in the practice are able and welcome to attend;
- Project Support;
- Finance Support;
- Secretariat;
- 2 other representatives (PM or other).
- Public Health
- Group Director

The GP forum receives and validates information about the Group and the CCG direction. It provides the forum for sharing best practice for considering the delivery of quality care and it is central to developing engagement and ownership across the organisation.

A quorum will be 1 representative from each of the localities.

b. Group Executive Committee – Expected to meet monthly

The Group Executive Committee will be comprised:

- At least 1 GP representative from each locality and then up to a further 4 GPs. In the event that a Locality is unable to identify a representative then a representative from another locality will be asked to act as the link GP;
- Project Support Officer;
- Finance Officer;
- Secretary;
- 2 other representatives (TBC);
- Group Director

The Group Executive Committee will be responsible for the day-to-day running of the local group. The locality representative will be nominated by the locality group. They will take a full role in supporting the agreed work programme. If expertise in specific areas is needed the committee may co-opt additional members. Two of the nominated representatives, one of which should be the Chair, will attend the CCG Governing Body. The Group Executive Committee will be responsible for the strategic direction and ensuring compliance with the CCG Governing body.

A quorum will be 4 of the 8 representatives plus the Project Support Officer or Local Group Director.

Period of Tenure - Locality representatives will be members of the Group Executive Committee for a period of 2 years. In the first period, 4 of the 8 representatives will serve for a period of 3 years to ensure continuity during transition periods. This will ensure all GPs/practices have the opportunity to serve on the Executive Committee. If after the period of 2 years, another GP does not wish to serve on the Executive then the existing representative can serve a further term. It is anticipated that at least one of the GP representatives will be a non-principal. The LMC will support the election process.

c. Locality Groups – Expected to meet every 3 months

As a minimum the Locality Group will be comprised:

- Representative from each Practice;
- Representative from neighbourhood team;
- Non Clinical Officer/Project Support.

The Locality Group will be responsible for the practical implementation of local work programmes and act as a communication channel to the Group Executive Committee, CCG and the GP Forum.

d. Chair Person – GP Forum

The Chair of the GP Forum is also expected to be the Chair of the Executive Team and be one of the 2 WWYKD representatives on the Wiltshire CCG Governing Body. The Chair and Vice Chair will be nominated from within the group. The Chair is expected to serve for a period of 3 years initially then moving to a 2 year tenure. It is expected that the Vice Chair will be the Chair elect with a new Vice Chair then nominated from a different locality. Over time it is therefore expected that the Chair will rotate between localities unless the locality representative indicates that they do not wish to serve as Chair, in which case the group would nominate a chair. The Chair can only serve consecutive terms in the event that other locality representatives do not wish to become Chair.

Any nomination and voting process will be supported/approved by the LMC.

- ***Local Representation***

  Representation from practices on the GP Forum and Locality Group is to be agreed locally via a nomination process. It is not anticipated that a voting system will be necessary unless there are more than 8 nominations. The LMC will support the voting/nomination process.

- ***Public Involvement/Stakeholder Engagement***

  Currently 2 Non-Executive Directors act as public representatives on the Clinical Commissioning Committee. Further guidance is awaited with regard to process for wider public involvement once the CCG is fully established.

e. Annual Meeting of the GP Forum

Once a year the practice representatives will meet to review the work of the Group over the previous 12 months and to agree the strategic direction and vision for the future. The appointment of GP members of the Group Committee (including the Group Chair) will be confirmed at the annual meeting.

The matters to be discussed at the Annual Meeting shall be set out in advance, and shall include the consideration and, if thought fit, approval of:

- Minutes of all formal meetings will be a matter of public record;
- the Group Annual Report;
- the Group Annual Financial Position;
- the transaction of any other business included in the notice convening the meeting;

- the election of members to the Group Executive including the Group chairs and the Group Chair (or the announcement of the results of an election if held previously by ballot), where applicable;
- Agree any changes to the Group Terms of Reference
- Agree the strategic direction of the Group.

Notice of the annual GP Forum will be published at least 14 days prior to the meeting. The annual GP Forum meeting will be chaired by the current Chair of the Group or the Chair designate of the GP Forum.

f. Decision Making

It is expected that all decision making is by consensus. However, where consensus cannot be reached, and decisions require a vote of the practice membership, the following voting rights will be applied:

Register Practice Population	Number of Votes
Under 2000	1
2001 – 4000	2
4001 – 6000	3
6001 – 8000	4
8001 – 10000	5
Over 10001	6

Quorum for the annual meeting will be 1 representative from each practice. Practices that are absent will be allowed to ask another representation or the chair to provide a proxy vote of their behalf.

GENERAL

7. Removal from Office

Any GP members of the of the Group Executive Committee may be removed from office if more than 2/3rds of the possible voting members at the time support a motion of no confidence.

8. Declarations of Interest

All members are expected to adhere to the Standards of Business Conduct Policy agreed by the CCG. See Appendix M of the Wiltshire CCG Constitution.

9. Record keeping

For the Group Executive Committee agendas and papers will be circulated in advance of the meeting and minutes will be taken and circulated promptly after the meetings. This represents good practice which should be applied to other Group meetings listed above.

10. Workload

Each practice will take a fair share of the administrative and representative work required for the Group. Practices recognise that workload will fluctuate according to the current demands on the CCG. Different individuals will have skills required at certain times but every practice is expected to volunteer some assistance. This will be reimbursed at appropriate and fair rates as agreed by the Remuneration Committee of the CCG.

11. Indemnity

The Group and its member practices shall indemnify any member practice or individual in respect of all payments made and personal liabilities properly incurred by a Member in the performance of duties as a Member in the ordinary and proper conduct of the Business or in respect of anything necessarily done by him for the preservation of the Business or property of the Group.

12. Expenses

The Group will agree any category or categories of expenses for which Members may claim reimbursement in accordance with reimbursement levels agreed via the NHS Wiltshire CCG Remuneration Committee. Any legal liability arising from the activities of the Group within the NHS Wiltshire CCG shall be the responsibility of the CCG provided that the liability was incurred by the members of the committee acting responsibly and in good faith and within the scheme of delegation.

13. Disputes

The aim of the Group is to avoid disputes between its members by conducting its work in an open, fair and transparent manner. If a dispute arises the individuals or practices involved must first raise the dispute with the Chair of the Group. If the dispute cannot be resolved by these means then the Group will ask Wessex LMC and/or the Chair of the Wiltshire CCG for guidance and support.
Clause 8 of the Wiltshire CCG Constitution documents the procedure for resolving disputes between groups of the CCG, or between a group of the CCG and the CCG.

14. Disqualification Criteria

Please refer to the CCG Constitution section 3.6 – Cessation of Membership.

15. Employment of Staff

The CCG will directly employ the majority of staff supporting the Local Group.
Employees will be aligned to Groups to support the Group working arrangements and will be accountable to the Group Director. Some of these employees will have responsibilities which span the boundaries of individual Groups. Arrangements relating to staff directly employed by the WWYKD Local Group from pooled Primary Care resource will be subject to a separate agreement between members of the Group and is outside the Wiltshire CCG Constitution.

APPENDIX D – Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS Wiltshire CCG so that CCG can fulfil its obligations, as set out largely in the 2006 Act (as amended by the 2012 Act) and related regulations. They are effective from the date the CCG is established.

1.1.2. The standing orders, together with the CCG's scheme of reservation and delegation[54] and the CCG's prime financial policies[55], provide a procedural framework within which the CCG discharges its business. They set out:

a) the arrangements for conducting the business of the CCG;
b) the appointment of member practice representatives;
c) the procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
d) the process to delegate powers;
e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[56] of any relevant guidance.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the CCG's constitution. CCG members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. Schedule of matters reserved to the CCG and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body

[54] See Appendix E
[55] See Appendix F
[56] Under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation (see Appendix E).

2. THE CCG: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1. Composition of membership

2.1.1. Chapter 3 of the CCG's constitution provides details of the membership of the CCG (also see Appendix B).

2.1.2. Chapter 6 of the CCG's constitution provides details of the governing structure used in the CCG's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of practice representatives (section 7.1 of the constitution).

2.2. Key Roles

2.2.1. The GP representatives on the CCG Governing Body will be nominated by their Groups in accordance with the relevant Terms of Reference.

2.2.2. Paragraph 6.5.2 of the CCG's constitution sets out the composition of the CCG's Governing Body whilst Chapter 7 of the CCG's constitution identifies certain key roles and responsibilities within the CCG and its Governing Body. These standing orders set out how the CCG appoints individuals to these key roles.

2.2.3. The members of the CCG Governing Body, as listed in paragraph 6.5.2 of the CCG's constitution, are subject to the appointment process below.

2.2.4. Arrangements for appointment and selection of GP representatives are set out in the relevant Group Terms of Reference.

2.2.5. The roles and responsibilities of each of these key roles are set out in Chapter 7 of the CCG's constitution.

2.2.6. **Chair of CCG**

The Chair, as listed in paragraph 6.5.2(a) of the Group's Constitution, is subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role. The LMC will support any election process;

b) **Eligibility** – the Chair must:
   i) not be the Accountable Officer, the Chief Financial Officer; the registered nurse, the secondary care specialist doctor or a Lay Member who leads on audit, remuneration and conflict of interest matters;
   ii) have passed any nationally mandated assessment process for Clinical Commissioning Group chairs;
   iii) subject to paragraph 2.2.15, be a GP; and
   iv) not be an individual of the description set out in paragraph 2.2.13 below.

c) **Appointment process** – Election process for all short listed candidates will be overseen by the LMC where there are sufficient numbers to warrant a process;

d) **Term of Office** – Unless specified otherwise in paragraph 2.2.14, the Chair may hold office for a period of up to four (4) years;

e) **Eligibility for re-appointment** – The Chair shall be eligible for re-appointment at the end of his/her term but may not serve more than two (2) consecutive terms or eight (8) years whichever is the lesser;

f) **Grounds for removal from office** – The Chair shall cease to hold office if:
   i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.2(b) (Eligibility) above; and/or
   ii) if any of the grounds set out in paragraph 2.2.13 below apply;

g) **Notice Period** - The Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

2.2.7. **Lay Members**

The Lay Members as listed in paragraph 6.5.2(c) of the Constitution are subject to the following appointment process:

a) **Nominations** – not applicable;

b) **Eligibility** :
   i) a Lay Member must be an individual who is not:
      - a member of the Group;
      - a Healthcare Professional;
      - an individual of the description set out in Schedule 4 to the Regulations;
      - an individual of the description set out in paragraph 2.2.13 below.
   ii) the Lay Member who is to lead on audit, remuneration and conflict of interest matters must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters; and
   iii) the Lay Member who is to lead on patient and public participation matters must be a person who has knowledge about the area such as to enable the person to express informed views about the discharge of the Group's functions.

c) **Appointment process** – Open advert. Selection against competencies based on current national guidance on the NHS Commissioning Board's website by the Governing Body;
d) **Term of Office** – A Lay Member may hold office for a period of up to four (4) years;
e) **Eligibility for re-appointment** – A Lay Member shall be eligible for re-appointment at the end of his term but may not serve more than two (2) consecutive terms or eight (8) years whichever is the lesser;
f) **Grounds for removal from office** – A Lay Member shall cease to hold office if:
    i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.4(b) (Eligibility) above; and/or
    ii) if any of the grounds set out in paragraph 2.2.13 below apply;
g) **Notice Period** - A Lay Member shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.8. **Registered Nurse**

The registered nurse as listed in paragraph 6.5.2(d) of the Group's Constitution is subject to the following appointment process:

a) **Nominations** – not applicable;
b) **Eligibility** – the registered nurse must:
    i) be a current registered nurse, other than one who is an employee or member (including shareholder) of, or a partner in, any of the following:
        - a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
        - a body which provides any relevant service to a person for whom the Group has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act;
    ii) not be an individual of the description set out in paragraph 2.2.13 below; and
    iii) have no conflicts of interest as defined by national guidance on the NHS Commissioning Board website;
c) **Appointment process** – Open advert. Selection against competencies based on current national guidance on the National Commissioning Board website by the Governing Body;
d) **Term of Office** – Notwithstanding any concurrent appointment as an employee of the Group, the registered nurse as listed in paragraph 6.6.2(d) of the Group's Constitution may (unless the Governing Body determines otherwise from time to time) hold office only for a period which is the shorter of (i) the duration of his/her contract of employment with the Group and (ii) up to four (4) years (or as otherwise provided pursuant to paragraph 2.2.5(e) below);
e) **Eligibility for re-appointment** – A registered nurse shall be eligible for re-appointment at the end of his/her term but may not serve more

than two (2) consecutive terms or eight (8) years whichever is the lesser;

f) **Grounds for removal from office** – A registered nurse shall cease to hold office if:
   i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.5(b) (Eligibility) above; and/or
   ii) if any of the grounds set out in paragraph 2.2.13 below apply; and/or
   iii) where he/she was also appointed as an employee of the Group, he/she is no longer an employee of the Group (unless the Governing Body determines otherwise from time to time).

g) **Notice Period** - A registered nurse shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.9. **Secondary Care Specialist Doctor**

The secondary care specialist doctor as listed in paragraph 6.5.2(e) of the Group's Constitution is subject to the following appointment process:

a) **Nominations** – not applicable;

b) **Eligibility** – the secondary care specialist doctor must:
   i) be a registered medical practitioner who is, or has been at any time in the period of ten (10) years ending with the date of the individual's appointment to the Governing Body, an individual who fulfils (or fulfilled) all the following conditions:
      - the individual's name is included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act 1983, or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;
      - the individual holds a post as an NHS consultant (as defined in section 55(1) of the Medical Act 1983) or in a medical speciality in the armed forces (meaning the naval, military, or air forces of the Crown, and includes the reserve forces within the meaning of section 1(2) of the Reserve Forces Act 1996 (power to maintain reserve forces);
      - the individual's name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983
   ii) not be an employee or member (including shareholder) of, or a partner in, any of the following:
      - a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
      - a body which provides any Relevant Service to a person for whom the Group has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act

iii) not be an individual of the description set out in paragraph 2.2.13 below; and
iv) have no conflicts of interest as defined by national guidance on the NHS Commissioning Board website;

c) **Appointment process** – Open advert. Selection against competencies based on current national guidance from the NHS Commissioning Board by the Governing Body;
d) **Term of Office** – A secondary care specialist doctor may hold office for a period of up to four (4) years;
e) **Eligibility for re-appointment** – A secondary care specialist doctor shall be eligible for re-appointment at the end of his term but may not serve more than two (2) consecutive terms or eight (8) years whichever is the lesser;
f) **Grounds for removal from office** – A secondary care specialist doctor shall cease to hold office if:
   i) he ceases to meet the eligibility criteria set out in sub-paragraph 2.2.6(b) (Eligibility) above; and/or
   ii) if any of the grounds set out in paragraph 2.2.13 below apply;
g) **Notice Period** - A secondary care specialist doctor shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.10. **Accountable Officer**

The Accountable Officer as listed in paragraph 6.5.2(f) of the Group's Constitution, is subject to the following appointment process:

a) **Nominations** – Not applicable. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role and a recruitment process will follow:
b) **Eligibility** – The Accountable Officer must:
   i) not be an individual of the description set out in paragraph 2.2.13 below, and;
   ii) have passed any nationally mandated assessment process.
c) **Appointment process** – The Accountable Officer shall be appointed by the NHS Commissioning Board.
d) **Term of office** – This is a substantive appointment.
e) **Eligibility for re-appointment** – Not applicable
f) **Grounds for removal from office** – in accordance with his/her contract of employment terms
g) **Notice period** – in accordance with his/her contract of employment terms

2.2.11. **Chief Finance Officer**

The Chief Financial Officer as listed in paragraph 6.5.2(g) of the Group's Constitution is subject to the following appointment process:

a) **Nominations** – not applicable;

b) **Eligibility** – The Chief Financial Officer must:
   i) not be the Group's Accountable Officer;
   ii) hold a qualification of one of the individual CCAB bodies or CIMA;
   iii) not be an individual of the description set out in paragraph 2.2.13 below; and
   iv) have passed any nationally mandated assessment process.
c) **Appointment process** – Appointments shall be via open advert and selection against competencies based on current national guidance by the NHS Commissioning Board. Appointments will be approved by a senior member of the NCB Finance Team
d) **Term of Office** – Substantive appointment
e) **Eligibility for reappointment** – not applicable
f) **Grounds for removal from office** – in accordance with his/her contract of employment terms
g) **Notice Period** - in accordance with his/her contract of employment terms

2.2.12. **The Deputy Chair**

The Deputy Chair, as listed in paragraph 7.5 of the Constitution, is subject to the following appointment process:

a) **Nominations** – not applicable;
b) **Eligibility** – the Deputy Chair must:
   i) be one of the three Group Chairs.
   ii) not be an individual of the description set out in paragraph 2.2.12 below;
c) **Appointment process** – selection based on eligibility and against competencies based on current national guidance from the NHS Commissioning Board by the Governing Body;
d) **Term of Office** – The Deputy Chair may hold office for a period of up to four (4) years;
e) **Eligibility for re-appointment** – The Deputy Chair shall be eligible for re-appointment at the end of his/her term but may not serve more than two (2) consecutive terms or eight (8) whichever is the lesser;
f) **Grounds for removal from office** – The Deputy Chair shall cease to hold office if:
   i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.9(b) (Eligibility) above; and/or
   ii) if any of the grounds set out in paragraph 2.2.13 below apply;
g) **Notice Period** - The Deputy Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

2.2.13. A member of the Governing Body shall not be eligible to become or continue in office as a member of the Governing Body if he/she:

a) is a Member of Parliament, Member of the European Parliament or member of the London Assembly;
b) is a member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland;
c) is an individual who, by arrangement with the Group, provides it with any service or facility in order to support the Group in discharging its commissioning functions of the Group in arranging for the provision of services as part of the health service, or an employee or member (including shareholder) of, or a partner in, a body which does so save that services and facilities do not include services commissioned by the Group in the exercise of its commissioning functions;
d) is a person who, within the period of five (5) years immediately preceding the date of the proposed appointment, has been convicted-
    i) in the United Kingdom of any offence, or
    ii) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part,

    and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months without the option of a fine;
e) is a person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings);
f) is a person who has been dismissed within the period of five (5) years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any of the bodies referred to in Regulation 6(1) of Schedule 5 to the Regulations. For the purposes of this paragraph (f), a person is not to be treated as having been in paid employment if any of the criteria in Regulation 6(2) of Schedule 5 to the Regulations apply;
g) is a GP or other Healthcare Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (the "regulatory body"), in connection with the person's fitness to practise or alleged fraud, the final outcome of which was:
    i) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
    ii) the person's erasure from such a register, where the person has not been restored to the register;
    iii) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
    iv) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted;
h) is subject to:

i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002;
ii) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);

i) has at any time been removed from the office of charity trustee for a charity or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated;

j) has at any time been removed, or is suspended, from the management or control of any body under:
i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities);
ii) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session to deal with the management of charities);

k) is not eligible to work in the British Islands;

l) has for a period of five (5) consecutive meetings of the Governing Body been absent and a simple majority of the Governing Body requires that he/she be vacated from his/her office;

m) in the reasonable opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) becomes or is deemed to have developed mental or physical illness which prohibits or inhibits his/her ability to undertake his/her role; or

n) shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Governing Body or the Group and is likely to bring the Governing Body and/or the Group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.

2.2.14. Without in any way delegating its responsibilities in respect of the same, the CCG shall be entitled, from time to time, to request that the Local Medical Committee observe and oversee its election processes in respect of those members of the Governing Body that are appointed by such election processes.

3. MEETINGS OF THE CCG Governing Body and its Committees

3.1. Calling meetings

3.1.1. Ordinary meetings of the CCG Governing Body shall be held at regular intervals at such times and places the CCG shall determine. Meetings must be called a minimum of 6 times a year.

3.2. Agenda, supporting papers and business to be transacted

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to and agreed by the Chair at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

3.2.2. Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website at www.wiltshireccg.nhs.uk.

3.3. Petitions

3.3.1. Where a petition has been received by the CCG, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.4. Chair of a meeting

3.4.1. At any meeting of the CCG or its Governing Body or of a committee or sub-committee, the Chair of the CCG, Governing Body, committee or sub-committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Vice Chair, if any and if present, shall preside.

3.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the deputy Chair, if present, shall preside. If both the Chair and vice Chair are absent, or are disqualified from participating, or there is neither a Chair or vice chair, then a member of the CCG Governing Body shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

3.5.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

3.6.1. A meeting of the Wiltshire CCG Governing Body will be quorate only when a minimum of 5 members are present. These 5 people must include at least 3 clinicians and a manager appointed in agreement with Wiltshire CCG;

3.6.2. In exceptional circumstances and where agreed with the Chair, members of Wiltshire CCG Governing Body may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute present in person at the meeting;

3.6.3. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Decision making

Chapter 6 of the CCG's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's / Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required. Each voting member of the CCG Governing Body will have one vote, and decisions will be made on simple majority voting. Only voting members of the CCG will be entitled to vote. In case of equal voting, the Chair shall have an additional casting vote.

3.7.1. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.2. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

3.8.1. The powers which the Governing Body has reserved to itself within these Standing Orders may in an emergency or for an urgent decision be exercised by the Accountable Officer and the Chair after having consulted at least two non-officer members. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided three quarters of the CCG members are in agreement.

3.9.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit & Assurance Committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.11. Minutes

3.11.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

3.11.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

3.11.3. Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by Code of Practice on Openness in the NHS and the Freedom of Information Act

3.12. Admission of public and the press

3.12.1. Admission and exclusion on grounds of confidentiality of business to be transacted.

The public and representatives of the press may attend all meetings of the Governing Body but shall be required to withdraw upon the Governing Body as follows:

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act I960

Guidance should be sought from the CCGs Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

General disturbances - The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

`That in the interests of public order, the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act I960.

3.12.2. Business proposed to be transacted when the press and public have been excluded from a meeting.

Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Governing Body.

Members and Officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the CCG, without the express permission of the CCG. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

3.12.3. Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

'Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Governing Body or Committee thereof. Such permission shall be granted only upon resolution of the CCG.'

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State[57], and make provision for the appointment of committees of its Governing Body. Committees may also appoint sub-committees of its Governing Body. Where such committees of the CCG, or committees of its Governing Body, are appointed they are included in Chapter 6 of the CCG's constitution.

4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit & Assurance Committee or remuneration committee, the CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

4.2.1. Terms of reference of committees shall have effect as if incorporated into the constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-committees

4.3.1. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the CCG Governing Body.

4.4. Approval of Appointments to Committees

4.4.1. The Governing Body shall approve the appointments to each of the committees which it has formally constituted. The Remuneration Committee shall agree such travelling or other allowances as it considers appropriate.

57 See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Audit and Assurance Committee for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the Accountable Officer as soon as possible. This duty is managed through the Audit and Assurance Committee.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. CCG's seal

6.1.1. The CCG has a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

a) the Accountable Officer;
b) the Chair of the Governing Body;
c) the Chief Finance Officer;

6.2. Execution of a document by signature

6.2.1. The following individuals are authorised to execute a document on behalf of the CCG by their signature:

a) the Accountable Officer
b) the Chair of the Governing Body
c) the Chief Finance Officer

7. OVERLAP WITH OTHER CCG POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements: general principles

7.1.1. The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific staff employed by NHS Wiltshire CCG. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

8. MANAGEMENT OF DISPUTES BETWEEN NHS WILTSHIRE CCG AND ITS GROUPS

Introduction

This procedure has been drawn up in order to set out the process that will be followed by the NHS Wiltshire CCG and its Groups in seeking to resolve any disputes that may arise between them promptly, efficiently and in line with the relevant regulatory frameworks. For the avoidance of any doubt, as long as a dispute remains unresolved, the parties shall continue to carry out their respective obligations.

Principles

In resolving the dispute, all parties will undertake to adopt the principles of:

Transparency - including clear communication, engagement of relevant stakeholders, enforcing declarations of interest;

Objectivity – including analysis and decision making on objective information and criteria and the maintenance of an audit trail;

Proportionality – only using the formal disputes process on matters of material importance and only using resources proportionate to the significance of the dispute;

Non discriminatory – adopting a fair and respectful approach throughout.

Before considering referring to the disputes escalation procedure, the officers of the CCG and the Groups involved therewith should make every reasonable effort to communicate and co-operate with each other to resolve any disputes.

Disputes Escalation Procedure

Step 1 – Accountable Officer
The disputed issue is clearly identified and formally raised between the appropriate senior officer of the NHS Wiltshire CCG and the Group. Every effort is made to resolve the issue.

Timescale for resolution: 5 working days

Step 2 – Accountable Officer/Group Chair
If the issue is not resolved at stage 1, a joint statement of the disputed issue and the precise matter(s) of dispute should be prepared and signed by both officers and sent jointly to Accountable Officer of the NHS Wiltshire CCG and the Group Chair within 5 working days. If these officers are able to find a way to resolve the dispute then their decision will be communicated to the officers and implemented.

Timescale for resolution: 5 working days

Step 3 – Chair involvement
If the issue remains unresolved at stage 2, the Chair of the CCG Governing Body will become involved to ensure resolution of the issue. At this stage, the CCG Chair will decide the best process to follow to bring the dispute to a resolution. *[In the first instance the formal CCG Disputes Resolution Process (to be developed) will be referred to and a similar approach to the one set out in that policy will usually be adopted.]* This may include convening a panel and/or requesting further information from the parties.

Timescale for resolution: This stage of the process – from the Chair being informed to a decision being made – should take no longer than 10 working days.

Where in the unlikely event the Chair is not able to make a decision, he can refer the case for further investigation/mediation from an independent organisation.

Step 4 – the final decision
The decision of the NHS Wiltshire CCG Chair will be final. The Chair will write to the parties notifying them of the decision, explaining the rationale and setting out the requirements for both sides for resolving the dispute. This decision will then be implemented by all parties. The Governing Body of the NHS Wiltshire CCG should be informed of any dispute requiring the involvement of the Chair of the NHS Wiltshire CCG.

Conclusion

A summary report outlining the nature of the dispute, the steps followed to reach resolution and the final outcome should be prepared and reported to the next meeting of the CCG Governing Body and of the respective Group Committee. Any key learning points should be identified in this report.

9. MANAGEMENT OF DISPUTES BETWEEN GROUPS OF THE CCG

Introduction

This procedure has been drawn up in order to set out the process that will be followed by the Groups of the NHS Wiltshire CCG in seeking to resolve any disputes that may arise between them promptly, efficiently and in line with the relevant regulatory frameworks. For the avoidance of any doubt, as long as a dispute remains unresolved, the parties shall continue to carry out their respective obligations.

Principles

In resolving the dispute, all parties will undertake to adopt the principles of:

Transparency - including clear communication, engagement of relevant stakeholders, enforcing declarations of interest;

Objectivity – including analysis and decision making on objective information and criteria and the maintenance of an audit trail;

Proportionality – only using the formal disputes process on matters of material importance and only using resources proportionate to the significance of the dispute;

Non discriminatory – adopting a fair and respectful approach throughout. Before considering referring to the disputes escalation procedure, the officers of the respective CCG Groups involved therewith should make every reasonable effort to communicate and co-operate with each other to resolve any disputes.

Disputes Escalation Procedure.

Step 1 – Officer Level
The disputed issue is clearly identified and formally raised between the appropriate senior officer of each of the Groups involved. Every effort is made to resolve the issue.

Timescale for resolution: 5 working days

Step 2 – Accountable Officer and Group Chairs
If the issue is not resolved at stage 1, a joint statement of the disputed issue and the precise matter(s) of dispute should be prepared and signed by both officers and sent jointly to the Accountable Officer of the NHS Wiltshire CCG within 5 working days. If the Accountable Officer and Group Directors are able to find a way to resolve the dispute then their decision will be communicated to the Group Directors and implemented.

Timescale for resolution: 5 working days

Step 3 – Chair involvement
If the issue remains unresolved at stage 2, the Chair of the CCG Governing Body will become involved to ensure resolution of the issue. At this stage, the Group Chair will decide the best process to follow to bring the dispute to a resolution. *[In the first instance the formal NHS Wiltshire CCG Disputes Resolution Process will be referred to and a similar approach to the one set out in that policy will usually be adopted.]* This may include convening a panel and/or requesting further information from the parties.

Timescale for resolution: This stage of the process – from the Chair being informed to a decision being made – should take no longer than 10 working days.

Where in the unlikely event the Chair is not able to make a decision, he can refer the case for further investigation/mediation from an independent organisation.

Step 4 – the final decision
The decision of the CCG Chair will be final. The Chair will write to the parties notifying them of the decision, explaining the rationale and setting out the requirements for both sides for resolving the dispute. This decision will then be implemented by all parties. The CCG Governing Body should be informed of any dispute requiring the involvement of the Chair.

Conclusion

A summary report outlining the nature of the dispute, the steps followed to reach resolution and the final outcome should be prepared and reported to the next meeting of the Governing Body of the NHS Wiltshire CCG. Any key learning points should be identified in this report.

APPENDIX E – Schemes of Reservation & Delegation

1. Schedule of Matters Reserved to the CCG and Scheme of Delegation

1.1. The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the CCG's constitution.

1.2. The CCG remains accountable for all of its functions, including those that it has delegated.

Insert below who has responsibility for the respective decisions – some activities have been included under decisions reserved to the membership, to the Governing Body and to the Accountable Officer for illustrative purposes

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	[Insert text]	[Insert text]
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	✓				
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the CCG, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee			✓		
	[Using guidance note on pages 75 to 78 above, CCGs need to consider what they should include in the scheme of reservation and delegation]					

NHS
Wiltshire

Detailed Scheme of Delegation

Wiltshire Clinical Commissioning Group

Version 4 - 05.10.12

1. Purpose and Scope

The Scheme of Delegation is a key document which defines the delegated responsibilities across the organisation. The Scheme of Delegation should be read alongside the Scheme of Reservation which sets out those powers reserved to the Governing Body and its Sub-Committees. The Scheme of Delegation supports delivery of CCG Standing Financial Instructions and Standing Orders. All these documents are available on the CCG Intranet.

All powers delegated by the Accountable Officer can be re-assumed by him/her should the need arise. The Accountable Officer retains the CCG accountability for delegated functions.

For the purpose of this document the phrase 'employee' includes all employees of the CCG, clinicians, bank and agency staff and contractors including management consultants employed by the CCG. Those employing contractors or agency staff or management consultants are required to make them aware of the provision of this Scheme of Delegation.

Delegation to Groups

This document reflects the likelihood that the majority of transactions will take place within the Group structure and the following paragraphs should be read within this context

Where the scheme of delegation refers to GPs, it is intended that only executive GPs with employment contracts with the CCG will be given delegated authority under the scheme of delegation.

For every cost centre there is a Commissioning and Contracting Manager. A list of current Commissioning and Contracting Managers is available from the Finance Department. For all matters, Commissioning and Contracting Managers may delegate signing powers to authorised signatories (also available from the Finance Department) however Commissioning and Contracting Managers retain responsibility for ensuring that signatories work within this scheme of delegation. Commissioning and Contracting Managers have a responsibility to flag any issues around their budgets to their Group Director and ultimately to Chief Financial officer or Accountable Officer.

The Accountable Officer and Chief Financial Officer may act as a budget signatory in the absence of any Commissioning and Contracting Manager. Group Directors have ultimate responsibility for ensuring that Commissioning and Contracting Managers are compliant with these procedures.

Delegations to other members of the CCG Management Team

The CCG structure contains other departments which will support the CCG discharge its responsibilities. These departments are summarised as:

- Quality and Patient Safety
- Corporate Services

- Finance and Information

The head of each department reports directly to the Accountable Officer and will have delegated responsibilities in line with the Group Director posts who also report directly to the Accountable Officer.

Within each department there are senior members of staff, some with line management responsibilities, who will have comparable delegated responsibilities to the ones who are associated with the Commissioning and Contracting Managers identified throughout this document.

GENERAL AREA	DELEGATED MATTER	DELEGATED AUTHORITY	SCOPE OF DELEGATION
1. FINANCIAL CONTROL (1.1)	Approving Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation	CCG Governing Body	At least annually
(1.2)	Advice on interpretation of above	Chief Financial Officer	
(1.3)	Ensuring financial procedures are in place	Chief Financial Officer	
(1.4)	Maintaining records of financial procedures and ensuring these are disseminated	Deputy Chief Financial Officer	
(1.5)	Ensuring staff are aware of financial procedures and their responsibilities under them	Group Finance and Information Managers	
(1.6)	Compliance with financial procedures	All staff	
(1.7)	Ensuring staff job descriptions include responsibilities under the scheme of delegation	Accountable Officer	
(1.8)	Ensuring staff are appropriately trained in financial and where necessary contractual matters and are competent to undertake their roles effectively	Group Director through PDP and Appraisal / Directors and Heads of Departments	Support provided by Deputy Director of Finance/CCG Finance staff
(1.9)	Ensure the dissemination of all contractual information is appropriate to all relevant staff	Commissioning and Contract Manager	
(1.10)	Ensuring via their Group Director that they have the skills to manage responsibilities under the Scheme of Delegation	All staff	Support provided by Group Director
(1.11)	Ensuring that there are	Group Directors, and	Support provided by

	appropriate budget holders for each budget and that they are aware of their budgetary responsibilities and have appropriate training	other Directors / Head of Service	Deputy Director of Finance and other Finance staff
(1.12)	Ensuring that there are appropriate authorised signatories for each budget and that authorised signatories are aware of their budgetary responsibilities and have appropriate training	Group Directors, and other Directors / Head of Service	Support provided by Finance staff
(1.13)	Committing expenditure only where authorised to do so and within scheme of delegation and budget	All Commissioning and Contracting Managers and authorised signatories	
(1.14)	Informing Financial Accountant of changes to authorised signatories	Commissioning and Contracting Manager, Group Director, other Directors and Head of Service	
(1.15)	Maintenance of authorised signatory files including communication	Financial Accountant	
2. BUDGET MANAGEMENT (2.1)	Ensuring expenditure and income is within budget	Budget Holders	Subject to detailed provisions around particular areas as set out below
(2.2)	Review and monitoring of all revenue schemes above £100,000	Chief Financial Officer	Standard documentation required to be used
(2.3)	Ensuring budgets are only used for type of expenditure for which they have been set	Commissioning and Contracting Manager / Head of Service	
(2.4)	Participating in budget setting process and agreeing annual	Commissioning and Contracting Manager / Head of Service	In line with annual plan and in support of business plan

	budgets		
(2.5)	Delivery of agreed savings targets	Commissioning and Contracting Manager / Head of Service	
(2.6)	Use of non-recurring budgets to fund recurring expenditure	Chief Financial Officer	
(2.7)	Approval of expenditure where there is no budget	Accountable Officer	
(2.8)	Delivery of in year initiatives within the required financial envelope	Commissioning and Contracting Manager / Head of Service	Support provided by Group Director and finance team
(2.9)	Budget virements above £500,000	Chief Financial Officer, notified to CCG Governing Body	Normally via annual budget setting process, at other times noted via the Finance Report
(2.10)	Budget virements below £500,000 and above than £150,000	Chief Financial Officer or Deputy Chief Financial Officer and Accountable Officer	
(2.11)	Budget virements below £150,000 and above £25,000	Chief Financial officer and Accountable Officer	Virement can only be made if recurrent expenditure patterns reflect the required change. Deputy Chief Financial Officer will confirm virement
(2.12)	Budget virements below £25,000	Group Executive and Head of Service	Countersigned by Divisional Accountant to confirm that written notification of this is available to back up the change
(2.13)	Budget virements which assume additional income or reduce income above £25,000	Deputy Chief Financial Officer Above £100k – Chief Financial Officer	Commissioning and Contracting Manager must ensure contract is in place for this (see below)

(2.14)	Budget virements from Group inflation or other Group reserves	Group Executive and Head of Service	Prepared by Divisional Accountant
(2.15)	Month end – signoff that Governing Body reporting is the same as the general ledger	Deputy Chief Financial Officer	Formal register is kept of sign-off
3. NON PAY EXPENDITURE (3.1)	General orders for goods or services < £1,000	Commissioning and Contracting Manager	Within budget and on agreed contract/SLA
(3.2)	General orders for non-capital goods or services £1,000 - £5,000	Commissioning and Contracting Manager / Head of Service	Within budget and on agreed contract/SLA
(3.3)	General orders for non-capital goods or services £5,000 - £25,000	Group Director or Group Chair / Head of Service	Within budget and on agreed contract/SLA
(3.4)	General orders for goods or services £25,000-£150,000	Group Director or Group Chair and CFO / Head of Service	Within budget and on agreed contract/SLA
(3.5)	General orders for non-capital goods or services £150,000 - £500,000	Accountable Officer/CFO/Group Chair	Within budget and on agreed contract/SLA
(3.6)	General orders for non- capital goods or services above £500,000	CCG Governing Body	Within budget and on agreed contract/SLA
(3.7)	Drug orders up to £50,000	Head of Medicine Management	
(3.8)	Drug orders above £50,000	Chief Financial Officer	
(3.9)	Utilities contracts	Group Director / Head of Service	Ordered direct
(3.10)	Continuing Health Care (CHC) packages up to £150,000	Nursing Lead	Within budget and on agreed contract/SLA
(3.11)	CHC packages over £150,000. The CHC Contracts Manager and Panel Chair can approve packages up to £950 per week	Accountable Officer or Chief Financial Officer	Within budget and on agreed contract/SLA
(3.12)	Legal services where budget is available	Director of Planning, Performance and Corporate Affairs	Ordered direct

(3.13)	Legal services where no budget is available	Chief Financial Officer or Accountable Officer	
(3.14)	Consultancy services <£20,000 full cost where budget is available	Chief Financial Officer	Ordered direct
(3.15)	Consultancy services > £20,000 or where no budget is available	Accountable Officer	Ordered direct
(3.16)	Orders from other NHS organisations within an SLA	Commissioning and Contracting Manager / Head of Service	Ordered direct within budget
(3.17)	Taxis	Commissioning and Contracting Manager	In line with Wilts CCG policy and using Wilts CCG system
(3.18)	Approval of prepayments excluding subscriptions and training course fees	Chief Financial Officer	
(3.19)	Balance sheet payments including payroll deductions, GMS/PMS Pay overs, Pension Pay overs FHS & other payroll deductions.	Financial Accountant	To be reviewed monthly through control account reconciliation
(3.20)	Commitment to fund exceptional treatments or care up to £100,000	Director of Quality and Patient Safety or Clinical Chair	Within Exceptions Committee framework
(3.21)	Commitment to fund exceptional treatments or care above £100,000	Director of Quality and Patient Safety or Clinical Chair countersigned by Accountable Officer	Within Exceptions Committee framework
(3.22)	Non recurrent budgets should not be used to finance recurrent expenditure without prior approval	Chief Financial Officer	

4. TENDERING AND CONTRACTING (4.1)	Contract signature (all)	Chief Financial Officer	Within budget, if not within budget must be countersigned by Accountable Officer
(4.2)	Contracts up to £1,000	No formal requirement to tender but best value must be demonstrated by Commissioning and Contracting Manager	Within budget
(4.3)	Contracts between £1,000 and £5,000	2 written quotations by Commissioning and Contracting Manager	Within budget
(4.4)	Contracts over £5,000	3 formal quotations by Purchasing and Supplies	Within budget
(4.5)	Contracts over £25,000	3 formal tenders by Purchasing and Supplies	Within budget
(4.6)	Contracts above EU OJEU limits	EU OJEU process by Purchasing and Supplies	Within budget
(4.7)	Waiving or varying tendering or quotation requirements including where commissioned from an NHS provider as a contract variation	Chief Financial Officer after agreement with Purchasing and Supplies	Report to Audit & Assurance Committee annually, register maintained by Purchasing Manager
(4.8)	Approval to accept tender/quote other than the lowest that meet the award criteria	Chief Financial Officer	
(4.9)	Approval to go to tender	Chief Financial Officer for contract of <£100,000, Governing Body for contract over £100,000	
(4.10)	Security of all Wilts CCG Assets including stock	All employees	
(4.11)	Custody of seal, sealing of documents, register of sealing	Governing Body Administrator	
5. PETTY CASH	Up to £35 per item reimbursement of	Commissioning and Contracting Manager	

(5.1)	patient monies or petty cash	/ Head of Service	
(5.2)	Above £35	Chief Financial Officer	
6. PARTNERSHIP ARRANGEMENTS INCLUDING SLAS AND CONTRACTS (6.1)	Ensuring there is a contract or SLA in place for commissioned services by the CCG, ensuring these correctly reflect CCG intentions and provide value for money. Ensuring these are on the CCG contracts register	Group Directors	In line with CCG contracts/SLAs policy including ensuring income received covers the costs and risks are defined and managed
(6.2)	Overall lead for all partnership arrangements within the Wilts CCG including preparing partnership strategy and ensuring monitoring arrangements	Group Director with lead for Partnerships	
(6.3)	Agreeing strategy for contracts >£100,000	Chief Financial Officer	
(6.4)	Negotiating and managing contract or SLA for services commissioned or provided by the CCG and ensuring these correctly reflect the CCG's commissioning intentions and provide value for money and that reporting is provided on performance including corrective action if required. Ensuring contracts are on the contracts register	Group Commissioning and Contract Managers	For significant over performance, negotiations are likely to be directly led by Chief Financial Officer and Director of Performance Improvement
(6.5)	Signing contracts and SLAs for services commissioned by the	Accountable Officer or Chief Financial Officer	Checked by Deputy CFO

	CCG within the NHS		
(6.6)	Signing contracts for services commissioned by the CCG to non-NHS purchasers	Accountable Officer or Chief Financial Officer	Checked by Deputy CFO
(6.7)	Renewal of contracts for services provided by or commissioned by the CCG	Accountable Officer or Chief Financial Officer	Checked by Deputy Director of Finance or Divisional Accountant Provider Services
(6.8)	Termination of contracts	Accountable Officer or Chief Financial Officer	Take advice where necessary from communications and/or legal
(6.9)	Ensuring that contract variations are prepared for all significant over performance >£50,000	Group Commissioning Managers	
(6.10)	Authority to provide services without contract	Accountable Officer or Chief Financial Officer	
(6.11)	Delivery of stakeholder partnership agreements	Group Director with Lead for Partnership Arrangements	Updates to Audit & Assurance Committee bi-annually against work plan
(6.12)	Ensuring that contracts are effectively managed and deliver VFM. Ensuring all authorisations of invoices is in line with the thresholds detailed in the Scheme	Group Commissioning Managers	
(6.13)	Approval of contract variations. Over performance against budget forecast exceeds the plan by either £10,000 or 1% of budget whichever is the least	Chief Financial Officer	
(6.14)	Approval of grant and private sector funding applications for R & D and signing R&D indemnity forms	Accountable Officer or Chief Financial Officer	Checked by Deputy Director of Finance
(6.15)	Authorisation of clinical trials	Chair	

7. INCOME (7.1)	Ensuring that income due to the CCG is collected via an invoice request	Manager providing the service for which income is due	
(7.2)	Request to raise an invoice	Budget Holder or Financial Accountant	Via debtor request form to finance
(7.3)	Cancellation of invoices <£5,000 relating to current financial year; NB. cancellation of invoices relates to where invoices were incorrectly raised. Where payment will not be forthcoming even though the invoice was correctly raised this is a bad debt (see below)	Deputy CFO on recommendation of Invoice Originator	NB cancellation of invoices relates to where invoices were incorrectly raised. Where payment will not be forthcoming even though the invoice was correctly raised this is a bad debt (see below)
(7.4)	Cancellation of invoices >£5,000 relating to current financial year or prior financial year	Deputy CFO on recommendation from Invoice Originator	
(7.5)	Cancellation of invoices >£75,000 relating to the current financial year	Chief Financial Officer	
(7.6)	Cancellation of invoices relating to prior year and more than £5,000	Chief Financial Officer	
(7.7)	Authority to pursue legal action for bad debts	Chief Financial Officer	
(7.8)	Write off of bad debt in year < £5,000 Write off of bad debt in year > £5,000	Deputy CFO CFO	Reported to Audit & Assurance Committee half-yearly as part of losses and special payments register
(7.9)	Approval of write-offs relating to overpayments of salary < £1000	Deputy CFO	Reported to Audit & Assurance Committee half-yearly as part of losses and special payments register - in line with policy

(7.10)	Approval of write-offs relating to overpayments of salary > £1000	Chief Financial Officer	Reported to Audit & Assurance Committee half-yearly as part of losses and special payments register - in line with policy
(7.11)	Maximise income opportunities	Commissioning and Contracting Manager / Head of Service	In line with annual plan and in support of business plan
8. POLICY APPROVAL (8.1)	All 'Business Critical' Policies: Corporate Governance Communication and Engagement Complaints and Claims Risk Health and Safety Equality and Diversity Resilience Inter-agency policies (safeguarding Children and Vulnerable Adults)	CCG Governing Body	No delegated authority
(8.2)	Strategy management	CCG Governing Body	Lead Executive will develop strategy for approval by Governing Body ensuring it encompasses all local and national requirements, ensuring appropriate supporting policies and procedures are in place and communicated and that training is available where required.
(8.3)	HR policies	CCG Governing Body	HR Representative for the CCG
(8.4)	SFIs, SOs, scheme of delegation and reservation	CCG Governing Body	Lead Executive: Chief Financial Officer, Annual review by CCG Governing Body

(8.5)	Prescribing policies	CCG Governing Body	Governing body may delegate responsibility to Lead Executive Chief Financial Officer/Clinical. Lead Manager Head of Medicines Management
(8.6)	Procurement Strategy and policies	CCG Governing Body	Lead Executive – Chief Financial Officer, lead Procurement Manager
(8.7)	Finance policies	Audit & Asurance Committee	Lead Executive: Chief Financial Officer
(8.8)	Commissioning policies including quality and efficiency care pathways, clinical priorities and primary care policies	CCG Governing Body	Lead Executive; could be any of Executive team. Changes to models of delivery have to be agreed with Lead Commissioning Manager and Divisional Accountant to ensure accurate recording of activity contracts
(8.9)	IT policies	CCG Governing Body	Lead Executive: Chief Financial Officer, lead Head of IM&T
(8.10)	Information policies	CCG Governing Body, Group	Lead Executive: Chief Financial Officer, lead Head of Information
(8.11)	Major Incident policy	CCG Governing Body	Lead Executive - TBC
(8.12)	Access policy	CCG Governing Body	Lead Executive
(8.13)	Risk management policies	CCG Governing Body	Lead Executive, Director of Planning Performance and Corporate Affairs Communications

(8.14)	Clinical governance policies including clinical policies and nursing and cross directorate policies, clinical audit and research and development policies	CCG Governing Body	Lead Executive structure. Director of Quality and Patient Safety
(8.15)	Clinical Quality Strategy	CCG Governing Body	Director of Quality and Patient Safety
(8.16)	PPI including complaints	CCG Governing Body	Director of Planning Performance & Corporate Affairs. Performance management undertaken by Audit & Assurance Committee and Quality & Clinical Governance Committee
(8.17)	Infection control policies	CCG Governing Body	Lead Executive - Director of Quality and Patient Safety
(8.18)	Health and safety policies	CCG Governing Body	Lead Executive - Director of Quality and Patient Safety
(8.19)	Ensuring all staff are appropriately trained and communicated with re policies and procedures	Lead Executive/Group Director	
(8.20)	Ensuring all strategy/policy documentation is in line with Wilts CCG document management policy and is available in the latest version on the Wilts CCG Intranet	Lead Executive	
9. BUSINESS PLANNING (9.1)	Approve 3 year business plan and medium term financial strategy, workforce, capital and IT plans	CCG Governing Body	
(9.2)	Approve annual	CCG Governing	

	business plan, budget and LDP	Body	
(9.3)	Develop and deliver Group business plans for activity, workforce, quality and finance to deliver Wilts CCG objectives	Group Directors	
(9.4)	Monitor delivery of business plans and take corrective action where required	Director of Planning Performance & Corporate Services/CFO	
10. RECRUITMENT OF STAFF (10.1)	Approval of vacancy forms	Group Director / Head of Service	Within budget
(10.2)	Authority to appoint staff to post not on the establishment	Accountable Officer	
(10.3)	Appointment of staff	Group Director / Head of Service	Within budget
(10.4)	Ensuring that staff on fixed term contracts are reviewed prior to their appointment coming to an end	CFO/Group Director	
(10.5)	Authorising overtime	Group Director / Head of Service	Within budget and within A4C pay scales
(10.6)	Authorising use of bank	Group Director / Head of Service	Within budget and within A4C pay scales
(10.7)	Authorising employment of locum or agency staff together with associated timesheets	Group Director / Head of Service	Within budget, may be subject to additional controls from time to time
(10.8)	Identifying whether a member of staff is an employee or contractor	Group Director / Head of Service	Support from HR
11. EXPENSES (11.1)	Authorise travel expenses including parking and exam fees	Group Director	
(11.2)	Submission of travel expenses within 3	All employees	

	months of incurring expenditure		
(11.3)	Authorise travel expenses over 3 months' old or relating to the previous financial year	Chief Financial Officer	
(11.4)	Authorise overseas travel funded by Wilts CCG	CFO	In exceptional circumstances only
(11.5)	Authorise non travel and subsistence claims	CFO	In exceptional circumstances, purchases should normally be bought through supplies or petty cash
(11.6)	Authorise removal expenses up to £6,000	Accountable Officer	In line with policy
(11.7)	Authorise removal expenses over £6,000 up to £8,000	Accountable Officer	In line with policy
11.8)	Authorise interview expenses	Director of Planning, Performance and Corporate Services	
12. PAY (12.1)	Approval of NHS pay changes	CFO	
(12.2)	Approval of increase in pay relating to achievement of recognised training role	CFO	
(12.3)	Approve to upgrade or re-grade staff within agreed procedure	Accountable Officer	With authorisation from Group Director and countersignature from Divisional Accountant
(12.4)	Agreeing policy for any payments to be made to staff outside Agenda for Change terms and conditions	Accountable Officer	
(12.5)	Submission of absence/salary returns and other positive reporting	Group Director / Head of Service	By 8th of each month

(12.6)	Approval for advances of salary	Chief Financial Officer	In exceptional circumstances only where all other avenues have been explored
(12.7)	Authorising payments of pay outside the payroll system eg time sheet late change of assignment form	Deputy CFO	
(12.8)	Starter and Termination forms	Group Director / Head of Service	By 5th day of each month
(12.9)	Change of personal information	All employees	By 5th day of each month
(12.10)	Approval of payroll monthly run	Employee Services Assistant Director	
13. LEAVE (13.1)	Approval of annual leave within policy	Group Director/Line Managers	
(13.2)	Approval to carry forward up to 5 days annual leave in exceptional circumstances	Group Director	
(13.3)	Approval of leave without pay	Group Director / Head of Service	In line with CCG policy
(13.4)	Approval of special leave or compassionate leave < 3 days, maternity leave, Carers leave < 5 days and paternity	Group Director / Head of Service	In line with CCG policy
(13.5)	Approval of time off in lieu	Group Director / Head of Service	
(13.6)	Approval to return to work part time on full pay	Group Director	In line with CCG policy
(13.7)	Approval of study leave < 10 days, within budget and training policy	Group Director, except finance qualification training where the Deputy DOF may authorise up to 16 days	Finance training in line with finance department training policy
(13.8)	Approval of study leave over 10 days	Accountable Officer/Chief Financial Officer	

(13.9)	Application for ill health retirement	Accountable Officer	
(13.10)	Ensuring all staff are appropriately qualified and registered	CFO/Director of Nursing	
(13.11)	Homeworking as part of agreed HR contract	Accountable Officer	
(13.12)	Homeworking as part of a return to work programme	Group Director / Head of Service	On advice and agreement with HR Advisor
(13.13)	Ad-hoc instances of working from home	Group Director / Head of Service	
14. PRIVATE MATTERS CARRIED OUT IN NHS TIME/USING NHS RESOURCES (14.1)	Ensuring that private work is appropriately recorded and paid back where it is carried out in NHS time	All employees	Within CCG policy
(14.2)	Ensuring that any Wilts CCG resources used to undertake private work are appropriately recorded and arrangements made to pay back to the Wilts CCG	All employees	
(14.3)	Ensuring that the cost of any mobile phone calls made on Wilts CCG mobile phones are paid back to the Wilts CCG	All employees	Travel & Expense Claim Form (PD7)
15. CONDUCT AND RAISING CONCERNS (15.1)	Breaches of SFIs, SOs etc	All employees	To individual concerned if possible, if not to Group Director or to whistleblowing representative on CCG Governing Body. In line with Raising Significant Concerns Policy

(15.2)	Public Interest Disclosures	All employees	To Non-Executive Director or HR Representative (in line with openness policy)
(15.3)	Investigation of potential fraud	All employees to alert the counter fraud specialist/ whistleblowing representative on the Governing Body or ring the National NHS Counter Fraud Phone Line or contact the Director of Finance	To any of Chief Financial Officer, HR Representative National Fraud & Corruption Reporting Line, Local Counter Fraud Specialist, Public Concern at Work Line, Chair of Audit & Assurance Committee in line with Fraud policy
(15.4)	Approval to involve police in criminal offence other than fraud	AO who would contact the Local Security Management Specialist	
(15.5)	Approval to involve police in any fraud investigation. It is the responsibility of all employees to alert relevant agencies re possible corruption, ie LCFS/NHSCFS/NHS Fraud and Corruption Phone Line	Chief Financial Officer	Where fraud allegations against employees are concerned, agreed with Director of Human Resources
(15.6)	Compliance with all CCG policies and procedures including equality and diversity, and information governance	All staff	
17. OTHER (17.1)	Declaration of gifts and hospitality	All employees	In line with CCG policy, register maintained by Governing Body Administrator

(17.2)	Declaration of interests	All employees and Governing Body members	In line with CCG policy, register maintained by Governing Body Administrator
(17.3)	Compliance with NHS Standards of Conduct and CCG Standards of Business Conduct policy including conflicts of interest and 'duty of fidelity' to employer	All employees	
(17.4)	Authorising acceptance of sponsorship except for catering for events over £500.00	Accountable Officer	Register maintained by Governing Body Administrator
(17.5)	Reporting of losses through fraud and theft etc	Chief Financial Officer	Report to Audit & Assurance Committee bi-annually
(17.6)	Ex gratia payments, patients and staff for loss of personal effects less than £1000	Chief Financial Officer	Reported to Audit & Assurance Committee
(17.7)	Ex gratia payments, patients and staff for loss of personal effects £1000 to £15000	Accountable Officer	Reported to Audit & Assurance Committee
(17.8)	Ex gratia payments, patients and staff for loss of personal effects over £15000	CCG Governing Body	Reported to Audit & Assurance Committee
(17.9)	Approval of individual compensation payments (staff and former staff) < £50000	Accountable Officer	After agreement with Chief Financial Officer
(17.10)	Approval of individual compensation payments (staff and former staff) > £50000	CCG Governing Body	
(17.11)	Approval of individual compensation payments (patients and former patients) Non NHSLA <£1k	Director of Planning, Performance and Corporate Services	
(17.12)	Approval of individual compensation payments (patients and former patients)	Accountable Officer and CFO	Report to Audit & Assurance Committee

	Non NHSLA <£10k		
(17.13)	Approval of individual compensation payments (patients and former patients) >10k or all NHSLA	CCG Governing Body	On recommendation from NHSLA Report Audit & Assurance Committee
(17.14)	Compensation payments made under legal obligation	CCG Governing Body	
18. TREASURY MANAGEMENT/ CASH (18.1)	Maintenance and operation of bank accounts	Chief Financial Officer	In accordance with SFIs and SOs
(18.2)	Approving banking arrangements	CCG Governing Body	
(18.3)	Approving payments from bank and PGO accounts	2 Signatories Only 1 on HSBC	* In accordance with signatory mandate
(18.4)	Approving cheque payments	2 Signatories Only 1 on HSBC	* In accordance with signatory mandate
(18.5)	Requisition for Special Cheque payment	CFO	Only when ordering system is inappropriate
(18.6)	Signing RFTs and GS1 schedule	2 Signatories sign all payments Only 1 on HSBC	* In accordance with signatory mandate
(18.7)	Variation to approved signatories	Chief Financial Officer for PGO, Governing Body for HSBC	* In accordance with signatory mandate
(18.8)	Authorisation to create or remove cost centres	Deputy Chief Financial Officer	
19. FINANCIAL AUDIT (19.1)	Approving internal, external, clinical and fraud service provision and annual work plans based on CCG objectives and risks	Audit & Assurance Committee	
(19.2)	Agreeing leads, outline specifications and timescales for each audit	Chief Financial Officer	Executive Lead

(19.3)	Ensuring that audit is delivered within specification, timescale and action plan is prepared and agreed	Chief Financial Officer / Deputy Chief Financial Officer	
20. INSURANCE AND LEGAL (20.1)	Ensuring appropriate insurance cover is in place relating to property and assets	CFO	
(20.2)	Ensuring appropriate insurance cover for employees	CFO	
(20.3)	Ensuring appropriate insurance cover for Public Liability	CFO	
(20.4)	Day to day service liaison with insurance	Head of Planning, Performance and Corporate Services	
(20.5)	Reporting and handling insurance claims including clinical negligence	Head of Planning, Performance and Corporate Services	
(20.6)	Authorising of documents relating to litigation against the Wilts CCG which are filed at court	Accountable Officer	
(20.7)	Management of legal claims and advice	Director of Planning, Performance and Corporate Affairs	In line with legal services protocol

APPENDIX F – Prime Financial Policies

1. INTRODUCTION

1.1. General

1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's constitution.

1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the Accountable officer, known as *detailed financial policies*. The group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the Group. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.

1.1.5. A list of the Group's detailed financial policies will be published and maintained on the group's website at www.wiltshireccg.nhs.uk.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Accountable Officer and Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the Group's constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.1.8. The changing NHS environment means that there will be other agencies, such as the CSU, involved in the financial and IT management arrangements. The CCG is, however, ultimately responsible.

1.1.9. The document also makes reference to responsibilities that the CCG will complete in support of NHS Wiltshire which will continue until 31 March 2013 when the CCG assumes its full responsibilities.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit & Assurance Committee for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of the Group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committee and sub-committee and persons working on behalf of the Group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the Group are set out in the Group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit & Assurance Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the Group's constitution, any

amendment will not come into force until the Group applies to the NHS Commissioning Board and that application is granted.

2. INTERNAL CONTROL

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

2.1.1. The Governing Body is required to establish an Audit & Assurance Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the Group's constitution for further information).

2.1.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.

2.1.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and
c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

3.1.1 In line with Wiltshire CCG's Terms of reference for the Audit & Assurance Committee, the person appointed by the Group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit & Assurance Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.1.2 The person appointed by the Group to be responsible for internal audit and the external auditor will have access to the Audit & Assurance Committee and the Accountable Officer to review audit issues as appropriate. All Audit & Assurance Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

The Chief Finance Officer will ensure that:

a) the Group has a professional and technically competent internal audit function; and
b) the Audit & Assurance Committee approves any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

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

4.1.1 The Governing Body's Audit & Assurance Committee will satisfy itself that the Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.1.2 The Governing Body's Audit & Assurance Committee will ensure that the Group has arrangements in place to work effectively with NHS Protect.

5 EXPENDITURE CONTROL

5.1.1 The Group is required by statutory provisions[58] to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

5.1.2 The Accountable Officer has overall executive responsibility for ensuring that the Group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.1.3 The Chief Finance Officer will:

a) provide reports in the form required by the NHS Commissioning Board;
b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only, is drawn down only at the time of need and follows best practice;
c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by

[58] See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

direction of the NHS Commissioning Board. This will be carried out by the Finance Committee.

6. ALLOTMENTS[59]

6.1.1 The Group's Chief Finance Officer will:

a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the Group's entitlement to funds;
b) prior to the start of each financial year submit to the Finance Committee for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
c) regularly update the Finance Committee on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the Group will produce and publish an annual commissioning plan[60] that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

7.1.1 The Accountable Officer will compile and submit to the Governing Body a Commissioning Strategy which takes into account financial targets and forecast limits of available resources.

7.1.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Finance and Performance Committee. These will be reported onward to the Governing Body.

7.1.3 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Finance Committee. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

59 See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.
60 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

7.1.4 The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.

7.1.5 The Finance Committee will approve consultation arrangements for the Group's commissioning plan[61].

8 ANNUAL ACCOUNTS AND REPORTS

POLICY – the Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations[62], relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

8.1.1 The Chief Finance Officer will ensure the Group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit and Assurance Committee;
b) prepares the accounts according to the timetable approved by the Audit & Assurance Committee;
c) complies with statutory requirements and relevant directions for the publication of annual report;
d) considers the external auditor's management letter and fully addresses all issues within agreed timescales; and
e) publishes the external auditor's management letter on the Group's website at www. wiltshireccg.nhs.uk.

8.1.2. Annual Reporting Requirements

The parties recognise that NHS Wiltshire (for 2012/2013) has a statutory responsibility to produce PCT consolidated annual accounts (National Commissioning Board and CCGs) for the Department of Health, following a detailed, prescribed format and timetable.

The annual accounts are subject to External Audit. Wiltshire CCG will provide such supporting working papers that are required for audit purposes, to the appropriate standard in line with the prescribed timetable.

Wiltshire CCG will participate in the production of NHS Wiltshire's consolidated annual accounts, a programme led by the NHS Wiltshire's accountants in accordance with a detailed timetable produced by them for each financial year to ensure accounts production and completion in accordance with published deadlines.

61 See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

62 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

The detailed timetable will also expressly identify the contribution of NHS Wiltshire to all documented NHS reporting requirements and to the development and production of the Annual Report of NHS Wiltshire.

From April 2013 Wiltshire CCG will be responsible for producing its own Consolidated Annual Accounts and Central Southern Support Services will assist with their completion as part of their Service Level Agreement with the CCG for providing Financial Services.

8.1.3. Financial Accounting, Coding and Reporting

a) The financial ledgers of the PCT has been re-organised from 1 April 2012 to enable the separate recording and reporting of CCG financial transactions.

b) It will be necessary for CCG budget holders to familiarise themselves with, and use, new cost codes set up to enable this. The restructuring of the ledgers will take into account the requirements of both parties to allow Wiltshire CCG to demonstrate its financial capability to operate independently. NHS Wiltshire will be distinguishing between elements of the commissioning budget which will not transfer to the CCG because they will be the responsibility of the National Commissioning Board and Local Authorities beyond April 2013.

c) The disaggregation of budgets will be carried out in conjunction with a set of principles approved by the PCT in collaboration with the CCG Chief Finance Officer.

From April 2013 Wiltshire CCG will be responsible for producing its own Consolidated Annual Accounts and Central Southern Support Services will assist with their completion as part of their Service Level Agreement with the CCG for providing Financial Services.

8.1.4. Monthly Reporting Requirements

NHS Wiltshire meets its statutory financial reporting responsibilities to the Department of Health by having in place a robust monthly reporting process to the Governing Body of the NHS Wiltshire. The monthly report (as reflected in the SBS general ledgers) sets out, as a minimum, both the actual financial position to date, and the expected year-end forecast out-turn. The NHS Wiltshire Governing Body will continue to receive the consolidated position for both the National Commissioning Board and the CCG each month.

Wiltshire CCG will participate in the production of the consolidated monthly report to the Governing Body of the NHS Wiltshire, assisting the Cluster Director of Finance in the completion of the detailed tasks required to ensure the monthly timetable deadlines are met.

Wiltshire CCG's Chief Finance Officer shall report the financial performance of the CCG to their Governing Body on a regular basis. This will be completed with the support of the CSO's finance team and to meet monthly timetable deadlines. Monitoring of performance against all financial performance will take place through the CCG's Finance and Performance committee which meet monthly.

8.1.6 Exception reports are expected to be considered by the CCG's Governing Body as well as providing assurance to NHS Wiltshire Cluster that financial performance is on target. This assurance monitoring will be carried out in accordance with the over-arching performance framework agreed between the CCG and the Cluster.

8.1.7 FIMS reporting remains the obligation of the NHS Wiltshire Cluster. Wiltshire CCG will need to provide the required financial information to ensure all Cluster obligations in this regard are met.

8.1.8 The CCG will be expected to manage its own 2013/14 planning round as it develops into fully authorised, autonomous organisation.

8.1.9 Wiltshire CCG is expected to keep its own record of accounts.

9 INFORMATION TECHNOLOGY

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

9.1.1 The Chief Finance Officer is responsible for the accuracy and security of the group's computerised financial data and shall:

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

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

10 ACCOUNTING SYSTEMS

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

10.1.1 The Chief Finance Officer will ensure:

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

10.1.2 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

10.1.3 The PCT Statutory Boards remain accountable through the transition period. The Scheme of Delegations and the Standing Financial Instructions have been updated with an aim to ensure greater delegation to the CCGs during the transition period to ensure they are able to make decisions as appropriate.

10.1.4 The Scheme of Delegations reflect the changing relationship with the CCG e.g. where delegated functions have shared responsibility across Cluster and CCG these have been reviewed to ensure they accurately reflect the functions which are expected to move to the remit of the CCG from April 2013.

10.1.5 The authority to waive the Standing Orders will remain with the Cluster Director of Finance as assurance against failure to comply with the procurement processes.

10.1.6 The current terms of reference of the CCG Governing Body states that the CCG Governing Body shall have the authority to establish sub-committees to assist with the performance of its functions but may not delegate any functions to any such sub-committee save as has been approved by resolution of the PCT Statutory Board (via the PCT Cluster Board).

10.1.7 The power to delegate functions under the Regulations remain with the statutory PCT Trust Board.

10.1.8 The revised Scheme of Delegations proposes that the PCT Cluster Board considers a resolution to enable the CCG Governing Body, as a committee of the respective PCT statutory Board, to delegate functions to their subgroups (i.e. to sub-groups of the CCG Governing Body); and that the functions the CCG Governing Body delegate to their sub-groups be supported by robust governance arrangements.

10.1.9 Signing contracts will remain with the Cluster Executives or Cluster Board as per the Standing Financial Instructions and delegated limits; however they will be co-signed by the CCG Managing Directors as per the Scheme of Delegation.

10.1.10 Where there is a potential for perceived conflict of interest these issues will be brought through the Cluster approval processes and there will be a joint approval process for primary care processes

10.1.11 From April 2013 the CCG will operate in partnership with the National Commissioning Board an Integrated Single Financial Environment (ISFE) which will involve a national chart of accounts and an automated system for monthly consolidated financial reporting, It is envisaged that this will provide a common and consistent approach across all CCG's.
.

11 BANK ACCOUNTS

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

11.1 From 1st April 2013 the Chief Finance Officer will:

a) review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions[63], best practice and represent best value for money;
b) manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;
c) prepare detailed instructions on the operation of bank accounts.

11.1.1 The Finance Committee shall approve the banking arrangements.

[63] See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

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

POLICY – the Group will
- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions[64]
- ensure its power to make grants and loans is used to discharge its functions effectively[65]

1.40. The Chief Financial Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
d) for developing effective arrangements for making grants or loans;
e) Liaising and collaborating with Commissioning Support Unit.

TENDERING AND CONTRACTING PROCEDURE

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

1.41. The Group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where

64 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
65 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the group's Finance Committee. This also needs reporting to the Audit & Assurance Committee as a waiver of Standing Orders.

1.42. The Finance Committee may only negotiate contracts on behalf of the Group, and the Group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the Group's standing orders;
b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

1.43. In all contracts entered into, the Group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

COMMISSIONING

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

1.44. The Group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

1.45. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Finance and Performance Committee detailing actual and forecast expenditure and activity for each contract.

1.46. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

RISK MANAGEMENT AND INSURANCE

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

1.47. The Risk Management systems and processes in place during 2012 – 2013 across the PCT Cluster reflect the key principles from this Policy. Wiltshire CCG has adopted the key principles of this Policy which are reflected in its approach in the development of the operational level risk registers and the Board Assurance Framework for the Governing Body.

1.48. The Risk Management Strategy, Policy and the Board Assurance Framework for the Governing Body will be managed by the Audit and Assurance and the Quality and Clinical Governance Committees.

PAYROLL

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

1.49. **The Chief Finance Officer will ensure that the payroll service selected:**

a) is supported by appropriate (i.e. contracted) terms and conditions;
b) has adequate internal controls and audit review processes;
c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies;
d) The Payroll process is contracted from Great Western Hospitals Foundation Trust. The contract does not expire until March 2014.

1.50. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

NON-PAY EXPENDITURE

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

1.51. The Wiltshire CCG will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

1.52. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

1.53. The Chief Finance Officer will:

a) advise the Accountable Officer on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

b) be responsible for the prompt payment of all properly authorised accounts and claims;
c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the Group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the Group's fixed assets

As a CCG, we will not own any fixed assets. Assets will be owned by either providers or a national NHS property organisation.

RETENTION OF RECORDS

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

1.54. The Accountable Officer shall:

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

TRUST FUNDS AND TRUSTEES

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

1.55. The Chief Finance Officer shall ensure that each trust fund which the Group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX G – Nolan Principles

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

   a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

   b) **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.

   c) **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.

   d) **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.

   e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

   f) **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.

   g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)[66]

[66] Available at http://www.public-standards.gov.uk/

APPENDIX H – NHS Constitution

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to CCGs or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and

by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[67]

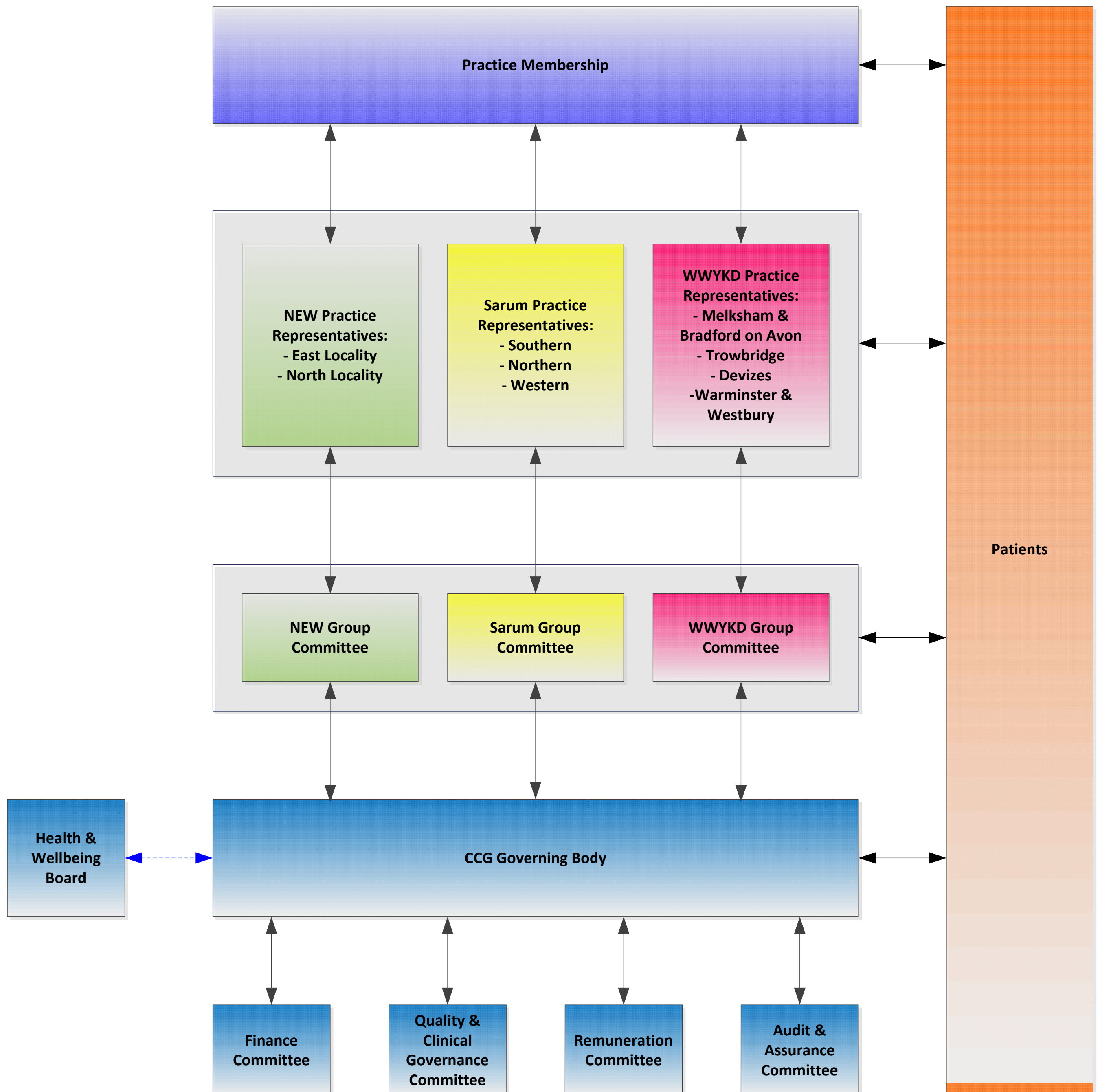
[67] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

APPENDIX I – Checklist for a CCG's Constitution

Essential/ Optional	Content	Included
Essential	The constitution must specify: • the name of the CCG; • the members of the CCG; and • the area of the CCG The name of the CCG must comply with such requirements as may be prescribed	Sect 1.1 App B Sect 2.1
Essential	The constitution must specify the arrangements made by the CCG for the discharge of its functions (including its functions in determining the terms and conditions of its employees)	Sect 5,6,7,9
Optional	The arrangements may include provision: • for the appointment of committees or sub-committees of the CCG; and • for any such committees to consist of or include persons other than members or employees of the CCG	Sect 7 App D/4 Sect 6 App D/2
Optional	The arrangements may include provision for any functions of the CCG to be exercised on its behalf by: • any of its members or employees; • its Governing Body; or • a committee or sub-committee of the CCG	Sect 6,7 App C,D,E
Essential	The constitution must specify the procedure to be followed by the CCG in making decisions	Sect 6 App C,D/3
Essential	The constitution must specify the arrangements made by the CCG for discharging its duties in respect of registers of interest and management of conflicts of interest as specified under section 14O(1) to (4) of the 2006 Act, as inserted by section 25 of the 2012 Act	Sect 8
Essential	The constitution must also specify the arrangements made by the CCG for securing that there is transparency about the decisions of the CCG and the manner in which they are made The provisions made above must secure that there is effective participation by each member of the CCG in the exercise of the CCG's functions	Sect 6,7 App C,D,E Sect 3 App C
Essential	The constitution must specify the arrangements made by the CCG for the discharge of the functions of its Governing Body	Sect 6,7 App D
Essential	The arrangements must include: • provision for the appointment of the Audit & Assurance Committee and remuneration committee of the Governing Body	Sect 6.6
Optional	The arrangements may include: • provision for the Audit & Assurance Committee (but not the remuneration committee) to include individuals who are not	Sect 6.6

Essential/ Optional	Content	Included
	members of the Governing Body • provision for the appointment of other committees or sub-committees of the Governing Body. These may include provision for a committee or sub-committee to include individuals who are not members of the Governing Body but are: o members of the CCG, or o individuals of a description specified in the constitution	Sect 6 App D
Optional	The arrangements may include provision for any functions of the Governing Body to be exercised on its behalf by: • any committee or sub-committee of the Governing Body; • a member of the Governing Body; • a member of the CCG who is an individual (but is not a member of the Governing Body); or • an individual of a description specified in the constitution	Sect 6,7 AppC,D/4, E
Essential	The constitution must specify the procedure to be followed by the Governing Body in making decisions	App D/3.7
Essential	The constitution must also specify the arrangements made by the CCG for securing that there is transparency about the decisions of the Governing Body and the manner in which they are made This provision must include provision for meetings of governing bodies to be open to the public, except where the CCG considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting	App D/3.7 App D/3.12
Essential	In its constitution, the CCG must describe the arrangements which it has made and include a statement of the principles which it will follow in implementing those arrangements, to secure that individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved (whether by being consulted or provided with information or in other ways): • in the planning of the commissioning arrangements by the CCG; • in the development and consideration of proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and • in decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact	Sect 4,5

APPENDIX J – Structure Diagram



APPENDIX K – Committee Terms of Reference

Finance Committee

Terms of Reference

1. Membership

Chair of the CCG (who will also Chair this Committee)
Accountable Officer
Chief Financial Officer
1 Non-Executive Director
3 Group Directors
GP representative(s) from CCG Group(s)

1.1 In the absence of the Chief Financial Officer, the Deputy Chief Financial Officer will deputise and, in doing so, be recognised as a member of the committee (see Quorum).

1.2 In the absence of the Chair of the CCG, the Non-Executive Director will Chair the meeting.

2. In Attendance

The Board Secretary will act as Secretary to the Committee and will normally be in attendance.

3. Frequency of Attendance

The designated members of the Committee are required to attend a minimum of four meetings a year (or pro rata if the Committee member joins partway through the year).

4. Quorum

4.1 1 Non-Executive Director and 2 Executive Directors, making 3 in total.

4.2 When the Deputy Chief Executive Officer attends in place of the Chief Financial Officer, he is to be recognised as a member of the Committee for the purpose of establishing a Quorum (see membership).

5. Frequency of Meetings

The Committee will normally meet bi-monthly.

6. Accountability/Reporting Arrangements

The minutes from each meeting will be presented to the Directors of the CCG at the next public meeting of the Governing Body.

7. Reporting Arrangements in to the Committee from the Sub-Committees

There are no formal sub-Committees which report directly to the Finance Committee.

8. Duties

On behalf of the Governing Board to:

a) Agree detailed revenue financial plans, budgets and financial monitoring reports;
b) Monitor the financial performances of the CCG against the detailed plans and seek assurance that robust plans are in place to ensure financial risks are managed;
c) Oversee the development and implementation of the financial information systems' strategy;
d) Act as an Assurance Committee of the CCG's business and finance risks via the Assurance Framework and Risk Registers;
e) Consider and assess any new investment decisions and make recommendations to the Governing Body or officers of the CCG in line with the scheme of delegation;
f) Review any financial activity which impacts on the financial performance of the CCG;
g) Take any legal or other professional advice with regard to the financial performance of the CCG as necessary.

9. Process for Monitoring the Effectiveness of the Committee

Annually, the Committee will review its performance against the requirements of the Terms of Reference and assess its effectiveness. Feedback will be sought from the Governing Body, who will receive minutes of the meetings.

Remuneration Committee

Terms of Reference

1. Overview

In accordance with requirements of the NHS Codes of Conduct and Accountability, Standing Orders (S4) and Standing Financial Instructions (S20.1), the CCG Governing Body (CCGGB) shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

2. Purpose of the Committee

The Remuneration and Terms of Service Committee will advise the CCG Governing Body about appropriate remuneration, the appointment, termination and terms and conditions of the Accountable Officer, Executive Directors, Clinical Leads and other senior managers with locally determined contracts described by the NHS Very Senior Managers Pay Framework.

3. Accountability/Authority

The Committee is accountable to the CCG Governing Body for its decision making. The Chair will liaise closely with the Accountable Officer and shall only report to the CCG Governing Body such details of Committee decisions as are necessary for the Accountable Officer and CCG Governing Body to exercise proper stewardship of management costs and associated financial risks on at least a six monthly basis.

The Committee may:

a. Seek advice from whatever source it deems appropriate;
b. Incur reasonable expenditure in the furtherance of its work;
c. Authorise the Accountable Officer and Chief Financial Officer to implement remuneration packages approved by the Committee.

4. Membership/Quorum

4.1 The Committee will comprise:

- The Chair of the CCG;
- 2 Lay members who are independent of management;
- The Accountable Officer, except when any matters affecting his/her personal position are being discussed.
- 1 x GP representative from a CCG Group
- The Chair will be the Lay Member with responsibility for audit,

remuneration and conflict of interest matters)

4.2 A representative for human resources and the Chief Financial Officer will attend to offer advice except when discussions about their own personal position, remuneration and terms of service are taking place.

4.3 Business will only be conducted if the meeting is quorate. A quorum shall be the Chair (or in exceptional circumstances, Vice Chair) and any 2 Non-Executive Directors.

5. Responsibilities/Duties

5.1 The Committee will:

- Advise the Governing Body about appropriate remuneration, allowances and terms of service for the Accountable Officer, Clinical Leaders and those Senior Managers with locally determined contracts, described within the Pay Framework for Very Senior Managers and the pay arrangements for GP executives and other clinician involvement:
  a. All aspects of salary;
  b. Contractual arrangements for such staff including the proper calculation and scrutiny of termination of employment payments, taking account of national guidance as appropriate.
- Make such recommendations to the Governing Body on the remuneration, allowances and terms of service and employment of Officer members of the Governing Body and other senior employees to ensure that they are fairly rewarded for their individual contribution to the CCG (whilst having proper regard for the CCG's circumstances and performance, and to the provisions of any national arrangements for such members and staff where appropriate).
- Monitor and evaluate, with the Accountable Officer, the performance of the Clinical Leaders, Executive Directors, and those Senior Managers with locally determined contracts, described within the Pay Framework for Very Senior Managers.
- Monitor, evaluate and confirm the satisfactory performance of the Accountable Officer.

5.2 The Chair shall be responsible for ensuring appropriate and timely proposals are submitted for consideration, and for ensuring Committee decisions are enacted.

5.3 The Committee will oversee arrangements for electing the Group Executives in line with Constitution and monitor their performance.

5.4 The Group will ratify the election of the Group Chair and Vice Chair.

5.5 In keeping with NHS guidance, decisions concerning pay and contractual matters shall take into account all aspects of salary, non-pay benefits, length of notice period and termination payments, other contract provisions, the scale and complexity of employment challenge, the performance of individuals and the circumstances of the organisation.

5.6 Pay and contractual advice to inform Committee decision shall be secured from informed, impartial sources. Where a matter concerns the Accountable Officer, the Committee shall commission and receive the advice directly. The Remuneration and Terms of Service Committee will take advice on any matters it believes to be outside its area of knowledge.

5.7 The Committee will determine the CCG's policy on the remuneration of the Accountable Officer and those senior managers with locally determined contracts.

6. Reporting Framework

6.1 The Committee will be convened as and when required by the Chair or on request from the Accountable Officer.

6.2 It is anticipated that there will be three Committees per annum with a minimum of two.

6.3 The Chair shall be responsible for agreeing the agenda.

6.4 The agenda and any related papers will be circulated to members at least a week in advance of the meeting. Committee members who are unable to attend should provide their comments to the Chair prior to any meeting.

6.5 The Committee will normally be serviced by a representative from Human Resources.

6.6 Formal minutes will be recorded from each meeting of the Committee, which state the issues considered, decisions and resolutions made and the rationale for these decisions. These shall be maintained by the Human Resources representative.

6.7 In the interest of confidentiality, the full minutes will be shared only with Committee members, the Chief Financial Officer and HR (where appropriate) and be available to external auditors, once approved by the Chair of the Committee. In line with the SFIs, the Committee will report in writing to the Governing Body, in the confidential section of the

meeting, its advice and its bases about remuneration and terms of service of Directors and senior employees.

6.8 Should any matter be put to a vote, all non-executive committee members present shall have a single vote to cast. In the event that for and against are equal, the Chair of the meeting shall have a second or casting vote.

6.9 Any items which require Governing Body approval will be the subject of a separate report.

6.10 In line with the Pay Framework for Very Senior Managers, it may be necessary to obtain National Commissioning Board approval, which will be after the Remuneration Committee has endorsed any proposals.

7. Review Arrangements

7.1 The Committee will review its terms of Reference on an annual basis as a minimum. Any changes to the Terms of Reference must be ratified by the Governing Body.

Approved:

Date of review: **March 2013**

Audit & Assurance Committee

Terms of Reference

1. Purpose of the Committee

The Committee's primary role is to conclude upon the adequacy and effective operation of the internal control systems that underpin the delivery of the organisation's objectives.

2. Accountability / Authority

2.1 The Governing Body has established the Audit and Assurance Committee as a standing sub-committee of the NHS Wiltshire CCG.

2.2 As identified in the Wiltshire CCG Constitution, the Committee will:

- Advise the Governing Body on internal and external audit services;
- Review the establishment, maintenance and adequacy of an effective system of integrated governance, internal controls and risk management, across the whole of the organisation's activities (financial, non-financial, clinical, non-clinical, and information), that supports the achievement of the organisation's objectives;
- Establish and maintain effective systems to consider risks, complaints, patient feedback and untoward incidents;
- Review the delivery of all appropriate policies which will include:
  - Counter Fraud
  - Financial
  - External visits and accreditation
  - Risk Management Policies
  - Information Governance
- Review of National Reports and Guidance;
- Monitor compliance with and waiver of the financial policies and scheme of delegation;
- Review every decision to suspend the scheme of delegation;
- Review the schedule of losses and compensations and make recommendations to the CCG;
- Review the annual financial statements prior to submission to the Governing Body.

2.3 The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain legal or other independent professional advice and to secure the attendance of other appropriate persons with relevant experience and expertise if it considers this necessary.

2.4 The Governing Body will always retain responsibility for all aspects of internal control, supported by the Audit and Assurance Committee, satisfying itself that appropriate processes are in place to provide the required assurance.

2.5 The Committee will also advise the Governing Body on:

- Proposed changes to the Constitution, appropriate policies and scheme of delegation;
- Any changes to accounting policies.

3. Membership / Quorum

3.1. The Committee shall be appointed from amongst the Governing Body Membership and shall consist of not less than three members. The Chair of the CCG should not be a member of the Audit and Assurance Committee, although he/she may be invited to attend meetings. One of the lay members will be appointed Chair of the Committee by the Governing Body and another lay member as Vice Chair will be nominated by the members. The membership will also include the secondary care Doctor and the Registered Nurse

One Clinical GP Executive will be required to attend the AAC and counts as one of the Governing Body Members..

As a minimum, one member of the Committee must have recent relevant financial experience.

3.2 The CFO, Director of Corporate Services, Planning and Performance (acting as the Company Secretary) will normally be present together with representatives from Internal and External Audit, Counter Fraud and the Finance Audit Lead.

The Chair of the Governing Body, Accountable Officer, or other Executive Directors and Senior Officers may be invited to attend meetings of the Audit and Assurance Committee as appropriate. The Accountable Officer should be invited to attend at least annually to discuss with the Audit & Assurance Committee the process for assurance that supports the Annual Governance Statement.

3.3 At least once a year, the Committee should meet privately with the External and Internal Auditors without any CCG Directors present.

3.4 Nominated deputies may attend the meeting but business will only be conducted if the meeting is quorate. The Committee will be quorate with three members of the Governing Body made up from the following membership – 2 Lay Members, the secondary Care Doctor, the registered Nurse and the one clinical GP Executive .

3.5 The Chair has been given authority to implement Chair's action under the CCG's Standing Orders – "Emergency Powers and Urgent Decisions". This allows for an emergency or an urgent decision to be exercised by the Chair after having consulted at least one other member. The exercise of such powers by the Chair will be reported to the next formal meeting of the Governing Body in public session for formal ratification.

3.6 The Committee is authorised to create such working groups as are necessary to fulfil its responsibilities within its Terms of Reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group. The Information Governance Group will report to the committee.

4. Responsibilities / Duties

The Committee will be responsible for:

4.1 Governance, Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk management across the whole of the organisation's activities (financial, non-financial, clinical, non-clinical and information) that supports the achievements of the organisation's objectives. It will review the CCG risk register at every meeting.

The Committee will primarily utilise the work of Internal and External audit and other assurance functions but will not be limited to these functions. It will also seek reports and assurances from Directors and managers as appropriate concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced by the Committee's use of an effective CCG Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

In particular, the Committee will review the adequacy of:

- All risk and control-related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit Opinion statement, External Audit opinion or other appropriate independent assurances prior to endorsement by the Governing Body;

- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks, and the appropriateness of the above disclosure statements;

- The policies for ensuring compliance with relevant statutory, regulatory, legal and code of conduct requirements, and the operational effectiveness of policies and procedures which are brought to the attention of the Audit and Assurance Committee by Internal and External Auditors;

- The policies and procedures for review and performance management of all work related to fraud and corruption as set out in the Secretary of State Directions and as required by the Directorate of Counter Fraud Services.

4.2 **Internal Audit**

The Committee shall ensure there is an effective internal audit control function which provides appropriate independent assurance to the Audit and Assurance Committee, Accountable Officer and Governing Body. The Committee's function is to:

- Consider the appointment and provision of the internal audit service, the audit fee, review of audit appointments and tenders and any questions of resignation or dismissal;
- Oversee the effective operation of Internal Audit and ensure that Internal Audit is appropriately resourced and has appropriate standing within the CCG;
- Review, contribute to, and approve the Internal Audit strategy and plans and more detailed programme of work ensuring that they are consistent with the audit needs of the organisation as identified in the CCG Assurance Framework, and with the requirement for External Audit to place reliance on Internal Audit work;
- Consider major findings of Internal Audit reports, management and Director responses, follow-up reports and CCG summary reports and subsequent action;
- Evaluate the extent to which the Internal Audit service complies with the mandatory audit standards and the guidelines set out in the NHS Internal Audit Manual;
- Ensure there is an annual review of the effectiveness of internal audit.
  Review and provide opinion on the draft Annual Governance Statement referencing the ongoing management of the CCG's assurance framework.

4.3 External Audit

The committee shall review the work and the findings of the External Auditor appointed by the Audit Commission and consider the implications and management's response to their work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor as far as the Audit Commission's rules permit, including the audit fee;
- Discussion and agreement with the External Auditor of the nature and scope of the external audit programme of work as set out in the annual plan prior to commencement and ensure co-ordination, as appropriate, with other External Auditors within the local health economy;
- Discussion with auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
- Review of all external audit reports before submission to the Governing Body, and any work carried out outside the annual audit plan, together with the follow-up reports and responses from management and Directors;
- Discussion of any issues and reservations arising from the work of the External Auditor and any matters the External Auditor may wish to raise (in the absence of Executive Directors and other management of the CCG, where necessary).
- Review of the annual accounts, annual report and production of annual audit letter.

The Audit and Assurance Committee will seek to enhance and receive assurance that effective and co-ordinated relationships exist between Internal and External audit, and with the Local Counter Fraud Officer, to optimise audit resources.

4.4 Counter Fraud

- To appoint the Counter Fraud Management service, the fee and terms and conditions of engagement;
- Oversee the effective operation of Counter Fraud and to ensure that the Counter Fraud Service is appropriately resourced and has appropriate standing within the CCG;
- Review the Counter Fraud Policies, Strategies/Plans and to consider major findings of Counter Fraud reports, management's response and subsequent action;
- Ensure compliance with the Secretary of State's directions on counter fraud.

4.5 Financial Reporting and Control

The Audit and Assurance Committee will recommend approval of the Annual Governance Statement, Annual Accounts, financial statements, and Annual Report before submission to the Governing Body for adoption. Particular focus is to be made on:

- The wording in the Statement of Internal Control and other disclosures relevant to the Terms of Reference of the Committee;

- Changes in, and compliance with, accounting policies, standards and practices;
- Unadjusted misstatements in the financial statements;
- Major judgmental areas;
- Significant adjustments resulting from the audit.

The Committee should also ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body. In addition it should review financial and information systems, monitor the integrity of financial statements, and review significant financial reporting judgements.

4.6 Other Assurance Functions

The Audit and Assurance Committee will review the findings of other significant assurance functions, both internal and external, and consider the governance of the organisation. These will include, but will not be limited to, any reviews by the Department of Health bodies' regulators/inspectors (e.g. Healthcare Commission, NHS Litigation Authority); staff surveys; professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

In addition, the Committee will oversee and review the work of other committees within the organisation which can provide relevant assurance on the implementation of integrated governance arrangements. The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation.

Any material objections to the Internal Audit plans and associated assignments that cannot be resolved through negotiations will be notified to the Director of Finance immediately.

If matters cannot be resolved to the satisfaction of the Head of Internal Audit he/she has a right of access to all Audit and Assurance Committee members, the Chair and Accountable Officer of the CCG. This process is in line with the CCG constitution and Standing Financial Instructions.

The Audit and Assurance Committee will seek assurance from the other committees through the ongoing review and management of the CCG assurancde framework.

5. Annual Work Programme

5.1 The Committee will establish an annual work programme which:
- Reflects its accountabilities and responsibilities;
- Reflects strategic risks arising from the Assurance Framework.

6. Reporting Framework

6.1 Meetings will be held not less than five times a year. The Committee Chair, however, reserves the right to convene additional committee meetings as required to discharge the responsibilities of the committee. The External or Internal Auditors may request a meeting if they consider that one is necessary. Members are required to attend at least four meetings per year. An attendance record will be maintained.

6.2 The planning servicing, administrative and appropriate support to the Chair and committee members of the Audit and Assurance Committee will be the responsibility of the Director of Planning, Performance and Corporate Services.

6.3 The minutes of the Audit and Assurance Committee will be formally recorded by the secretary (Director of Planning, Performance and Corporate Services, to arrange) and submitted to the Governing Body. The Chair of the committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action. Notes of Audit and Assurance Committee meetings shall be submitted to the following Governing Body meeting. Any items of specific concern or which require Governing Body approval will be the subject of a separate report.

6.4 The Committee will report to the Governing Body annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, and serious incidents. The Audit and Assurance Committee will produce an annual report, in line with best practice, which sets out how the Committee has met its Terms of Reference during the preceding year.

7. Review Arrangements

The Audit and Assurance Committee will review its Terms of Reference and work programme and undertake a self assessment on an annual basis as a minimum. Any changes to the Terms of Reference must be ratified by the CCG Governing Body.

Approved:

Date of review: September 2013

Quality and Clinical Governance Committee

Terms of Reference

1. Introduction

1.1 The establishment of this committee will deal with key responsibilities of the organisation as set out in the CCG Constitution. It will help the Governing Body to develop and understand service quality issues and provide assurance to the Governing Body on these matters. It will provide the forum to undertake performance management of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee will be responsible and will include.

- Safeguarding Children
- Safeguarding Vulnerable Adults
- SIRIs and clinical incidents
- Medicines management and governance
- Review and authorisation of clinical policies

1.2 This list is not exhaustive or exclusive and the committee will be asked to consider other relevant issues on an ad hoc basis.

1.3 The committee will provide assurance to the Governing Body re both organisational learning and the fulfilment of its statutory responsibilities.

1.4 The Committee will take reports on matters including: Patient and Public Engagement and Experience, PALS, Complaints, NHS Litigation, Claims and trends in, for example, Freedom of information requests linked to patient quality.

1.5 The Committee will receive support through the arrangements with the CSU for data to support the management of patient safety, provider performance and risk.

2. Detailed Purpose, Scope and Function

2.1 The purpose of the Committee is to:

- ensure that the Governing Body mainstreams consideration of service and clinical issues;
- identify and manage risks to quality;
- act against poor performance; and

- implement plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisions;
- promote a culture within the CCG that focuses on Patient Safety and Quality Improvement;
- seek assurance through the contracting arrangements from all Provider services that their governance and patient safety systems are robust and measurable;
- monitor incidents and Action Plans linked to key areas of responsibility where Wiltshire CCG:
    - is Lead Commissioner
    - has statutory responsibility
    - or where responsibility falls directly to Wiltshire CCG;
- provide evidence and through exception reporting an overview and a monitoring function for all governance and patient safety issues for Wiltshire CCG;
- develop and implement processes for identifying issues that affect patient safety and monitor the implementation of changes and developments to prevent re-occurrence;
- provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the quality and safety of commissioned services;
- provide the Governing Body with evidence that patient safety issues are fully considered, risks identified and reduced or mitigated and that exceptions are reported as necessary;
- provide a forum for representatives from the CCG to work collaboratively with members of the Committee to implement the quality and clinical governance agenda;
- monitor compliance of commissioned services with the Care Quality Commission regulations / standards and with the quality standards within the contracts with providers; and
- ensure that appropriate advice is shared with CCG Groups, through the Director of Quality and Patient Safety, to enable appropriate patient safety standards and indicators to be agreed with service providers and monitored, as lead commissioner.

3 Membership

3.1 The core membership of the Committee will consist of the following or their nominated deputies:

- Registered Nurse on Governing Body (Chair)
- Director of Quality and Patient Safety
- Non-Executive Secondary Care Specialist Doctor
- GP representative(s) from CCG Group(s)
- CCG Non-Executive Director with lead for Patient Safety
- Quality and Patient Safety Manager
- Public Health Representative from Wiltshire Council
- Designated Adult and Children's Safeguarding Leads
- Heads of Medicines Management / Accountable Officers
- Medicines Management Governance Lead
- Risk and Governance Manager

3.2 Invited on ad hoc basis – representative from Wiltshire and B&NES Council, and any others as the Committee Chair deems appropriate which may include representatives from the CSU or NCB.

3.3 Members are expected to attend all meetings, unless previously agreed with the Chair, and where unable a deputy is required.

3.4 When the Registered Nurse on the Governing Body is unavailable to Chair the Non-Executive Director with lead for Patient Safety will deputise.

3.5 The committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.

3.6 The Committee is accountable to the CCG Governing Body.

3.7 Members of the Committee are responsible for communicating decisions made by them through their management lines.

4 Reporting Arrangements

4.1 The Committee will provide a six monthly report to the Audit and Assurance Committee and the Governing Body and by exception in the remaining quarters.

4.2 Updates will be presented in a composite format to include areas of learning and areas of concern.

5 Performance Management Arrangements

5.1 Review by exception reports on Provider quality via the contracting and performance management framework. The committee recognises that these reports may vary in format as they will have been generated by other organisations. The Committee will expect the Group, responsible

for the management of the Provider contract, to provide explanation of the reports and the remedial action that is in place to address any issues.

5.2 Review Quality monitoring scorecards and exception reports will enable the Committee to monitor its performance.

5.3 A formal meeting will be held bi-monthly.

5.4 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

6 Committee Papers

6.1 A detailed work programme and standing agenda will be agreed to guide the work of the committee for 2013/14.

6.2 Detailed guidance and standard templates for the presentation of reports to the committee and the frequency of reporting requirements are available from the Corporate affairs team and the Director of Quality and Patient Safety.

7 Quorum

7.1 To be quorate there is a requirement for a minimum of four officers from the CCG. The Chair or Deputy chair must be present.

8 Review

8.1 The Terms of Reference will be reviewed after six months of the Committee's establishment and thereafter on an annual basis.

APPENDIX L - Role of the Practice Representative

1. Role of the practice representative

1.1 The role of the practice representative is to:

a) represent the practice at CCG meetings;
b) represent the needs of the practice's patient population within the CCG; actively engage with the CCG to help improve services within the area;
c) share appropriate referral, prescribing and emergency admissions data to support improvement in services;
d) participate in and deliver, as far as possible, the clinical and cost effective strategies agreed by the CCG;
e) gather and share the views and experiences of patients and carers.

APPENDIX M – Standards of Business Conduct Policy

STANDARDS OF BUSINESS CONDUCT POLICY

Date: 26 June 2012
Version: 1
Approved by: Clinical Commissioning Committee
Date approved: 26 June 2012

Latest amendments in GREEN

STANDARDS OF BUSINESS CONDUCT POLICY

Contents

1. INTRODUCTION 154
2. SCOPE OF POLICY 155
3. PRINCIPLES 156
4. PREVENTION OF CORRUPTION 156
5. CONFLICTS OF INTEREST 158
6. TRANSPARENCY IN PROCUREMENT 165
7. HOSPITALITY, GIFTS & SPONSORSHIP 167
8. OUTSIDE EMPLOYMENT AND PRIVATE PRACTICE 169
9. INTIATIVES 170
10. CONFIDENTIALITY 170
11. MANAGEMENT ARRANGEMENTS 171

STANDARDS OF BUSINESS CONDUCT POLICY

INTRODUCTION

This policy details the expectations regarding standards of business conduct for the Clinical Commissioning Group (hereafter referred to as the CCG) including the management of conflicts of interest. This policy supports the CCG constitution.

The CCG Board determines to ensure that the organisation inspires confidence and trust avoiding any potential situations of undue bias or influence in decision-making and protecting the NHS, the CCG and individuals involved from any appearance of impropriety.

This policy reflects the Appointment Commission's Code of Accountability and Code of Conduct for NHS Boards and the seven principles of public life set out by the Nolan Committee:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

This policy supports a culture of openness and transparency in business transactions. All employees and appointees of the CCG are required to:

- ensure that the interests of patients remain paramount at all times
- be impartial and honest in the conduct of their official business
- use public funds entrusted to them to the best advantage of the service, always ensuring value for money
- ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends
- ensure that they do not seek to advantage or further, private or other interests, in the course of their official duties.

The policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and General Practitioners:

- CCG Constitution
- Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
- Code of Conduct for NHS Managers 2002
- Appointments Commission: Code of Conduct and Code of Accountability
- The Healthy NHS Board: Principles for Good Governance
- General Medical Council: Good Medical Practice 2006
- Respective professional codes of conduct
- NHS Code of Confidentiality
- Managing Conflicts of Interest – Technical Appendix 1, 2 February 2012 (*Towards Establishment: Creating responsive and accountable clinical commissioning groups*)
- GMC Managing Conflicts of Interests
- The Bribery Act 2010
- Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services, July 2012

The requirements of the Constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies shall prevail over requirements of this policy where conflicting advice is given.

SCOPE OF POLICY

This CCG expects that this policy will be followed by:

- Members practices
- Employees of member practices employed by the CCG
- Committees of the CCG
- Individuals on the CCG governing body and committees and sub committees
- Employees of the CCG
- Third parties acting on behalf of the CCG (including commissioning support and shared services)

These are collectively referred to as ‘individuals’ hereafter.

PRINCIPLES

Individuals should at all times:

- Comply with the requirements of the CCGs Constitution and be aware of the responsibilities outlined within it.
- Act in good faith and in the interests of the CCG and follow the 'Seven Principles of Public Life, set out by the Committee on Standards in Public Life' (the Nolan Principles)
- Conduct themselves in accordance with HSG(93)5 "Standards of Business Conduct for NHS Staff" and "Commercial Sponsorship – Ethical Standards for the NHS" (2000)
- And adhere to the NHS Code of Conduct and Code of Accountability (2004) which requires the maintenance of strict ethical standards in the NHS.

PREVENTION OF CORRUPTION

1. BRIBERY ACT 2010

The Bribery Act 2010 came into force on 1st July 2011. It makes it easier to tackle bribery offences proactively creating specific criminal offences which carry custodial sentences of up to 10 years and unlimited fines. The Act introduced a corporate offence which means that the majority of organisations across the public, private and charitable sectors will be exposed to criminal liability for failing to prevent bribery.

This organisation has a strict zero tolerance policy towards bribery and corruption and will ensure all employees are aware of the Act and its implications.

In its simplest terms, "bribery" is the practice of offering a gift in exchange for benefits. Whilst money is a classic form of bribe, bribes can also be more intangible, and they might include things like the offer of property, valuable objects, or a promise to perform a particular service in the future. In order to a considered a bribe, there must be an offer and acceptance with the understanding that the individual who accepts the bribe will be doing something in return. This differentiates 'bribes' from 'gifts' offered in genuine good will, and also distinguishes 'bribery' from 'tipping', a practice in which gifts are offered in return for good service. Please refer to section 7.2 for the recording of gifts.

Under the Bribery Act 2010, there are four offences:

- Bribing, or offering to bribe, another person
- Requesting, agreeing to receive or accepting a bribe
- Bribing, or offering to bribe, a foreign public official

- Failing to prevent bribery

Where an individual believes there is the opportunity for bribery, whether because of poor procedures or oversight, this should be reported to the LCFS or the Director Finance, or the Fraud and Corruption Reporting Line (0800 028 4060). Additionally, it can be raised as a concern in accordance with the CCG Whistleblowing Policy.

Please refer to the Bribery Act Policy for more detailed information.

2. COUNTER FRAUD MEASURES

No individual must use their position to gain advantage. The CCG will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) and Chief Finance Officer immediately. Should the Chief Financial Officer be implicated, the individual should instead report to the Deputy Chair *[Accountable Officer]* of the CCG, who will liaise with the LCFS on the appropriate action.

Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls etc are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the suspicions may be erroneous or unsubstantiated they may also reflect a genuine cause for concern and will always be taken seriously. The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions. Please refer to the Counter Fraud Policy for further information.

The CCG recognises that hospitality, gifts and sponsorship may be offered as part of legitimate business relationships; please refer to section 7 of this policy.

3. COMMERCIAL CONFIDENTIALITY

All individuals should guard against providing information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the CCG. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement. The requirements of the Freedom of Information Act 2000 must be taken into account when attempting to restrict the release of information.

CONFLICTS OF INTEREST

4. OVERVIEW

A conflict of interest can be defined as a set of conditions in which professional judgment concerning a primary interest, such as a patient's welfare or the validity of research, tends to be unduly influenced by a secondary interest, such as a financial gain. The CCG requires clear and robust mechanisms for effective management of real and perceived conflicts of interest. With good management and governance and appropriate assurance mechanisms, confidence in the probity of commissioning decisions and the integrity of the clinicians will be promoted.

The CCG has adopted the principles set out by the NHS Confederation and the Royal College of General Practitioner (RCGP) for managing conflicts of interest:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny
- **Being proactive not reactive** – set out in advance what is acceptable and what isn't and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making
- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.

Conflicts of interest are inevitable, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way.

5. POTENTIAL CONFLICTS OF INTEREST

There can appear to be a conflict of interest when an individual's ability to exercise judgement in one role is impaired or perceived to be impaired by their obligation in another due to the existence of competing interests.

The CCG needs to be aware of all situations where an individual has interests outside their role, where that interest has potential to result in a conflict of interest between the individual's private interests and their CCG duties.

Relevant and material interests must be declared on appointment. These may be defined as:

1. directorships, including non-executive directorships held in private companies or public limited companies (with the exception of those of dormant companies)
2. ownership or part ownership of companies, businesses or consultancies which may seek to do business with the CCG
3. share holdings in organisations which may seek to do business with the CCG
4. membership of or a position of trust in a charity or voluntary organisation in the field of health and social care
5. receipt of research funding / grants from the CCG
6. interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with the CCG must be declared)
7. formal interest with a position of influence in a political party or organisation
8. current contracts managed by the CCG in which the individual has a beneficial interest
9. any other employment, business involvement or relationship or that of a spouse or partner that conflicts, or may potentially conflict with the interests of the CCG.

Where individuals are unsure whether a situation falling outside of the above categories may give potential for a conflict of interest they should seek advice from the Corporate Governance Manager *[officer entrusted with the register of interests]*.

Where an individual has an interest or becomes aware of an interest which could lead to a conflict of interest where the CCG is considering an action or decision this must be declared.

A potential conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision
b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

Concerns may also relate to financial or personal commitments (such as obligations to friends, colleagues or peers), special interests (for example in a particular condition due to family member experience, other non – financial objectives (status or kudos) or professional loyalties and duties. Potential conflicts can also arise from close family members interests and obligations by association.

6. MANAGEMENT OF CONFLICTS OF INTEREST

The CCG will proactively manage potential conflicts of interest by:

- Maintaining and reviewing a Register of Declarations of Interest
- Managing membership of formal committee and decision making bodies supporting the CCG
- Meeting and decision making procedures
- Working within the Constitution, Standing Orders and Scheme of Reservations and Delegations
- Being aware of the Law of meetings

7. REGISTER OF DECLARATIONS OF INTEREST

All CCG members will be required to complete a Declaration of Interest proforma upon appointment to their position. Where there are no interests to declare a nil return is required. Any subsequent interests shall be declared once the potential conflict of interest arises. Individuals will be asked to review and update the register annually. Other individuals should complete the form as soon as they identify a potential conflict of interest or if requested by the Chair and/or CCG Governance Manager. The CCG Accountable Officer will be informed of any changes or new interests within 28 days. The Declaration of Interests form is available at Appendix 2.

The agenda for committee meetings of the CCG will contain a standing item at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered. If during the course of a meeting, an interest not previously declared is identified, this shall be declared.

Minutes of the meeting shall detail all declarations made. The conflict should be treated as relevant for both decision making and any ongoing monitoring.

Individuals must be specific when declaring interests. Where an interest is significant or when the individual or a connected person has a direct financial interest in a decision, the individual should not take part in the discussion or vote on the item and should consider leaving the room when the matter is discussed. The Chair of the meeting may insist that a member leaves the room if they have a significant interest or a direct financial interest in a matter under discussion. The action(s) taken should be documented for future scrutiny.

The Register of Declarations of Interest is held by the *CCG Governance Manager*. The Register will be reviewed every three months, reported to the CCG Audit Committee annually and published within the Annual Report.

8. MANAGING MEMBERSHIP

The Chair/Deputy Chair of Audit Committee will with the Chief Finance Officer ensure that for every interest declared on appointment or declared as a new interest, arrangements are in place to manage the potential conflicts of interest, to ensure the integrity of the CCG's decision making processes and to protect individuals and the resources and reputation of the National Health Service (NHS).

Where a significant interest is declared, the individual should not be a voting member of a committee if a contract is already in place with the relevant provider or if it is likely that a contract may be considered in the future.

For previously recorded declarations of interest, steps will be taken to ensure that Committee membership supports decision making as far as is reasonably practicable.

Should the situation arise that a significant number of individuals (more than 50%) are deemed to be prevented from taking part in a meeting because of prejudicial interests, the Chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG Standing Orders.

9. MANAGEMENT OF MEETINGS AND DECISION MAKING

At the beginning of all agenda there will be an opportunity for individuals to identify potential conflicts of interests relating to specific items of business. The Chair of the meeting will ensure that the appropriate course of action is taken on reaching the agenda item. Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment.

The action to be taken for Non-Executives (colleagues not directly employed) will be managed by the Chair taking advice from the *Corporate Governance Manager*.

A prejudicial interest will be declared if the matter affects an individual's financial interest and a member of the public, knowing the relevant facts, would reasonably think that a personal interest is of such significant that it is likely to prejudice their judgment of the public interest.

Where an individual is aware of an interest which:

- has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The Chair of the meeting will then determine how this should be managed and inform the individual of their decision. Where no arrangements have been confirmed, the Chair of the meeting may take the following actions:

- Withdrawal from the meeting for that part of the discussion if conflict if **prejudicial**
- Participation in the discussion but not part of the decision making process
- Full participation in discussion and the decision making process as the potential conflicts are not perceived by others of the group to be material or prejudicial

All potential conflicts should be recorded in the minutes along with the course of action taken.

Where the Chair of any meeting of the group has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair (or other nominated individual if the Deputy Chair is also conflicted) will act as Chair for the relevant part of the meeting.

Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Chair of Audit Committee and Chief Finance Officer on the action to be taken.

This may include:

a) requiring another of the CCG's committees which can be quorate to progress the item of business, or if this is not possible a recommendation on decision can still be taken by remaining members and referred to its Audit Committee for verifying proposed recommendations.
b) inviting on a temporary basis one or more of the following to make up the quorum (where the Constitution permits these to be members of the committee / sub-committee in question) so that the CCG can progress the item of business:
   i) a member of the clinical commissioning CCG who is an individual;
   ii) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning CCG;
   iii) a member of the Health and Wellbeing Board;
   iv) a member of another clinical commissioning CCG.

These arrangements must be recorded in the minutes.

Where all or most CCG decision makers have or may have a material interest in the decision, the decision may be referred to the CCG governing body. The Health & Wellbeing Board or another CCG may also be invited to review the proposal.

10. MEMBERS OF THE CCG

GPs, and their staff, by nature of their profession have an immediate conflict as providers of primary care services and this of course does not exclude them being involved in the running of the CCG. All provider interests must be declared and openly disclosed in the conduct of business to ensure it is handled appropriately.

Members should conform to the published guidelines of the General Medical Council (GMC) published ('Good Medical Practice' 2006 on financial institutions providing care or treatment) which states:

“**5**. If you have a financial interest in an institution and are working under an NHS or employers’ policy you should satisfy yourself, or seek assurances from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts of interest. You must follow the procedures governing the schemes.”

Where GPs could possibly influence their own personal/practice payments through their actions such as a referral of a patient in which they have a financial interest, or to benefit a practice payment in some way then the GMS guidelines paragraph 74 and 75 apply:

“**74.**You must act in your patients’ best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.

75. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.

Where the most appropriate service to which the patient is to be referred happens to be one in which the GP has a vested financial interest, then the GP must inform the patient of this fact. This is in line with paragraph 76 of the GMC guidelines

76. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.”

In these circumstances the GP must note on the patient’s record that the patient has been informed of the conflict of interest.

It is possible that the CCG will seek to expand the range of enhanced services provided by member practices as part of its work to redesign services and have an expanded primary care role.

Given that the CCG will be commissioning such services from their own member practices, it is vital that there is transparency and safeguards to ensure confidence that these decisions are based upon the best interests of patients and with no perceived conflicts of interest. There are a number of stages in this process that will ensure this occurs.

a) The CCG will develop services in line with the agreed and published strategy of the CCG
b) This strategy will be refreshed and developed with all key stakeholders, and reflect the needs of the local populations as agreed through the local health and well-being board and be subject to public scrutiny.

c) The CCG will engage with all providers to communicate the priorities and commissioning intentions.
d) A range of expertise from a variety of providers will be used to develop detailed service specifications for new service models. The role of the new clinical senates will be explored in this area.

Once a new specification has been developed the most appropriate provider of care will be considered through a sub committee of the CCG which will exclude anyone with a conflict of interest using the published criteria as set out within this guidance.

11. CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE CCG

Anyone seeking information in relation to procurement or otherwise engaging with the clinical commissioning CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

Anyone contracted to provide services or facilities directly to the clinical commissioning CCG will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

TRANSPARENCY IN PROCUREMENT

The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

It is an essential feature of the Health Act reforms that CCGs should be able to commission a range of community-based services to improve quality and outcomes for patients. Where the provider for these services might be a GP, CCGs will need to be able to demonstrate that the services:

- clearly meet local health needs and have been planned appropriately;
- go beyond the scope of the GP contract; and
- the appropriate procurement approach is used.

The CCG will ensure that the service has been designed and any specification developed in an inclusive way, involving other health professionals, experts, other commissioners, patients and the public as appropriate. The involvement of the Commissioning Support Service will provide additional assurance on the fairness and transparency of the planning and procurement process.

The CCG will publish a Procurement and Contestability framework approved by its governing body which will ensure that:

- all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

The Procurement and Contestability framework will reflect the principles of the 'Procurement Guide for Commissioners of NHS-Funded Services' July 2010, 'Principles and Rules for Cooperation and Competition' July 2010 and will detail the four tests for reconfiguration and service change. The role of the Commissioning Support Service for procurement will be clearly detailed within the framework.

Copies of this Procurement and Contestability framework will be available on the CCG's website.

Where the potential provider for services is a GP, procurement may be through competitive tender or an Any Qualified Provider (AQP) approach or on a single tender basis where the GP is the only capable provider or where the service is of minimal financial value. Additional safeguards are in place when commissioning services that could potentially be provided by a GP. These safeguards are designed to:

- maintain confidence and trust between patients and GPs;
- enable the CCG and member practices to demonstrate that they are acting fairly and transparently and that members of the CCG will always put their duty to patients before any personal financial interest;
- ensure that the CCG operates within the legal framework but are not bound by over-prescriptive rules that risk stifling innovation or slowing down the commissioning of services to improve quality or productivity; and
- build on existing guidance.

Please see the 'Commissioning Services that may potentially be provided by GPs – Assurance' form at Appendix 1. This form sets out factors on which the CCG would like to provide assurance, regarding the service planning and procurement process, in a consistent and transparent way. These completed forms will be made publicly available.

The CCG will ensure that details of all contracts, including the value of the contract, are published on the website as soon as contracts are agreed. Where the CCG decides to commission services through AQP, the type of services commissioned and the agreed price for each service will be published on the website. This information will also be part of the Annual Report.

HOSPITALITY, GIFTS & SPONSORSHIP

The CCG acknowledges that hospitality, gifts and sponsorship may be offered. The following sections outline considerations for each; please also refer to section 4 regarding the prevention of corruption.

12. HOSPITALITY

Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

Hospitality is defined as meals and or drinks, visits, entertainment, lecture courses organised etc provided or offered by potential suppliers. These may be accepted where they are moderate and in keeping with what is normal in public sector business relationships and where as far as it can reasonably be assessed by the potential receiver, will not be deemed by others (and in particular by members of the general public), to influence a business decision.

Hospitality must be declared on the Register of Hospitality, Gifts and Sponsorship.

13. GIFTS

All individuals must not, either directly or indirectly, accept a gift (including rewards, benefits and hospitality) from any member of the public or any organisation with whom they are brought into contact by reason of their duties other than:

- trivial gifts of a promotional nature, e.g., calendars, diaries, pens and other similar articles. As a guideline the expectation is that such gifts would be worth a maximum of £10 and in most cases would be worth considerably less

- gifts of a small value up to £10, where there is no risk that the gift could be suspected of influencing the CCGs actions or the cost of returning the gift would not be warranted
- gifts of a moderate value (between £10 and £25) should only be accepted with the written approval of your line manager

Personal gifts of a higher value (£25+) should only be accepted in exceptional circumstances and with the written approval of a Chief Officer of the CCG. This includes accumulations of gifts from a single individual or company that total £25 or more over a twelve month period. Best practice is to politely refuse such gifts with a courteous explanation of the CCG Policy, and advise the donor that should they wish to do so they are welcome to make a contribution to a charitable cause.

If unsure of which cost band the gift falls into, assume it falls into the higher band. All gifts and offers with a value over £10 and accumulations of gifts and offers over a 12 month period that are worth £25 or more, whether accepted or refused (including inducements such as air miles, vouchers etc.) must be notified for inclusion in the Register within 14 clear days of the gift or offer.

It is not appropriate to give gifts to individuals or organisations at public expense.

14. SPONSORSHIP

Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. However, those arranging such sponsorship must comply with the guidance contained in Health Service Guidance HSG (93) 5 “Standards of Business Conduct for NHS Staff”, and the “Commercial Sponsorship – Ethical Standards for the NHS”, both published by the Department of Health.

It should be made clear to the sponsor that their sponsorship of an event or the availability of publicity material about the company or product will not constitute an endorsement by the CCG and that this will be made clear to the public and those attending the event.

Sponsorship includes financial support and hospitality for educational meetings, training, attendance at conferences, and publications etc. To comply with relevant ethical & business standards it is important to note that:

- sponsorship must not compromise commissioning or purchasing decisions
- it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance
- where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings

A commercial partnership is one where material or support is supplied by a third party in addition to, and capable of being integrated with, services routinely provided in public sector health care. All commercial partnership and joint ventures arrangements must comply with relevant legislation, regulations, good practice and guidance, including for example:

- the NHS Code of Accountability and Code of Conduct
- Standing Orders
- Prime Financial Policies
- relevant professional codes of practice e.g., NMC, GMC etc

When working with the pharmaceutical industry then the ABPI's (Association of British Pharmaceutical Industries) code of conduct should be adhered too.

15. HOSPITALITY, GIFTS & SPONSORSHIP REGISTER

All offers of hospitality, gifts and sponsorship with a value of over £10, whether accepted or refused, must be reported using the attached form in appendix 3 for recording in the Register. This includes accumulations of gifts from a single individual or company that total £25 or more over a twelve month period. The Register will be presented to the Audit Committee of the CCG on at least an annual basis.

OUTSIDE EMPLOYMENT AND PRIVATE PRACTICE

Individuals working with the CCG (depending on the details of their contact as regards outside employment and private practice) are required to inform the CCG if they are engaged or wish to engage in outside employment in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflicts of interest. Examples of work which might conflict with the business of the CCG include:

a) Employment with another NHS body
b) Employment with another organisation which might be in a position to supply goods or services to the CCGs
c) Self employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods or services to the CCG

Outside employment and private practice must be declared as a potential conflict of interest.

INTIATIVES

As a general principle any financial gain resulting from external work where use of the CCG's time or title is involved (e.g., speaking at events/conferences, writing articles) and/or which is connected with the CCG's business must be passed to the CCG's Chief Finance Officer to pay in to the CCG.

Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG.

Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.

Where the undertaking of external work benefits or enhances the CCG's reputation or results in financial gain for the CCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

CONFIDENTIALITY

During the course of their work with or for the CCG, many individuals will handle or be exposed to information which is deemed personal, sensitive or confidential. Further information regarding confidentiality is available in the NHS Code of Confidentiality.

It is CCG policy that no individual party to personal, sensitive or confidential material during the course of their work for or with the CCG will disclose this information or further process it outside the scope of their employment or the specific limitations imposed by the NHS Code of Confidentiality and/or the committee/manager providing the information.

Confidentiality should only be breached in exceptional circumstances, with appropriate justification, and be fully documented.

The following principles must be adhered to:

- Information must be effectively protected against improper disclosure when received, stored, processed, transmitted and disposed of;
- Information deemed to be confidential should only be accessed on a 'need to know' basis;
- Every effort should be made to inform individuals how and why their information (PID) is held, how it will be used, who it may be shared with and why and how and when it will be disposed of;

- Informed consent must be obtained before disclosure of PID and if an individual withholds consent, or if consent cannot be obtained, disclosure may only be made in specific circumstances described in the Data Protection Act 1998 and the Access to Health Records Act 1990;
- Information identified as sensitive (commercially sensitive or relevant to ongoing discussions and developments) must not be disclosed or otherwise discussed where disclosure may inadvertently occur (refer to section 4.3);
- All CCG employees and Board members must adhere to the confidentiality of private and confidential material, whether that be patient information or of a ‘commercial in confidence’ nature. All ‘embargo’ rules and regulations must be adhered to.

Failure to adhere to confidentiality requirements may result in disciplinary action.

Those individuals party to confidential information will not be at liberty to disclose said information following the termination of their contract, employment or relationship with the CCG.

MANAGEMENT ARRANGEMENTS

Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position within the CCG.

Individuals who fail to disclose relevant interests, outside employment or receipts of hospitality, gifts or sponsorship, as required by this policy or the CCG’s standing orders and financial policies, may be subject to disciplinary action which could ultimately result in the termination of their employment or position within the CCG.

The Chief Finance Officer will be responsible for maintaining the Register of Interests, holding the Hospitality, Gifts and Sponsorship Register and reviewing the implementation of this policy.

Individuals wishing to report suspected or known breaches of this policy should inform the Chief Finance Officer. All such notification s will be held in the strictest confidence and the person notifying the Chief Finance Officer can expect a full explanation of any decisions taken as a result of any investigation.

APPENDICES

Appendix 1: Commissioning Services that may potentially be provided by GPs - Assurance Form
Appendix 2: Declaration of Interests Form
Appendix 3: Declaration of Hospitality, Gifts and Sponsorship Form

Appendix 1

Commissioning Services that may potentially be provided by GPs Assurance Form

NHS ___________ Clinical Commissioning Group

Service:	
Question	**Comment/Evidence**
Questions for all three procurement routes	
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	
Why have you chosen this procurement route?[68]	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	

[68] Taking into account S75 regulations and NHS Commissioning Board guidance that will be published in due course, Monitor guidance, and existing procurement rules.

Question	Comment/Evidence
Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	

Additional question for AQP only (where GP practices are likely to be qualified providers)	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	

Additional questions for single tenders from GP providers	
What steps have been taken to demonstrate that there are no other providers that could deliver this service?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

Appendix 2

DECLARATION OF INTERESTS

Clinical Commissioning Group

Member and employee declaration form: financial and other interests

This form is required to be completed in accordance with the CCG Constitution.

Notes:

- Within 28 days of a relevant event, members and employees [others] need to register their financial and other interests.
- If any assistance is required in order to complete this form, then the member or employee should contact [specify].
- The completed form should be sent by both email and signed hard copy to [specify].
- Any changes to interests declared must also be registered within 28 days of the relevant event, or knowledge of a relevant event, by completing and submitting a new declaration form.
- The register will be a public document and published in the Annual Report.
- Members and employees completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member or employee has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

Interests that must be declared:

1. Roles and responsibilities held within member practices;
2. Directorships, including non-executive directorships, held in a private company or PLC;
3. Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
4. Shareholdings (more than 5%) of companies in the field of health and social care;
5. Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
6. Any connection with a voluntary or other organisation contracting for NHS services;
7. Research funding/grants that may be received by the individual or any organisation they have an interest or role in; and

8. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual.

Declaration of Interests:

Name:		
Position within the CCG:		
Interests		
Type of Interest	**Details**	**Personal interest or that of a family member, close friend or other acquaintance?**
Roles and responsibilities held within member practices		
Directorships, including non-executive Directorships, held in a private company or PLC		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG		
Shareholdings (more than 5%) of companies in the field of health and social care		

Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care		
Type of Interest	**Details**	**Personal interest or that of a family member, close friend or other acquaintance?**
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and at least on an annual basis. I give my consent for the information to be used for the purposes described in the CCG's Constitution and published accordingly.

Signed:		Date:	
Name:		Title:	

Please complete and return this form electronically to:

Please also print a copy, sign and return to:

For completion by CCG:

Detail any actions taken in response to declaration of interest, providing dates and circumstances as required:

Appendix 3

REGISTER OF HOSPITALITY, GIFTS & SPONSORSHIP

Name of recipient	
Department/Role in CCG	
Name of donor	
Hospitality, Gifts or sponsorship description	
Details of interest of donor	
Estimated value	
Date of hospitality, gift or sponsorship (or date range)	
Accepted or declined?	

Signed:		Date:	
Name:		Title:	

Please complete and return this form electronically to:

Please also print a copy, sign and return to: