NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 20 October 2015

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/15/10/10 NHS Wiltshire CCG Constitution**
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	Following approval at the January 2015 Governing Body, the CCG Constitution has again been reviewed to make changes to reflect Primary Care Co-commissioning and to accommodate the potential move to full delegation for Primary Care. Changes to the CCG Constitution have been highlighted in purple text throughout the document. The main changes to the document are briefly described below: • Noting the change of Chair. • Amendment of the name of the Finance & Information Committee to the Finance & Performance Committee. • Addition of Primary Care Joint Commissioning Committee as a sub-committee of the Governing Body and Terms of Reference within Appendix J. • Broadening the scope of Primary Care commissioning to cover any future move to full delegated commissioning (s. 5.2.1.5). • Amendments to Sarum Locality Group Terms of Reference to reflect the move to four groups and cancellation of some regular meetings. • Amendments to the Scheme of Delegation to reflect the new Other Leave Policy. • Amendment to the Prime Financial Policies to reflect Primary Care Co-commissioning. • Updates to the NHS Constitution to reflect the changes made in July 2015.

	• Amendments to structure diagram to include the Primary Care Joint Commissioning Committee and the change to Sarum localities.
Evidence in support of arguments:	The CCG is required to have a constitution to reflect the current arrangements within the CCG.
Who has been involved/contributed:	The Constitution has been reviewed involving key individuals within the CCG (inc. locality groups, primary care commissioning, finance and governance).
Cross Reference to Strategic Objectives:	The Constitution supports all the strategic objectives by laying out roles, responsibilities and governance arrangements.
Engagement and Involvement:	This is an internal document and has not received external involvement at this time. The previous version was approved by NHS England.
Communications Issues:	The Constitution is the prime public facing document for the CCG.
Financial Implications:	There are no direct financial implications.
Review arrangements:	The Constitution will be reviewed as required but will require further amendments to reflect the detailed arrangements of Primary Care Co-commissioning: Full Delegated Commissioning should this be approved by the CCG membership and NHS England.
Risk Management:	The Constitution is a risk management control.
National Policy/ Legislation:	The Constitution supports the requirements of the Health Act 2012 and subsequent guidance.
Equality & Diversity:	An Equality Impact Assessment has been carried out and no negative impact has been identified.
Other External Assessment:	The Constitution will be submitted to NHS England to ratify the changes.
What specific action do you wish the Governing Body to take?	The Governing Body is asked to note the amendments and approve the updated Constitution.

NHS
Wiltshire
Clinical Commissioning Group

NHS WILTSHIRE CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version 2.2, October 2015

NHS England Effective Date: [TBC]

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FOREWORD

We are delighted to present the constitution of NHS Wiltshire Clinical Commissioning Group. Clinical Commissioning Groups (CCGs) are the statutory bodies responsible for commissioning local health services in England.

NHS Wiltshire Clinical Commissioning Group (CCG) comprises GP practices across the county, led by a Governing Body, which is Chaired and led by Wiltshire GPs, supported by lay members and an executive team. We are a clinically led organisation with our GPs at the forefront, developing services to meet the needs of local people. With Wiltshire being largely a dispersed, rural community, the collective, specific, local knowledge of our GPs is crucial to our approach. Accordingly, the CCG is structured to have a strong unified centre whilst maintaining the distinctive characteristics of our localities.

The three locality groups mirror the geography of Wiltshire which naturally divides into three areas of population separated by the sparsely populated Salisbury Plain. The three groups cover the communities of South Wiltshire centred around Salisbury (Sarum Group) with its population mostly choosing to use Salisbury NHS Foundation Trust for its hospital based services, the community of North and East Wiltshire, mostly choosing to use the services provided by Great Western Hospitals NHS Foundation Trust (NEW Group) and the area covering the market towns of West Wiltshire (WWYKD Group) where the population mostly choose Royal United Hospital NHS Foundation Trust in Bath for its services. The Locality Groups ~~have a track record of joint working~~ work together and recognise that there is significant advantage to be gained by operating as one CCG while retaining their local autonomy.

We have a simple but bold vision to ensure the provision of a health service which is high quality, effective, clinically led and local. We work hard to achieve this and enjoy the support of our staff, the public, partners in provider organisations, co-Commissioners, the voluntary sector and GP member practices, and in particular our close partners in Wiltshire Council. The latter in particular helps us build towards establishing joint arrangements to deliver far better integrated health and social services.

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 around primary care provision.

We have devoted considerable energy to developing and commissioning new models of care that should better support our ageing population and deliver their associated health needs, in the context of ensuring a sustainable health system. Our aim remains to put individuals in control whilst ensuring that every opportunity is provided to improve the health and wellbeing of the population – we want to support people in taking more personal responsibility for their health and wellbeing. We aspire to create and commission a model where we avoid unnecessary admissions to hospital, but within which, when care is needed it can be delivered closer to home, creating a system built around individuals and local communities, with a focus on the most vulnerable people, supporting them appropriately to reduce or avert crises. Key to achieving this will be multi-disciplinary teams based in small community based clusters, working across community health, social care, mental health, the voluntary sector and friends and family networks to provide integrated and accessible care. This is at the forefront of our strategy.

We believe that through local clinical leadership and by putting the views of patients at the heart of all that we do, we commission services which are creating significant improvements to the NHS in Wiltshire. We look forward with a clear commitment to making further improvements and delivering our vision to improve the health and wellbeing outcomes for our communities.

The constitution is a mandatory document. It describes the arrangements made by NHS 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 has established. It sets the expectation that those involved in the CCG will adhere to both the NHS Constitution and the Nolan principles which apply to all those involved in public service.

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

The constitution also describes the makeup of the Governing Body which 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 Governing Body sets the strategic direction of the organisation, and also devotes significant time to monitoring performance across the health system in Wiltshire.

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

~~Dr Steve Rowlands~~
Dr Peter Jenkins
Chair

Deborah Fielding
Chief Officer

1.0 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, hereafter known as NHS England, 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 England established the CCG.[8] The constitution is published on the CCG's website at www.wiltshireccg.nhs.uk.

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

1.5 Area Covered

1.5.1 The geographical area covered by NHS Wiltshire CCG is:

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

In total this covers 56 practices which are organised into three groups across the CCG:

- North and East Wiltshire (NEW)
- West Wiltshire, Yatton Keynell & Devizes (WWYKD)
- South Wiltshire (SARUM)

The CCG will be funded based on the GP registered population of Member Practices in line with a nationally agreed funding formula which includes a deprivation measure specifically aimed at tackling health inequalities.

2.0 MEMBERSHIP

2.1 Membership of the CCG

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

2.2 Eligibility of Membership

2.2.1 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.

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

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

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

2.3 Practice Representatives

2.3.1 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 their locality Group.

2.3.2 The Practice Representatives will be collectively known as the Council of Members. And will routinely meet in locality group forums, although there may be occasions where county wide meetings are called.

2.3.3 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.

2.4 Matters Reserved to the Council of Members

2.4.1 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:

- to amend the constitution with the exception of:
  - removal of items in [brackets] on the publication of regulations as set out in Clause 1.4
  - specific changes required by regulation as set out in clause 1.3.1

- re-elect the Governing Body or any Member(s) of the Governing Body, although the Chair and Vice Chair of each locality group are elected (or re-elected) by the membership of that locality group only.
  - 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.
  - at the EGM, 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.

- change the nature of the business of the CCG or do anything inconsistent with the objectives or
- use any other name than that specified in Clause 1.1.1 or
- merge amalgamate or federate the CCG with any other CCG or
- remove any Practice or Practice Representative for any reason other than those set out
- reorganise the boundaries of or change the number of Groups.

2.5 Locality Groups of the CCG

2.5.1 NHS Wiltshire CCG will have 3 semi-autonomous Locality Groups.

- North and East Wiltshire (NEW)
- West Wiltshire, Yatton Keynell & Devizes (WWYKD)
- South Wiltshire (SARUM)

2.5.2 Each Locality Group will form a Group Executive 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).

2.5.3 Each Locality Group will nominate a Chair and a Vice Chair who will both be GP members of the NHS Wiltshire CCG Governing Body (6 GP Locality Group Representatives in total). Each GP Representative on the Governing Body will have a single vote.

2.6 Rights and Responsibilities of Member Practices and their Practice Representatives

2.6.1 Member practices are entitled to the following benefits:

- to be consulted on all plans that significantly affect their commissioning and budget;
- access to training schemes and ongoing skills development;
- access to a pooled budget for management of high risk and high cost patients;
- access to information and analytical support;
- access to management skills to improve commissioning effectiveness and efficiency;
- representation of interests via Group representatives on the Governing Body;
- to be involved in the development of the strategy for their Group; and
- to take part in votes as described in their Group Terms of Reference.

2.6.2 Members are required to comply with the following membership obligations:

- to nominate a Practice Representative;
- to attend their Locality Council of Members Group meetings, Group GP forum and the annual general meetings, although in practice there may be an AGM held in each locality area;
- to manage patient care within appropriate budgets delegated to Practice/ Group level and to engage with plans to address any over spend;
- to support delivery of agreed plans;
- to engage with accredited pathways, protocols and policies, and to support associated training.

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

2.7 Cessation of Membership

2.7.1 A Member Practice ceases to be a Member if:

- 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;
- the Practice ceases to be eligible for membership;
- that Member ceases to hold a contract for the provision of primary medical services within the area of the CCG;
- that Practice merges with any other Practice, unless that other Practice is an existing Member, in which case the new merged practice retains a single vote.

2.7.2 A Practice Representative shall cease to represent that Practice if he or she:

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

3.0 VISION, VALUES AND AIMS

3.1 Vision

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

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

3.2 Values

3.2.1 Good corporate governance arrangements are critical to achieving the CCG's objectives.

3.2.2 The values that lie at the heart of the CCG's work are:

Local Clinical Leadership - decisions will be clinically led and locally focused;
Accountability - clear accountability to our communities;
Commitment - do the best we can and strive for value for money;
Transparency - transparent in our decision making;
Innovative - promote innovation and best practice;
Respect for Others - value the opinions of staff, stakeholders and partners (a listening organisation);
Focus on localism - remember one size does not always fit all;
Integrity - adhere to the Nolan principles of standards in public service.

3.3 Aims

3.3.1 The CCG's aims are:

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

4.0 GOVERNANCE AND ACCOUNTABILITY

4.1 Principles of Good Governance

4.1.1 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:

- 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;
- *The Good Governance Standard for Public Services*;[11]
- the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[12]
- the seven key principles of the *NHS Constitution*;[13]
- the Equality Act 2010.[14]

[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

4.1.2 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.

4.2 Accountability

4.2.1 The NHS Wiltshire CCG is accountable to both NHS England and its members, but most importantly to the population of Wiltshire for the delivery of high quality health services.

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

4.2.3 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 Governing Body will seek the views of the membership through the Group structure.

4.2.4 NHS Wiltshire CCG will demonstrate its accountability to its members, local people, stakeholders and the NHS England in a number of ways, including by:

- publishing its constitution;
- appointing independent lay members and non GP clinicians to its Governing Body;
- 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);
- 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 a Consultation and Engagement Strategy;
- consulting on and publishing annually a commissioning plan;
- working closely with local authority health overview and scrutiny and the Health and Wellbeing Board;
- meeting annually in public to publish and present its annual report and accounts (which must be published);
- producing annual accounts in respect of each financial year which will be externally audited;
- within the Annual report publishing an annual consultation summary ~~report~~ describing how the CCG has discharged its duties to involve and consult and setting out a summary of all the consultations it has undertaken and the findings and actions resulting;
- having a published and clear complaints process;
- complying with the Freedom of Information Act 2000;
- providing information to the NHS England as required.

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

5.0 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

5.1.1 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:

- commissioning certain health services (where the NHS England is not under a duty to do so) that meet the reasonable needs of:
  - all people registered with member GP practices, and
  - people who are usually resident within the area and are not registered with a member of any CCG;
- commissioning emergency care for anyone present in the CCG's area;
- 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;
- determining (through the Remuneration Committee) the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2 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:

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

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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

5.2 General Duties

5.2.1 In discharging its functions the CCG will:

5.2.1.1 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:

- 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);
- annually reviewing the Communications and Engagement Strategy ;
- working in partnership with patients and the local community to secure the best care for them;
- adapting engagement activities to meet the specific needs of the different patient groups and communities;
- publishing information about health services on the CCG website and through other media;
- encouraging and acting on feedback;
- reporting how the CCG monitors compliance against this statement of principles within the Annual Report; and
- annually consulting on the annual commissioning plan.

Principles of Engagement

Honesty: we will be clear about the scope of the engagement activity and what can be changed and what can't. When changes can't be made, we will explain why.
Involvement: We aim to identify and involve the people and organisations who have an interest in the focus of the engagement.
Support: we will identify and overcome any barriers to involvement and support people to engage with us.
Planning: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
Methods: we will agree and use methods of engagement that are fit for purpose and relevant to the target audience.
Working together: we will agree and use clear procedures to work with others where appropriate to avoid duplication of engagement and effort.
Improvement: we will ensure that the engagement feeds into commissioning decisions so that people can see results of the engagement activity.
Feedback: we will feed back the results of the engagement to the wider community and those who undertook the engagement in a timely manner.
Communication: effective communication about the ways and opportunities to engage will be published and proactively shared with communities.
Proactive: we recognise that the CCG needs to be proactive in its approach and wherever possible will attend existing meetings and go to where people are rather than expect people to come to the CCG.
Monitoring and evaluation: we will monitor and evaluate whether the engagement achieves its purposes and ensure that we monitor those who have engaged with us.

Description of Arrangements

Set out below is a summary of some of the arrangements used to involve and consult patients. More detail is contained within the Communications and Engagement Strategy available separately.

- The CCG will identify the nature of the proposed service change and the objectives and key issues or questions raised in respect of a potential service change.
- The CCG will seek to involve the Health Select Committee (overview and scrutiny) if the CCG considers that there is a possibility that the change may be considered to be a substantial change.
- Once this has taken place the CCG will determine whether formal consultation is required and the appropriate level of engagement and consultation. This will include identifying relevant stakeholders and establishing the methods of engagement that will be used. The CCG will for each engagement process consider how best to involve 'hard to reach' groups. Potential approaches include surveys and questionnaires; one-to-one interviews and focus groups. The Communications and Engagement Strategy sets out direct involvement and indirect involvement methods that the CCG may use.
- The CCG will publish all formal consultations on its website at Wiltshire Clinical Commissioning Group | “The right healthcare, for you, with you, near you”. This will also set out how individuals can provide their feedback to the CCG.
- Patients and members of the public can contact the CCG via the CCG website at Contact Us | Wiltshire Clinical Commissioning Group
- The CCG will consult on its annual commissioning plan. Patients and individuals can get involved through GP Patient Participation Groups, contacting Healthwatch, becoming involved in local community groups or contacting the CCG directly.
- The CCG can direct individuals to appropriate community groups and can visit those community groups to hear local people's views.
- The CCG will publish workshops and listening events in relation to engagement and consultation arrangements on its website.

5.2.1.2 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 delegating responsibility to the Quality and Clinical Governance Committee.

[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)

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

- delegating responsibility to the Finance and Performance, Audit and Assurance and Remuneration committees;
- demonstrating value for money and adhering to procurement regulations;
- adhering to equality legislation;
- remaining within set revenue and capital resource and cash limits set for the financial year and meeting a control total each year;
- making appropriate commissioning support arrangements (quality assured);
- providing critical challenge via the Audit and Assurance Committee; and
- the Governing Body requesting and receiving pertinent reports.

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

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

- delegating responsibility to the Quality and Clinical Governance Committee, with a focus on patient safety and clinical risk management;
- requiring the above committee in relation particularly to patient safety and risk management to:
  - develop appropriate policies and monitoring mechanisms;
  - report to the governing body and to the NHS England; and
  - give early warning where services are deteriorating in quality/becoming unsafe;
- considering any patient and public feedback received in relation to services and taking feedback into account when monitoring and commissioning services;
- 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
- agreeing lead members of the governing body and officers to lead on the fulfilment of these functions.

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

- delegating responsibility to the ~~appropriate~~ Primary Care Joint Commissioning Committee (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);
- requiring regular reports to the Governing Body, by the ~~body to whom responsibility is delegated~~ Committee, to include any details of recommendations for actions;
- fostering a culture of openness and dialogue with member practices and NHS England;

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

- participating in Primary Care ~~Co-~~ commissioning at the level agreed by the Governing Body, ~~and~~ member practices and NHS England; and
- being aware ~~that the group is not the~~ of the permitted extent of commissioning~~er~~ of the services provided by local practices.

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

- delegating responsibility to the Quality and Clinical Governance Committee;
- requiring the completion and publication of Equality Impact Assessments for all decisions of the Governing Body, which will require public consultation in some cases to appropriately consider the potential impact of the decision;
- working with Wiltshire Council and utilising the Joint Strategic Needs Assessment (JSNA) to identify and target inequalities;
- monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account; and
- publishing an annual Equality Report.

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

- 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);
- monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- 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.

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

- 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);
- monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- facilitating the provision of up to date information on local services;
- encouraging practices and commissioned providers to use shared decision making aids; and
- acting in accordance with our Communications and Engagement Strategy.

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[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

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

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

- delegating responsibility to the 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;
- assisting the Governing Body to develop strategy and implementation plans and working with the Governing Body and its committees to implement plans;
- monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- the inclusion of a nurse and a Secondary Care Doctor on the governing body;
- working with appropriate clinical networks, to ensure our commissioning is informed by the best available advice and guidance; and
- working with the voluntary sector and local communities, through Patient Participation processes such as Patient Participation Groups.

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

- 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 Appendices E);
- monitoring progress through performance reports and minutes of meetings of the governing body and its committees and holding the governing body to account.
- building upon the natural innovation that is present in so much general practice; and
- building into the Governing Body's management structure, skills and capacity for service redesign.

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

- 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);
- establishing governance arrangements for the above research and ensuring that any financial commitments are fully investigated and budgeted for; and
- 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.

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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

30 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.1.12 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:

- 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;
- publishing workforce information in accordance with statutory requirements as a minimum;
- ensuring that the contracts and contract monitoring arrangements require contracted providers to promote education and training;
- having regard to national and regional arrangements relating to education and training;
- maximising opportunities for improving patient care by developing staff, through education and training, to meet the primary care needs of its population; and
- 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.

5.2.1.13 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] by:

- 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);
- monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- participating in appropriate forums which encourage collaboration and working across organisational boundaries; and
- developing Memorandums of Understanding or Joint Business Agreements with organisations that set out sound governance arrangements for the collaborations.

5.3 General Financial Duties

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

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[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

[33] See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

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

5.3.1.2 ***Ensure its use of resources*** *(both its capital resource use and revenue resource use)* ***does not exceed the amount specified by NHS England for the financial year***[35];

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

5.3.1.4 ***Publish an explanation of how the CCG spent any payment in respect of quality*** *made to it by NHS England*[37]*.*

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The CCG will:

5.4.1.1 comply with all relevant regulations;
5.4.1.2 comply with directions issued by the Secretary of State for Health or NHS England; and
5.4.1.3 take account, as appropriate, of documents issued by NHS England.

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.

6.0 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

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

- any of its Members;
- its Governing Body;
- Locality Group Committees;
- a committee or sub-committee of the CCG;
- a joint committee;
- its employees.

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[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

6.1.2 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:

- the CCG's scheme of reservation and delegation; and
- Locality Group Committees and other committees through their terms of reference.

6.2 Scheme of Reservation and Delegation[38]

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

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

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

6.3 General

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

- comply with the CCG's principles of good governance,[39]
- operate in accordance with the CCG's scheme of reservation and delegation,[40]
- comply with the CCG's standing orders,[41]
- comply with the CCG's arrangements for discharging its statutory duties,[42]
- where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

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

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

- identify the roles and responsibilities of those CCGs, local authorities or other bodies who are working together;
- identify any pooled budgets and how these will be managed and reported in annual accounts;
- specify under which CCG's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

[38] See Appendix E
[39] See section 4.1 on Principles of Good Governance above
[40] See appendix E
[41] See appendix D
[42] See chapter 5 above

- identify how disputes will be resolved and the steps required to terminate the working arrangements; and
- specify how decisions are communicated to the collaborative partners.

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

6.4 The Governing Body

6.4.1 ***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:

- 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);
- 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;
- approving any functions of the CCG that are specified in regulations;[45]
- ensuring delivery of the CCG's strategic aims and focus on the organisation's purpose and on outcomes for patients and the population;
- 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;
- ensuring an assurance framework is in place linked to strategic objectives and risks;
- 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;
- holding the Locality Groups to account for all delegated devolved responsibilities;
- monitoring management of significant risk and seeking assurance that management decisions balance performance within appropriate limits defined by the Locality Group Committees;

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

[44] See section 4.1 on Principles of Good Governance above

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

- taking full account of and assimilating Locality Group strategic plans in developing CCG strategic plans;
- 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;
- promoting an open and transparent learning culture and values for the whole organisation;
- taking informed, transparent decisions;
- developing the capacity and capability of the Governing Body, the Locality Group Committees and management resource to be effective; and
- engaging stakeholders and making accountability real.

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

- Chair who is not a Locality Group representative but who has been nominated and elected by the NHS Wiltshire CCG 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;
- six representatives from the three Locality Groups, comprising two GP representatives from each Locality Group. Groups will nominate their two representatives, one of whom should be the Locality Group Chair;
- two lay members:
  - one to lead on audit, remuneration and conflict of interest matters, who will be appointed Vice Chair,
  - one to lead on patient and public participation matters;
- one registered nurse;
- one secondary care specialist doctor;
- the Chief Officer;
- the Chief Finance Officer;
- In addition the Governing Body may co-opt as appropriate additional non-voting members.

6.4.3 Decisions reserved for the Governing Body – the decisions are:

- approving the standing orders, scheme of delegation and standing financial instructions (SFIs) (or business rules fulfilling the same function as SOs);
- establishing terms of reference and reporting arrangements for all committees;
- agreeing the scheme of delegation to the localities, committees, sub-committees and schedule of reserved decisions;
- approving the strategic and annual operating plan developed by the Locality Groups;
- approving NHS Wiltshire CCG's assurance framework, linking risks to the NHS Wiltshire CCG's objectives;
- appointing the Governing Body's Vice Chair;
- approving the NHS Wiltshire CCG's strategic aims;

- approving business cases for capital and/or revenue investment if it affects more than one Locality Group and/or is outside of delegated limits;
- approving delegated budgets; and
- receiving and approving the annual report, annual accounts and quality account.

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

6.4.4.1 **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 Lay Members (but not the CCG 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:

- Lay Member – Audit and Governance who will be the Chair;
- Lay Member – Patient and Public Involvement who will be the Vice Chair;
- Registered Nurse Member;
- Secondary Care Doctor.

It will meet with the:

- Chief Finance Officer;
- Director of Planning, Performance and Corporate Services;
- Counter Fraud;
- Security Management;
- Representative Locality Group GP;
- Governance & Risk Manager;
- Deputy Chief Finance Officer; and
- Internal & External Auditors.

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

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

- ensure the governance arrangements of the CCG are in place, well designed and used as designed;
- ensure effective and robust financial management systems are in place and being followed;
- ensure that risks are effectively managed;
- ensure the publication of the Annual Report including the accounts;
- 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.

6.4.4.2 **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 shall be comprised of the:

- Chair of the CCG Governing Body (except when any matter affecting his/her personal position is being discussed);
- Two lay members;
- Registered Nurse Member;
- Secondary Care Doctor;
- Chief Officer (except when a matter affecting his/her personal position is being discussed); and
- One of the GP Locality Group Chairs.

It will meet with the:

- Director of Planning, Performance and Corporate Services;
- Chief Financial Officer (except when any matter affecting his/her personal position are being discussed); and
- HR Business Partner, CSCSU (as and when their advice is required)

The Chair will be the Lay member with responsibility for audit and governance.

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

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

6.4.4.3 **Quality and Clinical Governance Committee** – a committee of the Governing Body which will help the Governing Body to develop and 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 J.

6.4.4.4 **Finance and Performance Committee** – a committee of the Governing Body which will look at the prospective risk environment.

The Finance and Performance Committee has the following responsibilities:

- agree detailed revenue financial plans, budgets and financial monitoring reports;
- 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;
- oversee the development and implementation of the financial information systems' strategy;
- act as an Assurance Committee of the CCG's business and finance risks via the Assurance Framework and Risk Registers;
- 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;
- review any financial activity which impacts on the financial performance of the CCG; and
- 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 and Performance Committee are attached in Appendix J.

6.4.4.5 Locality Group Committees

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

- North and East Wiltshire (NEW)
- West Wiltshire, Yatton Keynell & Devizes (WWYKD)
- South Wiltshire (SARUM)

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

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

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

The Locality Group Committees will include in their memberships the Locality 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 Locality Group Terms of Reference. The Locality Group Committees are responsible for the following functions delegated to them:

- ensure good governance within the Locality Group;
- develop and agree strategic direction for the Locality Group (and therefore of the CCG), taking account of national directives;
- inform and pursue the aims of NHS Wiltshire CCG as set out in section 3.3;
- commission services required by their Locality Group under the scheme of delegation;
- 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;
- specify arrangements for, and carry out performance management against, Locality Group plans:
    - of practices within the Locality Group;
    - of providers from which they commission services (with the support of CSO);
- draw up business cases for investments and disinvestments;
- develop responses to external requirements;
- engagement with local stakeholders;
- appointment of, and performance management of the Locality Group management team (in conjunction with the Chief Officer where appropriate);
- set objectives for the Locality Group management team, ensuring these are cascaded to all Locality Group staff;
- regularly monitor the progress made by the Locality Group management team against agreed objectives (in conjunction with relevant professional leads); and
- maintain risk registers and escalate where appropriate, ensuring these support the NHS Wiltshire CCG Risk Management Strategy.

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

In discharging these responsibilities, the decisions reserved for the Locality Groups are:

- approve individual practice budgets for activity and finance;
- approve investment and disinvestments within approved scheme of delegation;
- approve the Locality Group's strategic plans;
- approve Commissioning plans developed by the Locality Group;
- approve interventions to respond to adverse performance against Locality Group plans;
    - Of practises within the Locality Group;
    - Of providers from whom the Locality Group commissions services;
- approve the objectives to be set for Locality Group management;
- approve Locality Group responses to external requirements; and
- approve the approach to stakeholder engagement.

6.4.4.6 **Primary Care Joint Commissioning Committee** – a committee of the Governing Body which will carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

The Primary Care Joint Commissioning Committee undertakes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The terms of reference of the Primary Care Joint Commissioning Committee are attached in Appendix J.

6.4.4.7 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.

6.4.4.8 Joint Committees arrangements with other Clinical Commissioning Groups

The CCG may wish to work together with other CCGs in the exercise of CCG commissioning functions.

i. The CCG may make arrangements with one or more CCGs in respect of:
    - Delegating any of the CCG's commissioning functions to another CCG;
    - Exercising any of the commissioning functions of another CCG; or
    - Exercising jointly the commissioning functions of the CCG and another CCG.

ii. For the purposes of the arrangements described in (i), the CCG may:
    - Make payments to another CCG;
    - Receive payments from another CCG;
    - Make the services of its employees or any other resources available to another CCG; or
    - Receive the services of the employees or the resources available to another CCG.

iii. Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

iv. For the purposes of the arrangements described at paragraph (i) above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph (i) above. Any model wording for amendments to CCGs' constitutions such as pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

v. Where the CCG makes arrangements with another CCG as described at paragraph (i) above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
    - How the parties will work together to carry out their commissioning functions;
    - The duties and responsibilities of the parties;
    - How the risk will be managed and apportioned between parties;
    - Financial arrangements, including if applicable, payments towards a pooled fund and management of that fund;
    - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

vi. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph (i) above.

vii. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

viii. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

ix. The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead clinician and lead manager of the lead CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

x. Should a joint commissioning arrangement prove to be unsatisfactory, the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next financial year.

6.4.4.9 Joint Committees arrangements with NHS England for the exercise of CCG functions

The CCG may implement Joint Commissioning arrangements with NHS England for the exercise of CCG functions.

i. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
ii. The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
iii. The arrangements referred to in paragraph ii above may include other CCGs.

iv. Where joint commissioning arrangements pursuant to ii above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

v. Arrangements made pursuant to ii above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

vi. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph ii above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
   - How the parties will work together to carry out their commissioning functions;
   - The duties and responsibilities of the parties;
   - How risk will be managed and apportioned between the parties;
   - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
   - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and

vii. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph ii above.

viii. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

ix. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

x. The Governing Body of the CCG shall require, in all joint commissioning arrangements that a responsible manager of the CCG makes a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

xi. Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from

the beginning of the next new financial year after the expiration of the six months' notice period.

6.4.4.10 Joint Committees arrangements with NHS England for the exercise of NHS England's functions

The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

i. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
    - Exercise such functions as specified by NHS England under delegated arrangements;
    - Jointly exercise such functions as specified with NHS England.

ii. Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

iii. Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between parties.

iv. For the purposes of the arrangements described at paragraph (i) above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the Commissioning functions in respect of which the arrangements are made.

v. Where the CCG enters into arrangements with NHS England as described at paragraph (i) above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
    - How the parties will work together to carry out their commissioning functions;
    - The duties and responsibilities of the parties;
    - How risk will be managed and apportioned between the parties;
    - Financial arrangements, including payments towards a pooled fund and management of that fund;
    - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

vi. The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph (i) above.

vii. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

viii. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

ix. The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Lead Clinician / Lead Manager / Lead Lay Member of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

x. Should a joint commissioning arrangement prove to be unsatisfactory, the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from

the beginning of the next new financial year after the expiration of the six months' notice period.

7.0 ROLES AND RESPONSIBILITIES

7.1 All Members of the CCG's Governing Body

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.

7.2 The Chair of the Governing Body

The Chair of the Governing Body is responsible for:

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

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 NHS England.

7.3 The Vice Chair of the Governing Body

The Vice 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.

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

(Refer to section the Standing Orders shown in the appendices to this constitution).

7.4 Chief Officer

The Chief Officer of the CCG is a member of the Governing Body.

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

- 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;
- 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;
- working closely with the Chair of the Governing Body, the Chief 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.

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

The Chief Officer is the responsible person for complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 (4(4)a).

7.5 Chief Finance Officer

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.

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

- being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the control of expenditure;
- making appropriate arrangements to support and monitor the CCG's finances;
- overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;

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

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

- 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
- 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 England.

7.6 Locality Groups GP Chairs and Vice Chairs

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

The role of the Groups' GP Chair and Vice Chair has been summarised as:

- ensuring the voice of member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions;
- ensuring that the CCG exercises its functions effectively, efficiently and economically'
- bringing a unique perspective as informed by expertise and experience; and
- responding to the views of local people and promoting self-care and shared decision making in all aspects of CCG business.

7.7 Joint Appointments with other Organisations

Where there is a Director of Integration, this will be a joint appointment with Wiltshire Council.

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

8.0 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

8.1.1 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.

8.1.2 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~~ The Standards of Business Conduct Policy will be available on the CCG's website at www.wiltshireccg.nhs.uk.

8.1.3 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.

8.2 Conflicts of Interest

8.2.1 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 covers conflicts of interest and member interests.

9.0 THE CCG AS EMPLOYER

9.1 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.

9.2 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.

9.3 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.

9.4 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

9.5 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.

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

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

9.8 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.

9.9 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.

9.10 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.

10.0 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

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

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 .

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.

10.2 Standing Orders

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:

- ***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;
- ***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; and
- ***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)
Chief 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 England, with responsibility for ensuring the CCG: complies with its obligations under: sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and 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 1.5 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 England 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 2.3 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
Locality Group	Semi-autonomous Locality Groups (3) which comprise NHS Wiltshire Clinical Commissioning Group. These being: - North and East Wiltshire (NEW) - West Wiltshire, Yatton Keynell & Devizes (WWYKD) - South Wiltshire (SARUM)
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 1.5 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 further development of arrangements of the Wiltshire CCG, as set out in the Constitution 30 January 2015
WWYKD Locality Group					
The Avenue Surgery	14 The Avenue Warminster Wiltshire BA12 9AA				
Westbury Group Practice	Mane Way Leigh Park Westbury Wiltshire BA13 3FG				
Smallbrook Surgery	Warminster Hospital Warminster Wiltshire BA14 8QS				
Adcroft Surgery	Prospect Place Trowbridge Wiltshire BA14 8QA				
Lovemead Group Practice	Roundstone Surgery Polebarn Circus Trowbridge Wiltshire BA14 7EH				

Bradford Road Medical Centre	60 Bradford Road Trowbridge Wiltshire BA14 7EH				
Widbrook Medical Practice	72 Wingfield Road Trowbridge Wiltshire BA14 9EN				
Bradford on Avon & Melksham Health Partnership	Station Approach Bradford-On-Avon Wiltshire BA15 1DQ				
Spa Medical Centre	Snowberry Lane Melksham Wiltshire SN12 6UN				
Giffords Primary Care Centre	Spa Road Melksham Wiltshire SN12 7EA				
Courtyard Surgery	39 High Streeet West Lavington Devizes Wiltshire SN10 4JB				
Market Lavington Surgery	High Street Market Lavington Wiltshire SN10 4AQ				
Jubilee Field Surgery	Yatton Keynell Chippenham Wiltshire SN14 7EJ				
St James Surgery	Gians Lane Devizes Wiltshire SN10 1QU				

Lansdowne Surgery	Waiblingen Way Devizes Wiltshire SN10 2BU				
Southbroom Surgery	The Green Devizes Wiltshire SN10 1LQ				
NEW Locality Group					
Box Surgery	London Road Box Wiltshire SN13 8NA				
The Sprays Surgery (Burbage Surgery)	9 The Sprays Burbage Marlborough Wiltshire SN8 3TA				
Beversbrook Medical Centre	Harrier Close Calne Wiltshire SN11 9UT				
Northlands Surgery	North Street Calne Wiltshire SN11 0HH				
Patford House Surgery (Sutton Benger)	8a Patford Street Calne Wiltshire SN11 0EF				
Hathaway Medical Centre	Middlefield Road Chippenham Wiltshire SN14 6GT				
Rowden Surgery	Rowden Hill Chippenham Wiltshire SN15 2SB				

The Lodge Surgery	Lodge Road Chippenham Wiltshire SN15 3SY				
The Porch Surgery	Beechfield Road Corsham Wiltshire SN13 9DL				
Cricklade Surgery	113 High Street Cricklade Swindon Wiltshire SN6 6AY				
Old School House Surgery	Church Street Great Bedwyn Malborough Wiltshire SN8 3PF				
Malmesbury Primary Care Centre	Prioy Way Malmesbury Wiltshire SN16 0FB				
Ramsbury Surgery	Whittonditch Road Ramsbury Malborough SN8 2QT				
The Malborough Medical Practice	George Lane Marlborough Wiltshire SN8 4BY				
The Surgery (Pewsey)	High Street Pewsey Wiltshire SN9 5AQ				

Purton Surgery	High Street Purton Swindon Wiltshire SN5 4BD				
The Tolsey Surgery	High Street Sherston Malmesbury Wiltshire SN16 0LQ				
New Court Surgery	Borough Fields Wootton Bassett Swindon Wiltshire SN4 7AX				
Tinkers Lane Surgery	Wootton Bassett Swindon Wiltshire SN4 7AT				
Sarum Locality Group					
Millstream Medical Centre	67 Castle Street Salisbury Wiltshire SP1 3SP				
Downton Surgery	Moot Lane Downton Salisbury Wiltshire SP5 3JP				
Endless Street Surgery	72 Endless Street Salisbury Wiltshire SP1 3UH				
Salisbury Medical Practice (Grove House)	Grove House 18 Wilton Road Salisbury Wiltshire SP2 7EE				
Harcourt Medical Centre	Crane Bridge Road Salisbury Wiltshire SP2 7TD				

Salisbury Medical Practice (New Street)	61 New Street Salisbury Wiltshire SP1 2PH				
St.Ann Street	82 St Ann Street Salisbury Wiltshire SP1 2PT				
Three Swans	Rollestone Street Salisbury Wiltshire SP1 1DX				
Whiteparish	Common Road Whiteparish Salisbury Wiltshire SP5 2SU				
Avon Valley Practice	Fairfield Upavon Pewsey Wiltshire SN9 6DZ				
Barcroft Practice	The Centre Amesbury Wiltshire SP4 7DL				
Bourne Valley Practice	10-12 High Street Lugershall Andover Wiltshire SP11 9PZ				
Cross Plain	Bulford Road Durrington Salisbury Wiltshire SP4 8DH				
The Castle Practice	Central Street Lugershall Andover Wiltshire SP11 9RA				
St.Melor House Surgery	St Melor House Edwards Road Amesbury SP4 7LT				

Hindon Surgery	Hindon Salisbury Wiltshire SP3 6DJ				
Mere	Dark Lane Mere Warminster Wiltshire BA12 6DT				
Silton	Gillingham Road Silton Gillingham Wiltshire SP8 5DF				
Sixpenny Handley & Chalke Valley	Dean Lane Sixpenny Handley Salisbury SP5 5PA				
Tisbury	Park Road Tisbury Wiltshire SP3 6LF				
Wilton Health Centre	Market Square Wilton Wiltshire SP2 0HT				
Orchard Partnership (Cherry Orchard)	South StreetWiltonWiltshireSP2 0JU				

APPENDIX C – Group Terms of Reference

Terms of reference for North and East Wiltshire Locality Group (NEW)

Terms of Reference for Sarum Locality Group

Terms of Reference for West Wiltshire, Yatton, Keynell and Devizes Locality Group (WWYKD)

NHS Wiltshire CCG
North and East Wiltshire Group (NEW)

One of Three Groups within the NHS Wiltshire Clinical Commissioning Group

~~27 January~~ 19 October 2015

Structure and Membership

The NEW Group is one of three Groups which form NHS Wiltshire Clinical Commissioning Group (CCG). NEW is an association of independent contractor practices in North and East Wiltshire that work co-operatively to further the aim and objectives of the CCG collectively and of the NEW Group in particular.

The following practices are members of the NEW Group:

North
Hathaway Medical Centre
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 Surgery
Ramsbury Surgery
Burbage Surgery
Old School House Surgery

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.

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.

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.

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.

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:

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.

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.

Chair Person and Vice Chair Person of the Group Executive Committee

The Chair and Vice Chair will be nominated from within the Group Executive Committee. The elected Chair at April 2013, is expected to serve for a period of 3 years initially, before moving to a 2-year tenure. The subsequent Chairs will be expected to serve for a period of 2 years. 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. The Chair can only serve consecutive terms in the event that there are no other nominees.

The nomination and election process, for the Chair, will be supported by the LMC (Local Medical Council) where there is more than one candidate. The Vice Chair will discharge the functions of the Chair in his/her absence.

NEW Group Executive Committee – expected to meet monthly

The Group Executive Committee comprises:
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.

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.

GENERAL

Public Involvement/Stakeholder Engagement

The CCG has a Communications and Engagement Strategy to ensure that the patient is at the heart of decisions made by the CCG. The Locality Group will foster transparency and openness in decision making, committing to the NHS Constitution right of the public to be involved, directly or through representatives, in the planning of healthcare services.

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.

Declarations of Interest

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

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.

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.

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.

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 / 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.

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. 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.

Disqualification Criteria

Please refer to the CCG Constitution Section 2.7 – Cessation of Membership.

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

~~27 January~~ 19 October 2015

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~~ four 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~~:

North
Barcroft Medical Centre
The Castle Practice
Salisbury Plain Health Partnership
St Melor House Surgery

West
Hindon Surgery
Mere Surgery
Silton Surgery
Sixpenny Handley and Chalke Valley
Tisbury Surgery
Orchard Valley Partnership

Clarendon
Downton Surgery
Three Chequers Medical Centre Development
Whitparish Surgery
Salisbury Walk In Centre

Cathedral
Harcourt Medical Centre
Millstream Medical Centre
Wilton Health Centre
Salisbury Medical Practice

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.

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.

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, its 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, and 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.

Ensuring Fair Representation

Within the Sarum Group, practices have been grouped into ~~three~~ four 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~~ four localities. The arrangements are intended to ensure continuity but also enable all GPs to participate.

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 Group AGM will be held at this meeting. 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~~ twice a month*

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 Chief 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 Executive Committee*

The Chair and Vice Chair of Sarum Group will be nominated and elected from within the Group Executive Committee. The elected Chair at April 2013 is expected to serve for a period of 3 years, initially, before moving to a 2-year tenure. The subsequent Chairs will be expected to serve for a period of 2 years. 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. The Chair can only serve consecutive terms in the event that there are no other nominees. The nomination and election process, for the Chair, will be supported by the LMC (Local Medical Council) where there is more than one candidate. The Vice Chair 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 Chief 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.

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.

GENERAL

Public Involvement/Stakeholder Engagement

The CCG has a Communications and Engagement Strategy to ensure that the patient is at the heart of decisions made by the CCG. The Locality Group will foster transparency and openness in decision making, committing to the NHS Constitution right of the public to be involved, directly or through representatives, in the planning of healthcare services.

Removal from Office

Any GP members of the Group Executive Committee 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.

Declarations of Interest

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

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.

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.

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.

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

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 England for guidance and support. 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.

Disqualification Criteria

Please refer to the CCG Constitution section 2.7 – Cessation of Membership.

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

~~27 January~~ 19 October 2015

Structure and Membership

The WWYKD Group is one of three Groups which form NHS Wiltshire Clinical Commissioning Group (CCG). WWYKD is an association of independent contractor practices that work cooperatively to further the aim and objectives of the CCG collectively and of the WWYKD Group in particular.

The following practices are members of the WWYKD Group:

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

Trowbridge
Adcroft Surgery
Lovemead Group Practice
Bradford Road Medical Centre
Widbrook Medical Practice

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

Warminster and Westbury
Westbury Group Practice
The Avenue Surgery
Smallbrook Surgery

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.

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.

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.

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.

Committee Structure

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

a. GP Forum – Expected to meet bi-monthly

The GP Forum comprises:

- 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 comprises:

- 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 comprises:

- 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 / Group Executive Committee

The Chair and Vice Chair will be nominated from within the Group Executive Committee. The elected Chair at April 2013 is expected to serve for a period of 3 years, initially, before moving to a 2-year tenure. The subsequent Chairs will be expected to serve for a period of 2 years. 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. The Chair can only serve consecutive terms in the event that there are no other nominees. The nomination and election process, for the Chair, will be supported by the LMC (Local Medical Council) where there is more than one candidate. The Vice Chair will discharge the functions of the Chair in his/her absence.

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.

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

Public Involvement/Stakeholder Engagement

The CCG has a Communications and Engagement Strategy to ensure that the patient is at the heart of decisions made by the CCG. The Locality Group will foster transparency and openness in decision making, committing to the NHS Constitution right of the public to be involved, directly or through representatives, in the planning of healthcare services.

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.

Declarations of Interest

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

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.

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.

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.

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.

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.

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.

Disqualification Criteria

Please refer to the CCG Constitution section 2.7 – Cessation of Membership.

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.

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 or breach of contract.

[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.

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 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 2 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. The role of practice representatives is discussed in section 2 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 6.4.2 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 6.4.2 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 7.2 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 Chief Officer, the Chief Finance 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 6.4.2 in the Constitution, 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 2.2.6(e), 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 2.2.6(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 6.4.2 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 England'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 2.2.7(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 6.4.2 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 England website;
c) **Appointment process** – Open advert. Selection against competencies based on current national guidance on the NHS England 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 6.4.2 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 2.2.8(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 2.2.8(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 6.4.2 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 England website;

c) **Appointment process** – Open advert. Selection against competencies based on current national guidance from the NHS England 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 2.2.9(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. Chief Officer

The Chief Officer as listed in paragraph 7.4 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 Chief 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 Chief Officer shall be appointed by the NHS England.

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 7.5 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 Chief 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 England. 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 Vice Chair

The Vice Chair, as listed in paragraph 7.3 of the Constitution, is subject to the following appointment process:

a) **Nominations** – not applicable;

b) **Eligibility** – the Vice Chair must:
   i) be one of the three Group Chairs.
   ii) not be an individual of the description set out in paragraph 2.2.13 below;

c) **Appointment process** – selection based on eligibility and against competencies based on current national guidance from the NHS England by the Governing Body;

d) **Term of Office** – The Vice Chair may hold office for a period of up to four (4) years;

e) **Eligibility for re-appointment** – The Vice 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 Vice Chair shall cease to hold office if:
   i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.12(b) (Eligibility) above; and/or
   ii) if any of the grounds set out in paragraph 2.2.13 below apply;

g) **Notice Period** - The Vice 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 anybody 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 anybody 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 normally 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 Vice 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 voting members are present and are not conflicted. These 5 people must include at least 3 clinicians;

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 England, 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 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 resolving 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 l960

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 l960.

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 6.4.4 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.

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

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.

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 Chief 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 Chief 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 Chief 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 – Chief 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 – Chief 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 Chief 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 Locality 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 – Chief 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 Chief Officer of the NHS Wiltshire CCG within 5 working days. If the Chief 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
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 England 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			✓

Detailed Scheme of Delegation

Wiltshire Clinical Commissioning Group

Version 5 – 23.06.14

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 Chief Officer can be re-assumed by him/her should the need arise. The Chief 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.

Under the Integrated Single Financial Environment (ISFE) each cost centre may have one or more Heads of Service or Senior leads acting as a budget manager – a list of current commissioning and contracting managers per cost centre is available from the finance department. For all matters the commissioning lead may delegate signing powers to authorised signatories however the commissioning lead retains responsibility for ensuring that signatories work within this scheme of delegation. Commissioning leads have a responsibility to flag any issues around their budgets to their Group Director and ultimately to Chief Financial Officer or Chief Officer.

The Chief Officer, Chief Financial Officer and Deputy Chief Financial Officer may act as a budget signatory in the absence of any Head of Service or Senior Lead. Executive Directors have ultimate responsibility for ensuring that Corporate, 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 to 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 Chief Officer and will have delegated responsibilities in line with the Group Director posts who also report directly to the Chief Officer.

Within each department there are senior members of staff, some with line management responsibilities, who will have comparable delegated responsibilities to those associated with the Associate Directors of Commissioning identified throughout this document, referred to as Heads of Service.

There is another group of staff identified as Senior Leads who, due to their function and position in the organisation (and not exclusively their status), require delegated authority to perform certain duties.

The table below identifies the different groups of staff specified in this scheme of delegation and post which are associated with them.

On call managers

Where a member of staff is nominated as being on-call in response to out of hours health incident responses for the CCG for that period, if they are not already identified as being a Head of Service they will be authorised to spend in line with section 3.3 of the scheme of delegation and can commit up to £25,000 of non-pay expenditure.

Area	Sub area	Group Executive	Exec Director	Heads of Service	Senior Lead	Other
Executive			CO		Business Manager to Chief Officer	Clinical chair
Finance and Information			CFO	Deputy CFO Head of Information Chief Accountant		
Corporate Services			Director of Planning, Performance and Corporate Affairs	Head of PMO Head of Communications		
Quality and Patient Safety			Director of Quality and Patient Safety	Associate Director of Quality Head of Medicines Management	CHC Business Manager Head of Referral Support Service Prior Approvals & Exceptions Manager	Medical Director CHC panel chair
Groups	WWYKD	WWYKD Director WWYKD Chair and GP members	WWYKD Director	Associate Director of Commissioning (Urgent Care) Associated Director of Commissioning (Mental Health)	Commissioning Manager	
	NEW	NEW Director NEW Chair and GP members	NEW Director	Associate Director of Commissioning	Commissioning Manager	
	SARUM	SARUM Director SARUM Chair and GP members	SARUM Director	Associate Director of Commissioning	Commissioning Manager	

General area	Delegated matter	Proposed delegated authority
1. FINANCIAL CONTROL (1.1)	Approving Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation	CCG Governing Body
(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	Chief Officer
(1.8)	Ensuring staff are appropriately trained in financial and where necessary contractual matters and are competent to undertake their roles effectively	Exec Directors and Heads of Service through PDP and Appraisal
(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
(1.11)	Ensuring that there are appropriate budget holders for each budget and that they are aware of their budgetary responsibilities and have appropriate training	Exec Directors and Heads of Service
(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	Exec Directors and Heads of Service

General area	Delegated matter	Proposed delegated authority
(1.13)	Committing expenditure only where authorised to do so and within scheme of delegation and budget	All staff
(1.14)	Informing Chief Accountant of changes to authorised signatories	Exec Directors and Heads of Service
(1.15)	Maintenance of authorised signatory files including communication	Chief Accountant and CSU
(1.16)	Sealing of documents	Chief Officer / Chief Financial Officer
2. BUDGET MANAGEMENT (2.1)	Ensuring expenditure and income is within budget	Budget Holders
(2.2)	Review and monitoring of all revenue schemes above £100,000	Chief Financial Officer
(2.3)	Ensuring budgets are only used for type of expenditure for which they have been set	Exec Director / Head of Service / Chief Accountant
(2.4)	Participating in budget setting process and agreeing annual budgets	Exec Director, Heads of Service,
(2.5)	Delivery of agreed savings targets	Exec Director, Heads 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	Chief Officer / Chief Financial Officer
(2.8)	Delivery of in year initiatives within the required financial envelope	Exec Director, Heads of Service
(2.9)	Budget virements for expenditure above £500,000	Chief Financial Officer, notified to CCG Governing Body

General area	Delegated matter	Proposed delegated authority
(2.10)	Budget virements for expenditure below £500,000 and above £150,000	Chief Financial Officer or Deputy Chief Financial Officer and Chief Officer
(2.11)	Budget virements for expenditure below £150,000 and above £25,000	Chief Financial Officer or Deputy Chief Financial Officer and Chief Officer
(2.12)	Budget virements for income and expenditure below £25,000	Group Executive and Head of Service
(2.13)	Budget virements which assume additional income or reduce income above £25,000	Deputy Chief Financial Officer Above £100k – Chief Financial Officer
(2.14)	Budget virements from Group inflation or other Group reserves	Group Executive and Head of Service
(2.15)	Month end – signoff that Governing Body reporting is the same as the general ledger	Deputy Chief Financial Officer
3. NON PAY EXPENDITURE (3.1)	General orders for goods or services < £1,000	Heads of Service
(3.2)	General orders for non-capital goods or services £1,000 - £5,000	Head of Service
(3.3)	General orders for non-capital goods or services £5,000 - £25,000	Executive Director / Group Chair / Head of Service / Senior Lead
(3.4)	General orders for goods or services £25,000-£150,000	Executive Director / Group Chair / Chief Financial Officer
(3.5)	General orders for non-capital goods or services £150,000 - £500,000	Chief Officer, Chief Financial Officer, Group Chair
(3.6)	General orders for non- capital goods or services above £500,000	CCG Governing Body
(3.7)	Drug orders up to £50,000	Head of Medicine Management

General area	Delegated matter	Proposed delegated authority
(3.8)	Drug orders above £50,000	Chief Financial Officer
(3.9)	Utilities contracts	Director of Planning, Performance and Corporate Affairs
(3.10)	Continuing Health Care (CHC) packages above £150,000 annually	Chief Officer, Chief Financial Officer
(3.11)	Continuing Health Care (CHC) packages up to £150,000 annually	Director of Quality and Patient Safety
(3.12)	Continuing Healthcare (CHC) packages up to £50,000 annually	Associate Director of Quality / Panel Chair
(3.13)	Legal services where budget is available	Director of Planning, Performance and Corporate Affairs
(3.14)	Legal services where no budget is available	Chief Financial Officer or Chief Officer
(3.15)	Consultancy services <£20,000 full cost where budget is available	Chief Financial Officer
(3.16)	Consultancy services > £20,000 or where no budget is available	Chief Officer
(3.17)	Orders from other NHS organisations within an SLA	Head of Service
(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.	Deputy Chief Financial Officer or Chief Accountant and CSU
(3.20)	Commitment to fund exceptional treatments or care up to £100,000	Director of Quality and Patient Safety or Clinical Chair

General area	Delegated matter	Proposed delegated authority
(3.21)	Commitment to fund exceptional treatments or care above £100,000	Director of Quality and Patient Safety or Clinical Chair countersigned by Chief Officer
(3.22)	Non recurrent budgets should not be used to finance recurrent expenditure without prior approval	Chief Financial Officer
(3.23)	Approval of agreed SLA/Contract invoices within creditors payment systems	Chief Financial Officer or Deputy Chief Financial Officer
4. TENDERING AND CONTRACTING (4.1)	Contract signature (all)	Chief Financial Officer
(4.2)	Contracts up to £1,000	No formal requirement to tender but best value must be demonstrated by Heads of Service
(4.3)	Contracts between £1,000 and £5,000	2 written quotations by Heads of Service
(4.4)	Contracts over £5,000	3 formal quotations by Purchasing and Supplies
(4.5)	Contracts over £25,000	3 formal tenders by Purchasing and Supplies
(4.6)	Contracts above EU OJEU limits	EU OJEU process by Purchasing and Supplies
(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
(4.8)	Approval to accept tender/quote other than the lowest that meet the award criteria	Chief Financial Officer

General area	Delegated matter	Proposed delegated authority
(4.9)	Approval to go to tender	Chief Financial Officer for contract of <£100,000, Governing Body for contract over £100,000
5. PETTY CASH **(5.1)**	Up to £35 per item reimbursement of patient monies or petty cash	Business manager to Chief Officer
(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	Exec Directors
(6.2)	Overall lead for all partnership arrangements within the Wilts CCG including preparing partnership strategy and ensuring monitoring arrangements	Director of Planning, Performance and Corporate Affairs
(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	Exec Directors, Heads of Service
(6.5)	Signing contracts and SLAs for services commissioned by the CCG within the NHS	Chief Officer or Chief Financial Officer

General area	Delegated matter	Proposed delegated authority
(6.6)	Signing contracts for services commissioned by the CCG to non-NHS purchasers	Chief Officer or Chief Financial Officer
(6.7)	Renewal of contracts for services provided by or commissioned by the CCG	Chief Officer or Chief Financial Officer
(6.8)	Termination of contracts	Chief Officer or Chief Financial Officer
(6.9)	Ensuring that contract variations are prepared for all significant over performance >£50,000	Heads of Service
(6.10)	Authority to provide services without contract	Chief Officer or Chief Financial Officer
(6.11)	Delivery of stakeholder partnership agreements	Exec Director with identified responsibility
(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	Exec Directors, Associate Directors and Senior 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	Chief Officer or Chief Financial Officer
(6.15)	Authorisation of clinical trials	Clinical 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
(7.3)	Cancellation of invoices <£50,000 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 Chief Financial Officer on recommendation of Invoice Originator

(7.4)	Cancellation of invoices > <£5,000 relating to current financial year or prior financial year	Deputy Chief Financial Officer on recommendation from Invoice Originator
(7.5)	Cancellation of invoices > £50,000 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 Chief Financial Officer Chief Financial Officer
(7.9)	Approval of write-offs relating to overpayments of salary < £1000	Deputy Chief Financial Officer
(7.10)	Approval of write-offs relating to overpayments of salary > £1000	Chief Financial Officer
(7.11)	Maximise income opportunities	Commissioning and Contracting Manager, Head of Service
8. PROCEDURAL DOCUMENTS		
(8.1)	CCG Constitution, Scheme of Reservation and Delegation of Powers, Standing Orders and Prime Financial Policies	CCG Governing Body
(8.2)	CCG Strategies	CCG Governing Body
(8.3)	Health and Safety Policy	CCG Governing Body
(8.4)	Risk Management Policy	CCG Governing Body
(8.5)	Major Incident Policy	CCG Governing Body
(8.6)	Remaining Procedural Documents (including Polices, Protocols and Procedures)	Quality & Clinical Governance Committee Audit and Assurance Committee Finance and Performance Committee

General area	Delegated matter	Proposed delegated authority
(8.7)	Ensure all strategies and procedural documents follow CCG prescribed format and approval mechanism.	Lead Executive
(8.8)	Ensure all approved documents are appropriately and effectively communicated to staff and, where appropriate, CCG Stakeholders.	Lead Executive
(8.9)	Ensure staff are appropriately trained to reflect the roles and responsibilities of approved procedural documents.	Lead Executive
(8.10)	Ensure that procedural documents are reviewed and, where necessary, updated after the agreed time period.	Lead Executive
9. BUSINESS PLANNING (9.1)	Approve ~~3~~ 5 year business plan and medium term financial strategy, workforce, capital and IT plans	CCG Governing Body
(9.2)	Approve annual business plan, budget and LDP	CCG Governing 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	Exec Directors, Head of Service. Requires finance department sign off in addition.
(10.2)	Authority to appoint staff to post not on the establishment	Chief Officer
(10.3)	Appointment of staff	Exec Director, Head of Service, Senior Managers
(10.4)	Ensuring that staff on fixed term contracts are reviewed prior to their appointment coming to an end	Exec Directors

General area	Delegated matter	Proposed delegated authority
(10.5)	Authorising employment of locum or agency staff together with associated timesheets	Exec Director / Head of Service
(10.6)	Identifying whether a member of staff is an *employee* or contractor	Exec Director / Head of Service
(10.7)	Provision of induction for all staff including statutory and mandatory training	Exec Director
(10.8)	Up keep of personal files in line with current guidance	Line managers
11. EXPENSES (11.1)	Authorise ~~travel~~ expenses including travel, parking and exam fees	Exec Director, Head of Service
(11.2)	Submission of travel expenses within 3 months of incurring expenditure (or recognise risk of non-payment)	All employees
(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	Chief Financial Officer
(11.5)	Authorise non travel and subsistence claims	Chief Financial Officer
(11.6)	Authorise removal expenses up to £6,000	Chief Officer
(11.7)	Authorise removal expenses over £6,000 up to £8,000	Chief Officer
(11.8)	Authorise interview expenses in exceptional circumstances	Exec Director
12. PAY (12.1)	Approval of national NHS pay changes to budgets	Chief Financial Officer
(12.2)	Approval of increase in pay relating to achievement of recognised training role	Chief Financial Officer
(12.3)	Approve to upgrade or re-grade staff within agreed procedure	Chief Officer, Chief Financial Officer
(12.4)	Agreeing policy for any payments to be made to staff outside Agenda for Change terms and conditions	Chief Officer
(12.5)	Submission of absence/salary returns and other positive reporting	Exec Director / Head of Service

(12.6)	Approval for advances of salary	Chief Financial Officer
(12.7)	Authorising payments of pay outside the payroll system eg time sheet late change of assignment form	Deputy CFO
(12.8)	Starter forms	Exec Director, Head of Service
(12.9)	Termination form (following receipt of resignation letter)	Exec Director, Head of Service
(12.10)	Termination form (following capability and disciplinary policies)	In line with policy details
(12.11)	Change of personal information inc personal bank details	All employees
(12.12)	Approval of change of personal information (if required via change of assignment form) relating to contract and/or terms and conditions	Exec Director
(12.13)	Approval of payroll monthly returns	Exec Director
(12.14)	Authorising overtime and accrual of Time off in Lieu	Exec Director, Head of Service
(12.14)	Authorising use of bank	Exec Director / Head of Service
13. LEAVE **(13.1)**	Approval of annual leave within policy	Line managers with attention to local arrangements for service cover
(13.2)	Approval to carry forward up to 5 days annual leave in exceptional circumstances	Chief Financial Officer
(13.3)	Approval of leave without pay	Exec Director

General area	Delegated matter	Proposed delegated authority
(13.4)	Approval of other leave (incl. special leave, ~~or~~ compassionate leave, Carers leave) ~~< 3 days~~, maternity leave~~, Carers leave < 5 days~~ and paternity leave in line with policy	Exec Director, Head of Service
(13.5)	Approval of time off in lieu	Exec Director, Head of Service
(13.6)	Approval to return to work part time on full pay	Chief Financial Officer
(13.7)	Approval of study leave < 10 days, within budget and training policy	Exec Director, except finance qualification training where the Deputy DOF may authorise up to 16 days
(13.8)	Approval of study leave over 10 days	Chief Officer/Chief Financial Officer
(13.9)	Application for ill health retirement	Chief Officer
(13.10)	Ensuring all staff are appropriately qualified and registered	CFO/Director of Nursing
(13.11)	Homeworking as part of agreed HR contract	Exec Director, Group Director
(13.12)	Homeworking as part of a return to work programme	Exec Director, Group Director
(13.13)	Ad-hoc instances of working from home	Exec Director, Group Director, Head of Service
(13.14)	Approval of Flexible working application	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
(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

General area	Delegated matter	Proposed delegated authority
(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
15. CONDUCT AND RAISING CONCERNS (15.1)	Breaches of SFIs, SOs etc	All employees
(15.2)	Public Interest Disclosures	All employees
(15.3)	Identification 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 CFO
(15.4)	Investigation of potential fraud	Counter Fraud Service
(15.5)	Approval to involve police in criminal offence other than fraud	Chief Officer who would contact the Local Security Management Specialist
(15.6)	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

General area	Delegated matter	Proposed delegated authority
(15.7)	Compliance with all CCG policies and procedures including equality and diversity, and information governance	All staff
(15.8)	Authority to dismiss and other disciplinary matters (in line with HR advice and support).	In line with disciplinary and capability and capacity policies
16. ASSETS (16.1)	Security of all Wilts CCG Assets including stock	All employees
17. OTHER (17.1)	Declaration of gifts and hospitality	All employees
(17.2)	Declaration of interests. Directorate administrator will maintain register of staff interests within their directorate	All employees and Governing Body members to maintain correct status
(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	Chief Officer
(17.5)	Reporting of losses through fraud and theft etc	Chief Financial Officer
(17.6)	Ex gratia payments, patients and staff for loss of personal effects less than £1000	Chief Financial Officer
(17.7)	Ex gratia payments, patients and staff for loss of personal effects £1000 to £15000	Chief Officer
(17.8)	Ex gratia payments, patients and staff for loss of personal effects over £15000	CCG Governing Body
(17.9)	Approval of individual compensation payments (staff and former staff) < £50000	Chief Officer
(17.10)	Approval of individual compensation payments (staff and former staff) > £50000	CCG Governing Body

General area	Delegated matter	Proposed delegated authority
(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) Non NHSLA <£10k	Chief Officer and CFO
(17.13)	Approval of individual compensation payments (patients and former patients) >10k or all NHSLA	CCG Governing Body
(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
(18.2)	Approving banking arrangements	CCG Governing Body
(18.3)	Approving payments from bank and PGO accounts	2 Signatories Only 1 on HSBC
(18.4)	Approving cheque payments	2 Signatories Only 1 on HSBC
(18.5)	Requisition for Special Cheque payment	CFO
(18.6)	Signing RFTs and GS1 schedule	2 Signatories sign all payments Only 1 on HSBC
(18.7)	Variation to approved signatories	Chief Financial Officer for PGO, Governing Body for HSBC
(18.8)	Authorisation to create or remove cost centres	Deputy Chief Financial Officer or Chief Accountant
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

General area	Delegated matter	Proposed delegated authority
(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	Chief Financial Officer
(20.2)	Ensuring appropriate insurance cover for employees	Chief Financial Officer
(20.3)	Ensuring appropriate insurance cover for Public Liability	Chief Financial Officer
(20.4)	Day to day service liaison with insurance	Director of Planning, Performance and Corporate Affairs
(20.5)	Reporting and handling insurance claims including clinical negligence	Director of Planning, Performance and Corporate Affairs
(20.6)	Authorising of documents relating to litigation against the Wilts CCG which are filed at court	Chief Officer
(20.7)	Management of legal claims and advice	Director of Planning, Performance and Corporate Affairs
~~**21. ASSETS (21.1)**~~	~~Security of all Wilts CCG Assets including stock~~	~~All employees~~

APPENDIX F – Prime Financial Policies Revised (September 2014)

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 CCG's constitution.

1.1.2. The prime financial policies are part of the CCG'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 Chief 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 E.

1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the Chief Officer known as *detailed financial policies*. The CCG 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 CCG. 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 CCG's detailed financial policies will be published and maintained on the CCG'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 Chief 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 CCG'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.

1.2. 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 CCG'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 CCG's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Groups' committees and sub-committees and persons working on behalf of the CCG are set out in chapters 6 and 7 of the CCG Constitution.

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

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief 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 Chief 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 CCG's constitution, any amendment will not come into force until the CCG applies to the NHS England and that application is granted.

2. INTERNAL CONTROL

POLICY – the CCG 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. The Governing Body is required to establish an Audit & Assurance Committee with terms of reference agreed by the Governing Body (see paragraph 6.4.4.1 of the CCG constitution for further information).

2.2. The Chief Officer has overall responsibility for the CCG's systems of internal control.

2.3. 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 CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

3.1. In line with Wiltshire CCG's Terms of reference for the Audit & Assurance Committee, the person appointed by the CCG 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, Chief 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.

3.2. 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 Chief Officer to review audit issues as appropriate. All Audit & Assurance Committee members, the Chair of the Governing Body and the Chief 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 CCG 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 CCG.

4. FRAUD AND CORRUPTION

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

4.1. The Governing Body's Audit & Assurance Committee will satisfy itself that the CCG 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.

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

5. LOCAL SECURITY MANAGEMENT

POLICY – the CCG will contract appropriate security management support to carry out the relevant duties detailed in the Health & Social Care Act 2012 and protect the safety of Group staff and assets.

5.1. The Governing Body's Audit & Assurance Committee will satisfy itself that the CCG has adequate arrangements in place for local security management and shall review the outcomes of the local security management specialist's work. It shall also approve the local security management work programme.

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

6. EXPENDITURE CONTROL

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

6.2. The Chief Officer has overall executive responsibility for ensuring that the CCG complies with 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.

6.3. The Chief Finance Officer will:

a) provide reports in the form required by the NHS England;
b) ensure money drawn from the NHS England 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 CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS England. This will be carried out by the Finance Committee.

7. ALLOTMENTS[59]

7.1. The CCG's Chief Finance Officer will:

a) periodically review the basis and assumptions used by the NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG'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.

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

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

8. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

8.1. The Chief Officer will compile and submit to the Governing Body an Annual Operating Plan and Commissioning Strategy which takes into account financial targets and forecast limits of available resources.

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

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

8.4. The Chief Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to the NHS England as requested.

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

9. ANNUAL ACCOUNTS AND REPORTS

POLICY – the CCG will produce and submit to NHS England 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 NHS England

9.1. The Chief Finance Officer will ensure the CCG:

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;

60 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.
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.

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 CCG's website at www.wiltshireccg.nhs.uk .

9.2. Annual Reporting Requirements

NHS Wiltshire CCG will be responsible for producing its own Consolidated Annual Accounts.

9.3. Monthly Reporting Requirements

NHS Wiltshire CCG meets its statutory financial reporting responsibilities to NHS England by having in place a robust monthly reporting process to the Governing Body.

The monthly integrated performance report sets out the financial position of the organisation and its associated risks and actions.

The CCG will, on a monthly basis, report on its income and expenditure position, cash position and its performance against the Better Payment Practice Code targets. It will also report on its balance sheet position and any movements in reserves and allocation. This report will be published on the CCG website.

NHS Wiltshire CCG will provide monthly financial performance information to NHS England either directly via the Integrated Single Financial Environment (ISFE) ledger system or through additional returns.

9.4. NHS Wiltshire CCG will keep its own record of accounts.

10. INFORMATION TECHNOLOGY

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

10.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG'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.

10.2. 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.

11. ACCOUNTING SYSTEMS

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

11.1. The Chief Finance Officer will ensure:

a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS England;
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.

11.2. 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.

11.3. The authority to waive the Standing Orders will remain in line with the CCG's Scheme of Delegation.

11.4. The CCG will operate in partnership with NHS England an Integrated Single Financial Environment (ISFE) which will involve a national chart of accounts and an automated system for monthly consolidated financial reporting. This will provide a common and consistent approach across all CCG's.

12. BANK ACCOUNTS

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

12.1. The Chief Finance Officer will:

a) review the banking arrangements of the CCG 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 CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
c) prepare detailed instructions on the operation of bank accounts.

12.2. The Finance Committee shall approve the banking arrangements.

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

POLICY – the CCG 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 CCG or its functions[64]
- ensure its power to make grants and loans is used to discharge its functions effectively[65]

13.1. 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;

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

c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS England 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;

14. TENDERING AND CONTRACTING PROCEDURE

POLICY – the CCG:

- 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

14.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where 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 Chief Officer or the CCG's Finance Committee. This also needs reporting to the Audit & Assurance Committee as a waiver of Standing Orders.

14.2. The Finance Committee may only negotiate contracts on behalf of the CCG, and the CCG 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) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
b) the CCG's standing orders;
c) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
d) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

15. COMMISSIONING

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

15.1. The CCG will coordinate its work with the NHS England, 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.

15.2. CCG will work with NHS England to jointly commission primary care services. NHS Wiltshire CCG has responsibility for contractual GP performance management, budget management and the design and implementation of local incentive schemes. These are discharged under joint decision making processes through a Joint Committee of NHS England and the CCG. Accountability, and the associated income and expenditure related to primary care, remains with NHS England.

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

15.4. 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.

16. RISK MANAGEMENT AND INSURANCE

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

16.1. The CCG will have Risk Management policies, systems and processes in place which are reflected in its approach in the development of the operational level risk registers and the Board Assurance Framework for the Governing Body.

16.2. The Risk Management Strategy, Policy and the Board Assurance Framework for the Governing Body will be managed by the Audit and Assurance Committee.

16.3. NHS Wiltshire CCG is a member of the NHS Litigation Authority Risk Pooling Schemes to provide adequate insurance for its operations.

17. PAYROLL

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

17.1. 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 Central Southern Commissioning Support Service.

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

18. NON-PAY EXPENDITURE

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

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

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

18.3. The Chief Finance Officer will:

a) advise the Chief 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.

19. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the CCG 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 CCG's fixed assets

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

20. RETENTION OF RECORDS

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

20.1. The Chief 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.

21. TRUST FUNDS AND TRUSTEES

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

21.1. The CCG does not hold any Charitable Funds and has no facility in which to administer a fund.

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]

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[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, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat ~~and improve~~ both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

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 people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

4. **The patient will be at the heart of everything the NHS ~~aspires to put patients at the heart of everything it~~ does.** It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

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 reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

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

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* (~~28 March 2013~~ 27 July 2015)[67]

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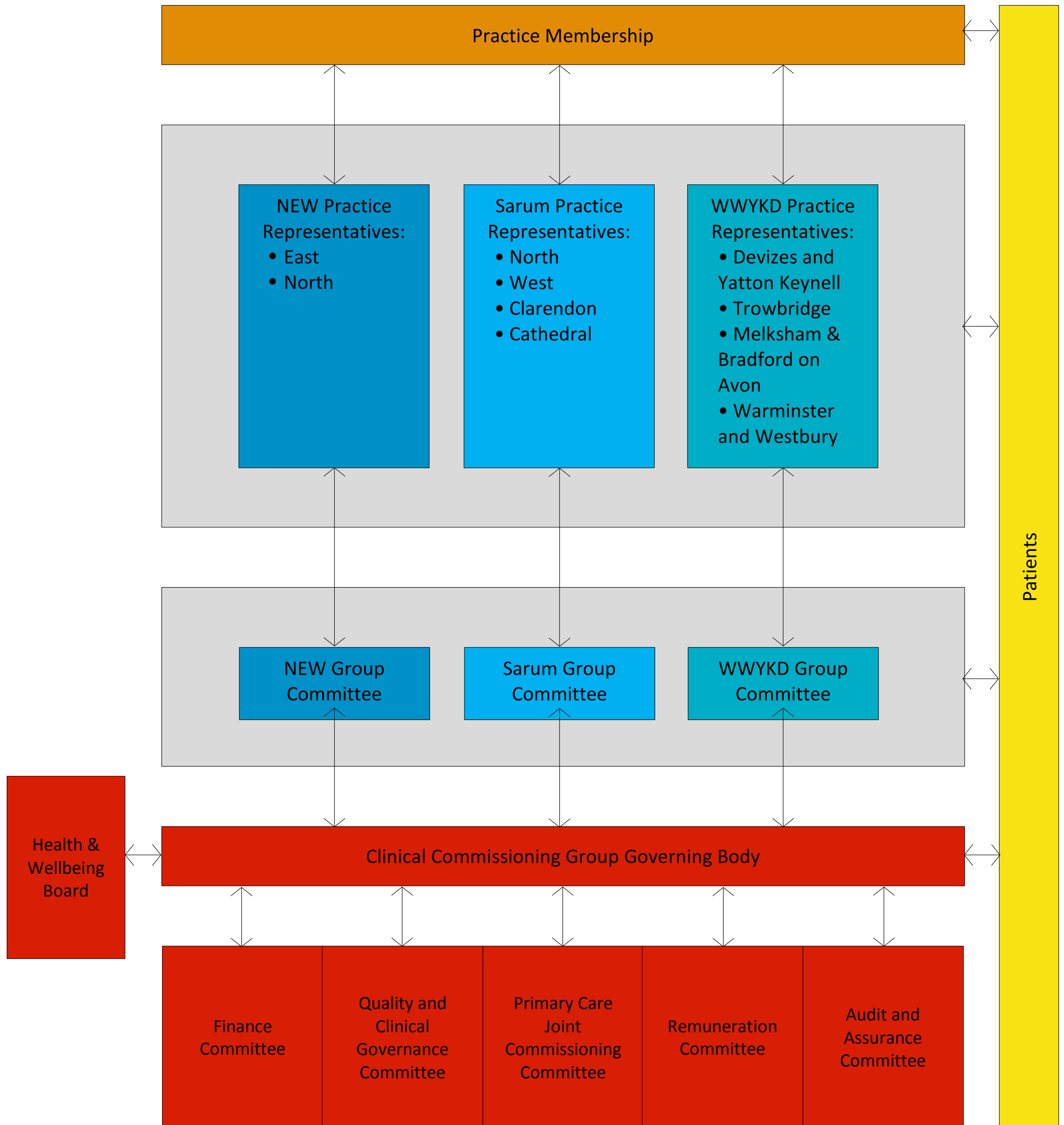
67 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

APPENDIX I – Structure Diagram



APPENDIX J – Committee Terms of Reference

Finance Committee

Terms of Reference

1. Membership

Chair of the CCG (who will also Chair this Committee)
Chief Officer
Chief Financial Officer
Two Lay Members
Designated nurse
Secondary care Doctor
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 CCG Vice Chair Lay Member will Chair the meeting.

2. In Attendance

The PA to the Chief Finance Officer 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 Lay member and 2 Executive Directors, making 3 in total.

4.2 When the Deputy Chief Financial Officer attends in place of the Chief Financial Officer, they are 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 provide a strategic overview of remuneration packages and advise the CCG Governing Body about appropriate remuneration, the appointment, termination and terms and conditions of the Chief 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 Chief Officer and shall only report to the CCG Governing Body such details of Committee decisions as are necessary for the Chief 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 Chief Officer and Chief Financial Officer to implement remuneration packages approved by the Committee.

4. Membership/Quorum

4.1 The Committee will comprise:

Voting Members

- The Chair of the CCG except when any matters affecting his/her personal position are being discussed
- 2 Lay members who are independent of management
- The Chief Officer, except when any matters affecting his/her personal position are being discussed

- Registered Nurse member
- Secondary Care Doctor
- 1 x GP representative from a CCG Group (unless conflicted)
- The Chair will be the Lay Member with responsibility for Audit and Governance
- The Vice Chair will be the Lay Member with responsibility for Patient and Public involvement

Non-Voting Members

4.2 A representative from human resources and the CCG Director of Planning, Performance and Corporate Services will attend to offer advice except when discussions about their own personal position, remuneration and terms of service are taking place.

4.3 The Chief Officer and Chief Financial Officer will attend as required.

4.4 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 Lay Members.

4.5 No senior manager will be present for discussions about their own remuneration.

5. Responsibilities/Duties

5.1 The Committee will:

- Advise the Governing Body about appropriate remuneration, allowances and terms of service for the Chief 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).
- Annually monitor and evaluate, with the Chief Officer and the Chair, 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.

- With the Chair of the CCG, monitor, evaluate and confirm the satisfactory performance of the Chief 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 3 Groups' Chairs/Vice Chairs in line with the CCG's Constitution and monitor their performance.

5.4 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. In all of their decisions and recommendations, the Remuneration Committee will remain aware that each individual NHS organisation is corporately responsible for ensuring that its pay arrangements are appropriate in terms of equal pay requirements and other relevant legislation. This will include implementing the recommendations from the Hutton Review such as that all NHS organisations are now required to publish annually the figure representing the multiple of the highest earnings in the organisation compared to the median.

5.5 Pay and contractual advice to inform Committee decision shall be secured from informed, impartial sources. Where a matter concerns the Chief 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.

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

5.7 At all times the Committee will:

- observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned

- maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable

- be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their

stewardship of public funds and the extent to which key performance targets and objectives have been met

- comply fully with the principles of the *Citizen's Charter* and the *Code of Practice on Access to Government Information*, in accordance with Government policy on openness
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance.

6. Reporting Framework

6.1 The Committee will be convened as and when required by the Chair or on request from the Chief 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 Board Administrator.

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 voting 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 NHS England 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.

7.2 Remuneration of Lay Members is decided by the Chair, Chief Officer and Chief Financial Officer locally, as guided appropriately by wider national guidance, where it exists.

Approved: RemCom Oct 13

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 and performance manage the following policies:
  - Counter Fraud, Bribery and Corruption
  - 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, financial policies and scheme of delegation;
- Any changes to accounting policies.

3. Membership / Quorum

3.1. The Committee shall be appointed from amongst the non-executive directors of the CCG 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 members will be appointed Chair of the Committee by the Governing Body and a non–executive director as Vice Chair will be nominated by the members.

One Clinical GP Executive will be required to attend the AAC.

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, Chief Officer, Commissioning Committee Chair or other Executive Directors and Senior Officers may be invited to attend meetings of the Audit and Assurance Committee as appropriate. The Chief 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 and report on identification of risk within the organisation.

3.3 The Committee should meet privately with the External and Internal Auditors without any CCG Directors present at each meeting.

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 non-executive Directors.

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 reports 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 and declaration of compliance with the Standards for Better Health) 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 bribery and as required by NHS Protect.

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, Chief 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 Public Sector Internal Audit Standards;

- Ensure there is an annual review of the effectiveness of internal audit.

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).

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 Specialist, to optimise audit resources.

4.4 Counter Fraud

- To appoint the Counter Fraud 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 Local Security Management

- To appoint the Local Security Management Service (LSMS), the fee and terms and conditions of engagement;
- Oversee the effective operation of Local Security Management and to ensure that LSMS is appropriately resources and has appropriate standing in the CCG;
- Review security management related policies, strategies/plans and to consider major findings of LSMS reports, management's response and subsequent action.

4.6 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 Annual Governance Statement 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.

4.7 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 Chief Finance Officer 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 Chief Officer of the CCG. This process is in line with the CCG constitution and Standing Financial Instructions.

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 servicing, administrative and appropriate support to the Chair and committee members of the Audit and Assurance Committee will be undertaken by the Board Administrator. The planning of meetings is also the responsibility of the Board Administrator.

6.3 The minutes of the Audit and Assurance Committee shall be formally recorded by the Board Administrator 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, and provide an update on current work. Minutes of Audit and Assurance Committee meetings, following agreement, 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 embedding of risk management in the organisation, the integration of governance arrangements and the

examination of 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 on an annual basis as a minimum. Any changes to the Terms of Reference must be ratified by the CCG Governing Body.

Approved: AAC 13 May 14

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 Executive Nurse and Quality lead, 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
- Secondary Care Specialist Doctor (Deputy Chair)
- GP representatives from CCG Group(s)
- CCG member with lead for Patient & Public Involvement
- Deputy Director of Quality and Patient Safety
- Public Health Representative from Wiltshire Council
- Associate Director of Quality (Safeguarding Adults and Children)
- Heads of Medicines Optimisation
- Medicines Management Governance Lead
- Risk and Governance Manager
- Associate Director of Quality (CHC, FNC & Specialist Placements).
- Named GP for Safeguarding Children.

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 NHS England.

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 Lay member Secondary Care Specialist Doctor 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, at least six monthly, a report to the Audit and Assurance Committee and the Governing Body and by exception in the remaining quarters.

4.2 The minutes of this meeting will go to the Governing Body.

4.3 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~~ 2014/15.

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 & 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 (or sooner) of the Committee's establishment and thereafter on an annual basis.

Approved: Q&CG in May 14

Primary Care Joint Commissioning Committee

Terms of Reference

Purpose of Joint Committee

1. The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

2. This includes the following activities:
   - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
   - Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
   - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
   - Decision making on whether to establish new GP practices in an area;
   - Approving practice mergers; and
   - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

3. In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Wiltshire CCG, which will sit alongside the delegation and terms of reference.

Geographical Coverage

4. The Joint Committee will comprise NHS England Local Team, and NHS Wiltshire CCG. It will undertake the function of jointly commissioning primary medical services for Wiltshire CCG.

Membership

5. The Joint Committee shall consist of:

Lay Member, Wiltshire CCG (Chair)
Secondary Care Doctor, Wiltshire CCG (Vice Chair)
Director of Commissioning, NHS England
Group Director for WWYKD and PC Programme (as delegated by AO)
Deputy Chief Financial Officer, Wiltshire CCG
Head of Primary Care Finance, NHS England
Head of Primary Care, NHS England
GP Chair, Sarum, Wiltshire CCG
GP Chair, WWYKD, Wiltshire CCG
GP Vice Chair, NEW, Wiltshire CCG
Assistant Director of Nursing, NHS England
Medical Director for Wessex LMC (Non-voting)
Wiltshire Council – see point 13 (Non-voting)
HealthWatch Council - see point 13 (Non-voting)

6. The Chair of the Joint Committee shall be Christine Reid, Lay Member, Wiltshire CCG

7. The Vice Chair role shall be Dr Mark Smithies, Secondary Care Doctor, Wiltshire CCG

8. An invitation has been made to non-voting attendees i.e. both Healthwatch and Wiltshire Council and following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.

Meetings and Voting

9. The Joint Committee shall adopt the Standing Orders of Wiltshire CCG insofar as they relate to the:
   a) Notice of meetings
   b) Handling of meetings
   c) Agendas
   d) Circulation of papers
   e) Conflicts of interest

10. Wiltshire CCG and NHS England shall have two votes per organisation. The Joint Committee shall reach decisions by a simple majority. However where a casting vote is required NHS England will have the casting vote for any functions within NHS England's statutory obligations and Wiltshire CCG will have the casting vote on any of the CCG's statutory functions that are included within the scope of the joint committee's responsibilities.

11. The quorum necessary for the transaction of the business shall be four made up of two representatives from each Wiltshire CCG and NHS England (NHSE). A duly convened meeting of the Programme Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested exercisable by the Programme Boards.

12. The Joint Committee shall meet quarterly and at such other times as required. Agendas and papers will be available to each member of the Programme Board in advance and preferably at least 2 working days.

13. Meetings of the Joint Committee:

    a. Shall, subject to the application of 13(b), be held in public.
    b. The Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

14. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

15. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

16. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.

17. Secretariat provisions will be confirmed following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.

18. The secretariat to the Joint Committee will:
    a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.
    b) Present the minutes and action notes to the Local Team of NHS England and the Governing Body of NHS Wiltshire CCG.

19. These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

Decisions

20. The Joint Committee will make decisions within the bounds of its remit.

21. The decisions of the Joint Committee shall be binding on NHS England and Wiltshire CCG.

22. Decisions will be published by both NHS England and Wiltshire CCG.

23. The secretariat will produce a report which will submitted to NHS England and the Governing Body of Wiltshire CCG quarterly, and hold at least annual engagement events to review aims, objectives, strategy and progress and publish and annual report on progress made against objectives.

Key Responsibilities

24. Key responsibilities will be reviewed each year and set out in the form of a work programme. For 2015/16 the strategic / development work programme that the Joint Committee is responsible for includes Premises, Workforce, PMS Reviews, Primary Care Information, Enhanced Services and Operational Resilience.

    The Joint Committee is also responsible for ensuring completion of and compliance with the operational / transactional elements of Primary Care commissioning details of which are set out in the Joint Commissioning Operational Group Work Programme, together with individual organisation roles and responsibilities.

Review of Terms of Reference

25. These terms of reference will be formally reviewed by NHS Wiltshire CCG and the Local Team of NHS England in April of each year, following the year in which the Joint Committee is created, and may be amended by mutual agreement between NHS Wiltshire CCG and the Local Team of NHS England at any time to reflect changes in circumstances which may arise.

Schedule 1 – Delegation by CCG to Joint Committee – CCG functions

26. As permitted by section 14Z9 of the NHS Act 2006 (as amended) NHS Wiltshire CCG will delegate the following statutory functions to the joint committee:

    - Management of Locally Commissioned Services (formally known as LESs)

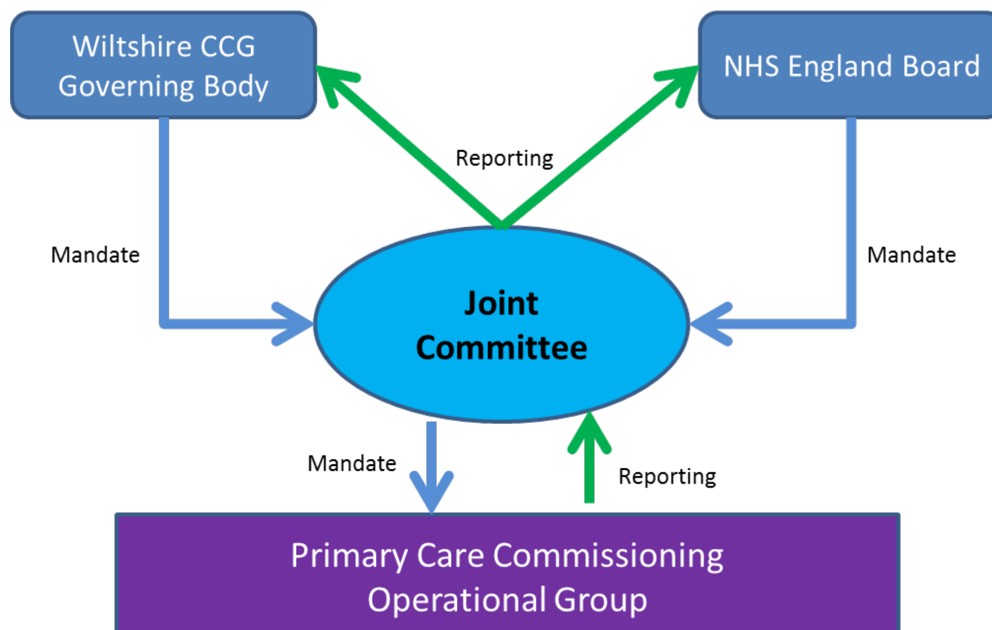
    - Management of any PMS Premium funds released through the PMS review

Schedule 2 – List of Members

Lay Member, Wiltshire CCG (Chair)
Secondary Care Doctor, Wiltshire CCG (Vice Chair)
Director of Commissioning, NHS England
Group Director for WWYKD and PC Programme (as delegated by AO)
Deputy Chief Financial Officer, Wiltshire CCG
Head of Primary Care Finance, NHS England
Head of Primary Care, NHS England
GP Chair, Sarum, Wiltshire CCG
GP Chair, WWYKD, Wiltshire CCG
GP Vice Chair, NEW, Wiltshire CCG
Assistant Director of Nursing, NHS England
Medical Director for Wessex LMC (Non-voting)
Wiltshire Council – see point 13 (Non-voting)
HealthWatch Council - see point 13 (Non-voting)

Sub-Groups

27. To ensure that the operational issues are appropriately managed a Primary Care Commissioning Operational Group will be established. The Joint Committee will be responsible for defining the Terms of Reference and governance arrangements including scope of work, mandate and reporting requirements for the Operational Group.



Dated: 15.3.15

APPENDIX K - 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) with respect to consent, privacy and confidentiality, while enabling sharing, identify and represent the needs of the practice's patient population;
c) promote equality and human rights;
d) actively engage with the CCG to help improve services within the area seeking excellence in clinical care, patient safety, patient experience and the accessibility of services
e) be fair transparent, measured and thorough in decision-making and management of public money;
f) make sound decisions individually and collectively, seeking long-term financial stability and best value for the benefits of patients, service users and the community;
g) work collaboratively and constructively and uphold decisions of the Governing Body through implementation and delivery;
h) look for the impact of decisions and demonstrate leadership in the reporting of concerns;
i) gather and share the views and experiences of patients and carers;
j) seek assurance that frameworks are sound and that the CCG is fit to serve its patients and service users, and the community;
k) be ready to be held publicly to account for the CCG decisions and the use of public money
l) uphold the law and be fair and honest in all dealings.

1.2 Additionally, where the practice representative is nominated as the Locality Group Chair or Vice Chair:

a) Be responsible to the Locality Group member practices;
b) Contribute to the shared CCG vision;
c) Champion patient and public involvement;
d) Promote Health & Social Care integration;
e) Lead and influence, addressing internal conflicts;
f) Lead the Governing Body and support the CCG Chief Officer;
g) Demonstrate the Nolan principles.

NHS
Wiltshire
Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **NHS Wiltshire CCG Constitution**

For the record	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 19 October 2015
Names of people involved in consideration of impact Diana Hargreaves, Board Administrator	
Name of director signing EIA David Noyes, Director of Planning, Performance and Corporate Services	Date signed 19 October 2015

What is the proposal? What outcomes/benefits are you hoping to achieve?
The CCG Constitution details the governance and operational arrangements for the CCG.

Who's it for?
Use by the staff within the organisation and as a reference document for stakeholders such as NHS England, Healthwatch and for the public.

How will this proposal meet the equality duties?
By having clearly defined arrangements for how the CCG operates, the CCG is able to foster good relations through transparency.

What are the barriers to meeting this potential?
The CCG must be adhered to as written. Any proposed deviation should be discouraged unless reflecting a new development in the duties of the CCG that has been approved by the Governing Body. The Constitution should then be reviewed, and any development fully discussed and agreed by the membership.

2 Who's using it Refer to equality groups
The Constitution will support all equality groups.

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
The CCG has data on staffing and demographic information.

How can you involve your customers in developing the proposal?
The Locality Groups have assisted in updating the Constitution ensuring that amendments will work for the CCG membership and continue to support the tailored development of services to the needs of our local population.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
No gaps.

3 Impact Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?
There is no adverse impact.

What can be done to change this impact?
N/A

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?
There is an equal benefit for all groups.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?
No further consultation is needed at this time.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?
None

What will you do now and what will be included in future planning?
The Constitution will require ratification by NHS England. Should Joint Commissioning be approved by the CCG membership, further detail will need to be added to the Constitution.

When will this be reviewed?
The Constitution will be reviewed following a supportive ballot for Joint Commissioning; otherwise the Constitution will be reviewed as necessary.

How will success be measured?
The Constitution is the foundation document of the CCG. Success will be demonstrated by the consistent application of the document.

EIA form V3 August 2013