NHS West London
Clinical Commissioning Group

Constitution

Covering the Royal Borough of Kensington & Chelsea and Queen's Park and Paddington

Version: 10.1

NHS Commissioning Board Effective Date: 1 April 2013

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Foreword

This constitution sets out NHS West London Clinical Commissioning Group's governing principles, rules and procedures that the CCG has established to ensure probity and accountability in the day-to-day running of the clinical commissioning group and to ensure that decisions are taken in an open and transparent way.

The constitution applies to all members of NHS West London CCG, its employees, individuals working on behalf of the CCG and to anyone who is a member of the CCG's Governing Body, Committees and working groups. Every member, employee or other person working on behalf of the CCG is responsible for knowing, complying with and upholding the arrangements for the governance and operation of the CCG as described in this constitution.

The interests of patients and the public remain central to the goals of the CCG.

1. Introduction and commencement

1.1. Name

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

1.2. Statutory Framework

1.2.1. Clinical commissioning groups 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 clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2. The NHS Commissioning Board is responsible for determining applications from prospective groups to be established as clinical commissioning groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a clinical commissioning group where it is satisfied that a group 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. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group 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 West London Clinical Commissioning Group and has effect from 18 January 2013, when the NHS Commissioning Board established the group.[8] The constitution is published on the group's website. It is also available on request from the CCG's main offices and via local practices or email.

1.4. Amendment and Variation of this Constitution

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

a) where the group applies to the NHS Commissioning Board and that application is granted;

b) where in the circumstances set out in legislation the NHS Commissioning Board varies the group's constitution other than on application by the group.

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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 clinical commissioning groups 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

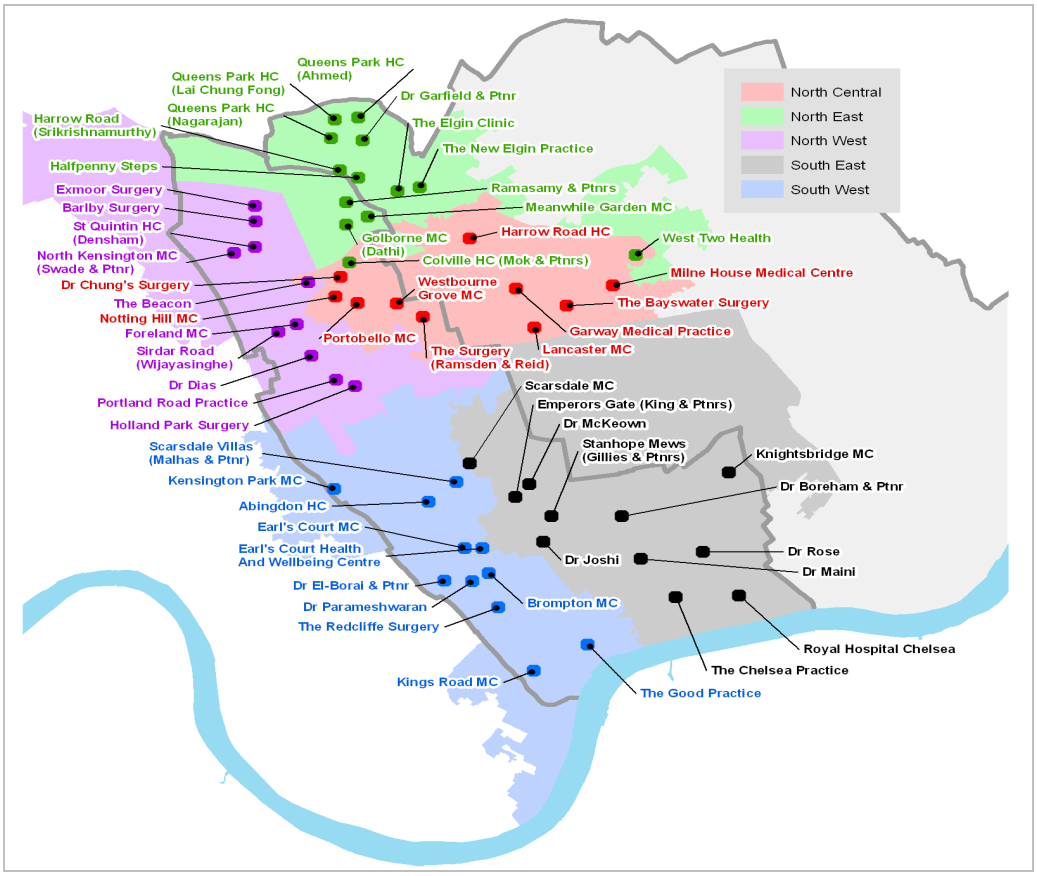
7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

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

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

2. Area covered

2.1. NHS West London CCG is co-terminous with the Royal Borough of Kensington and Chelsea (RBKC) and covers the Queen's Park and Paddington area of Westminster City Council (WCC) – the map below illustrates the geographical spread of the CCG, and Commissioning Learning Sets.



3. Membership

3.1. Membership of the Clinical Commissioning Group

3.1.1 Members are primary medical care service providers within the CCG, which is the geographical area outlined in the map in section 2.1.

3.1.2 Membership of NHS West London CCG is listed at Annex B. Please note that this list is a dynamic document, and will be amended as membership of NHS West London CCG changes.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group[10].

3.2.2. Membership of NHS West London CCG will be restricted initially to those primary medical care service providers based within the geographical area of the Royal Borough of Kensington and Chelsea and the Queen's Park and Paddington area of the City of Westminster. GPs who are members of NHS West London CCG will be expected to be working the majority of the time within the NHS.

3.2.3. Eligibility is restricted to General Medical Services, Personal Medical Services or Alternative Provider Medical Services providers offer primary medical services to a registered list of patients.

3.2.4. Because of the developmental nature of GP Commissioning, NHS West London CCG reserves the right to revise this Constitution to enable other primary medical care service providers and other CCGs to join NHS West London CCG at a later date, subject to appropriate decision-making processes.

3.2.5. All members of NHS West London CCG will be required to adhere to and abide by the Constitution.

3.2.6. All applications to join NHS West London CCG must be sent to the Chair of the Governing Board. Admission to NHS West London CCG will be determined by the Governing Board through a simple majority vote. Where voting does not return a majority, the Chair of the Governing Board will have the casting vote.

[10] See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made

4. Mission, values and aims

4.1. Mission

4.1.1. The mission of NHS West London Clinical Commissioning Group is to:

a) Improve the health of local people and prevent ill health;

b) Improve the quality of health care for local people and develop service provision to meet local needs;

c) Integrate health and social care where this will improve the quality of care; and

d) Commission health services in the most cost and clinically effective way.

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

4.2. Values

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

4.2.2. NHS West London CCG's vision is to develop, commission and deliver high-quality, cost-effective clinical services for the local population of Kensington & Chelsea and Queen's Park and Paddington through patient-centred commissioning and by working in partnership with local people, Kensington & Chelsea and Westminster Local Authorities and other key stakeholders.

4.2.3. NHS West London CCG is committed to working on behalf of all our members and will ensure regular and meaningful communication with them.

4.2.4. NHS West London CCG's vision is underpinned by:

a) An understanding of local health needs;

b) Sound financial and risk management;

c) Clinical leadership and peer review;

d) Adherence to national and local priorities;

e) Evidenced best practice; and

f) Performance review and ongoing service improvement.

4.3. Aims

4.3.1. The CCG's aims are to:

a) Engage and involve all relevant healthcare professionals and other associated groups, including, where appropriate, patients and the public, in the commissioning process through the NHS West London CCG Governing Board;

b) As a minimum, achieve financial balance;

c) Re-invest realised budget efficiency in improved services for patients to improve quality, access and choice for patients, within either primary or secondary care;

d) Commission locally-delivered, high-quality healthcare services, within the available resources, on behalf of our patient population;

e) Provide, where appropriate, high-quality training to improve the skill sets among the CCG members in order to improve existing services, and develop new services, for patients;

f) Lead and manage the commissioning of health services (including referral activities and costs) in accordance with the objectives and provisions contained in this agreement; and

g) Work closely with patients and the other partners across London in developing and implementing the commissioning agenda.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act,[11] the group will at all times observe "such generally accepted principles of good governance as are relevant to it" in the way it conducts its business. These include:

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;[12]

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[13]

d) the seven key principles of the *NHS Constitution*;[14]

e) the Equality Act 2010.[15]

4.5. Accountability

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

a) publishing its constitution;

b) appointing independent lay members and non GP clinicians to its governing body;

c) holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a commissioning plan;

e) complying with local authority health overview and scrutiny requirements;

f) meeting annually in public to publish and present its annual report (which must be published);

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to the NHS Commissioning Board as required.

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11 Inserted by section 25 of the 2012 Act

12 *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

13 See Appendix F

14 See Appendix G

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

4.5.2. In addition to these statutory requirements, the group will demonstrate its accountability by:

a) Complying with all relevant regulations;

b) Complying with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and

c) Having due regard to guidance issued by the NHS Commissioning Board.

4.5.3. The governing body will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that it continues to reflect the principles of good governance.

5. Functions and general duties

5.1. Functions

5.1.1. The functions for which the CCG is responsible 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 clinical commissioning groups: a working document*. They relate to:

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:

   i) all people registered with member GP practices, and

   ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

b) commissioning emergency care for anyone present in the group's area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group's employees;

d) determining the remuneration and travelling or other allowances of members of its governing body.

5.1.2. In discharging its functions the group will:

a) act, when exercising its functions to commission health services, consistently[16] with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to *promote a comprehensive health service*[17] *and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*[18] published by the Secretary of State before the start of each financial year by:

   i. NHS West London CCG has delegated responsibility from its Governing Board to act on its behalf in discharging all of its functions;

   ii. For everyday matters affecting the work of the CCG, decisions of the Governing Board will be made by a majority of votes, with the Chair or Deputy Chair having a casting vote in the case of a tie. Exceptions to this will be when decisions are specifically delegated by the Governing Board to the Chair, or to a member of the Executive Team or other Governing Board Committees;

   iii. Progress in achieving delivery of NHS West London CCG's duties will be monitored through its performance reporting mechanisms either to the Governing Board or the designated Committee; and

   iv. All members of the Governing Board, whether elected, appointed or co-opted members, shall be permitted to vote on any decision of the Governing Board and each member has one vote. For avoidance of doubt, no observer shall carry a vote.

b) meet the public sector equality duty[19] by:

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

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

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

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

i. Agreeing an equality and diversity strategy, which sets out how NHS West London CCG will meet its statutory obligations in this area (see Appendix X);

ii. Delegating responsibility for implementing and monitoring its equality duty to the Governing Board via the Accountable Officer or a clinical lead;

iii. Regularly reporting back to the Governing Board on progress made in meeting its statutory duties;

iv. Publishing, at a minimum annually, sufficient information to demonstrate compliance with this general duty across all their functions; and

v. Publishing specific and measurable equality objectives and revising these at least every four years.

c) work in partnership with its local authorities (Royal Borough of Kensington & Chelsea and Westminster City Council) to develop *joint strategic needs assessments*[20] (JSNA) and *joint health and wellbeing strategies*[21] by:

i. Actively participating as elected Governing Board members in the Westminster and Kensington & Chelsea Health & Wellbeing Boards (HWBs);

ii. Being represented by an elected Governing Board member on the Joint Strategic Needs Assessment (JSNA) Steering Group which reports to both HWBs;

iii. Overseeing the development and implementation of the High-Level JSNA and Joint Health and Wellbeing Strategy; and

iv. Present to the Health Overview & Scrutiny Committees, as requested by Royal Borough of Kensington & Chelsea and Westminster City Councils.

d) NHS West London CCG will, in the exercise of its functions, have due regard to the need to:

i. Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act;

ii. Advance equality of opportunity between people who share a protected characteristic and those who do not; protected characteristics include: age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, gender, sexual orientation and – for the elimination of discrimination element of the duty only – marriage and civil partnership;

iii. Foster good relations between people who share a protected characteristic and those who do not;

5.2. General Duties

In discharging its functions NHS West London CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[22] by:

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

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

a) Developing and implementing a patient and public engagement strategy, which requires the CCG to meet over and above its statutory patient and public engagement duties;

b) Agreeing a communications strategy, helping to ensure that there is effective communication between patients, the wider public and the clinical commissioning group;

c) Identifying a clinical lead for patient and public engagement, who is represented on the Governing Board and recruiting two Patient Representatives to the Governing Board;

d) Ensuring future commissioning decisions and related service reconfiguration plans follow best practice in consulting and engaging with the local community and key stakeholders.

5.2.2. 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[23] by:

a) Ensuring the key principles of the NHS Constitution are at the heart of all NHS West London CCG activities;

b) Ensuring national as well as local initiatives drive commissioning within the CCG;

c) The Governing Body ratifying the CCG's commissioning plan and operating plan, which will set out how the CCG will commission healthcare for its population, and demonstrate awareness and regard to the NHS Constitution

5.2.3. Act effectively, efficiently and economically[24] by:

a) Establishing a Finance & Performance Committee to ensure that the CCG has effective financial strategies and plans in place, and that finances are managed appropriately;

b) Working with the NHS Commissioning Board and other CCGs to identify leading practice and, where relevant, achieve economies of scale;

c) Ensuring that value for money is at the heart of commissioning, while maintaining an effective and efficient healthcare service for the people of Kensington & Chelsea and Queen's Park and Paddington;

5.2.4. Act with a view to securing continuous improvement to the quality of services[25] by:

a) Delegating responsibility to the Quality, Patient Safety & Risk Committee to ensure that a there is a system in place to manage risk and maintain and improve the quality of services;

b) Holding monthly Commissioning Learning Sets (CLSs) meetings to improve the CCG's performance through benchmarking referrals data, identification of good practice and peer to peer learning;

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22 See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

23 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)

24 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

25 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

c) Adhering to quality assurance principles, regularly reviewing progress against these principles;

d) Using feedback from patients, members and other stakeholders to identify further areas for development.

5.2.5. Assist and support the NHS Commissioning Board in relation to the Board's duty to improve the quality of primary medical services[26] by:

a) Delegating responsibility to the Quality, Patient Safety & Risk Committee to ensure that a there is a system in place to improve the quality of services;

b) Delegating responsibility to the Commissioning Learning Sets Leads Group to plan and review the work of the Commissioning Learning Sets. These will improve the CCG's performance through benchmarking referrals data, identification of good practice and peer to peer learning.

5.2.6. Have regard to the need to reduce inequalities[27] by:

a) The Governing Body ratifying the CCG's commissioning plan and operating plan, which will set out how the CCG will commission healthcare for its population, reduce health inequalities, and link to the Health & Wellbeing Strategies and Joint Strategies Needs Assessments.

b) Work with partners in health and social care, including Local Authorities, Public Health and voluntary organisations to achieve these aims.

5.2.7. Promote the involvement of patients, their carers and representatives in decisions about their healthcare[28] by:

a) Delegating responsibility to the Patient & Public Engagement Committee to ensure that patients remain central to the CCG's decision making;

b) Setting up a Patient and Public Engagement Committee with delegated responsibility for implementing the strategy;

c) Setting up a Patient Reference Group, which will report to the Patent & Public Engagement Committee, to advise and support the development of the strategy and act as the voice of local patients;

d) Ensuring that information from patient feedback, complaints and incidents is used to continuously improve patient experience of commissioned services.

5.2.8. Act with a view to enabling patients to make choices[29] by:

a) The Governing Body ratifying the CCG's commissioning plan and operating plan, which will set out how the CCG will enable patients to make choices.

b) Ensuring patients are fully informed of options available to them when making any decision about current and future health care needs.

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

27 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

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

29 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.9. Obtain appropriate advice[30] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Having a secondary care consultant and nurse as members of the Governing Body;

b) Having representatives from Local Authorities and Public Health as advisors to the Governing Board; and access to Public Health expertise from the Local Authorities;

c) Working with partners and stakeholders, including neighbouring CCGs, at local, regional and national level;

d) Ensuring that workstreams are led by individual who have experience and expertise in that particular area.

5.2.10. Promote innovation[31] by:

a) Sharing leading innovative practice, from both internal and external sources, throughout the CCG, and particularly in the Commissioning Learning Set meetings;

b) Encourage development and innovation through pathways and workstream development; and

c) Challenge methods to ensure they remain the most effective and efficient means of delivery and approach.

5.2.11. Promote research and the use of research[32] by:

a) Sharing leading research, from both internal and external sources, throughout the CCG, and particularly in the Commissioning Learning Set meetings;

b) Ensuring identified leading research is shared regularly at Governing Board meetings and made available to the wider CCG; and

c) Where funding allows, encourage research within the CCG to enhance delivery and provide a better healthcare service both for the people of West London and nationally.

5.2.12. Have regard to the need to promote education and training[33] 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[34] by:

a) Sharing education and training throughout the CCG, and particularly in the Commissioning Learning Set meetings ;

b) Establishing a Remuneration & Human Resources Sub-committee of the NHS West London CCG Governing Board, which will be responsible for all aspects of human resources policy, including the training and personal development of staff employed by the CCG.

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

31 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

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

33 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

34 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

5.2.13. 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[35] by:

a) Working in partnership with other key stakeholders locally, regionally and nationally:

i. CCGs in the CWHH collaborative (Central, West, Hammersmith & Hounslow);

ii. Neighbouring CCGs in London;

iii. All local contracted providers of primary, secondary or tertiary care, as well as providers of community and mental health services;

iv. Local Authority elected members and officers;

v. The Kensington & Chelsea and Westminster Health & Wellbeing Boards;

vi. The NHS Commissioning Board;

vii. The North West London Commissioning Support Unit (CSU); and

viii. The local LINks/ Healthwatches and local patients and community groups and organisations.

5.3. General Financial Duties – the group will perform its functions so as to:

5.3.1. Ensure its expenditure does not exceed the aggregate of its allotments for the financial year[36] by

a) Delegating financial and budgetary responsibilities to the Finance and Performance Committee of the Governing Board;

b) Appointing a Chief Financial Officer who will work to ensure that NHS West London CCG is competent in managing its budget and is meeting its statutory obligations; and

c) Ensuring that the Audit Committee has oversight for these functions.

5.3.2. Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year[37] by

a) Delegating financial and budgetary responsibilities to the Finance & Performance Committee of the Governing Board;

b) Appointing a Chief Financial Officer who will work to ensure that NHS West London CCG is competent in managing its budget and is meeting its statutory obligations; and

c) Ensuring that the Audit Committee has oversight for these functions.

35 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

36 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

37 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

5.3.3. Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board [38] by

a) Delegating financial and budgetary responsibilities to the Finance & Performance Committee of the Governing Board;

b) Appointing a Chief Financial Officer who will work to ensure that NHS West London CCG is competent in managing its budget and is meeting its statutory obligations; and

c) Ensuring that the Audit Committee has oversight for these functions.

5.3.4. Publish an explanation of how the group spent any payment in respect of quality made to it by the NHS Commissioning Board[39].

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The group will

a) Comply with all relevant regulations;

b) Comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and

c) Take account, as appropriate, of documents issued by the NHS Commissioning Board.

5.4.2. The group 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 group policies and procedures.

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38 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

39 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

6. Decision making – the governing structure

6.1. Authority to act

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

a) Any of its members;

b) Its governing body;

c) Employees;

d) A committee or sub-committee of the group.

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 group as expressed through:

a) The group's scheme of reservation and delegation; and

b) For committees, their terms of reference.

6.2. Scheme of Reservation and Delegation[40]

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

a) Those decisions that are reserved for the membership as a whole;

b) Those decisions that are the responsibilities of its governing body (and its committees), the group's committees and sub-committees, individual members and employees.

6.2.2. NHS West London 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 group that have been delegated to its governing body, committees and individuals must:

a) Comply with the group's principles of good governance,[41]

b) Operate in accordance with the group's scheme of reservation and delegation,[42]

c) Comply with the group's standing orders,[43]

d) Comply with the group's arrangements for discharging its statutory duties,[44]

e) where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

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40 See Appendix D

41 See section 4.4 on Principles of Good Governance above

42 See appendix D

43 See appendix C

44 See chapter 5 above

6.3.2. When discharging their delegated functions, all committees, sub-committees and working groups 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:

a) Identify the roles and responsibilities of those clinical commissioning groups who are working together;

b) Identify any pooled budgets and how these will be managed and reported in annual accounts;

c) Specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

d) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) Identify how disputes will be resolved and the steps required to terminate the working arrangements;

f) Specify how decisions are communicated to the collaborative partners.

6.4. Committees of the group

6.4.1. Committees, sub-committees and working groups operate under the CCG's standing orders. The following are Committees established by the Governing Body, with responsibilities delegated to them:

a) NHS West London CCG Governing Body;

b) Executive Team;

c) Commissioning Learning Sets Leads Group (and Commissioning Learning Sets);

d) Quality, Patient Safety & Risk Committee;

e) Finance & Performance Committee;

f) Audit Committee;

g) Remuneration Committee;

h) Patient & Public Engagement Committee;

i) Out of Hospital Implementation Steering Group (time limited);

j) St Charles Redevelopment Committee (time limited).

6.4.2. The above committees may delegate responsibilities to sub-committees or working groups in supporting the committees to meet the responsibilities outlined in their terms of reference.

6.4.3. Committees may establish their own sub-committees or working groups, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the group or the committee they are accountable to.

6.5. Joint Arrangements

6.5.1. NHS West London CCG has entered into joint arrangements with NHS Central London Clinical Commissioning Group; Hammersmith & Fulham Clinical Commissioning Group; NHS Hounslow Clinical Commissioning Group. They are known as CWHH Collaborative. These CCGs have established a joint collaboration arrangement with the intention of providing a more coherent response to the challenges and risks faced by the North West London health system as a whole. The CWHH Collaborative is committed to working together where a common approach is desired.

The four CCGs have agreed to work together on the following:

a) Addressing strategic and financial risks that apply across the CCGs in the CWHH Collaborative and across North West London;

b) Implementing strategic changes that have an impact across North West London (e.g. strategic changes to the provider landscape);

c) Identifying commissioning intentions, priorities and plans that may impact on service provision for more than one of the CCGs in the CWHH Collaborative;

d) Managing shared providers, such as Imperial College Healthcare NHS Trust; and

e) Managing relationships with the Commissioning Support Unit (CSU).

6.5.2. Further details, including the agreed principles of collaboration are set out in a Collaboration Agreement (available on the CCG's website).

6.5.3. The CWHH Collaborative has established the following joint committees:

a) Audit Committee

b) Remuneration Committee

c) Quality and Safety Committee

d) Finance and Performance Committee

6.5.4 The CWHH Collaborative has identified that committees or working groups could be established in the following areas:

a) Commissioning Support;

b) Finance and Performance;

c) Strategic Planning and Service Transformation;

d) Provider performance and contract management; and

e) Investment (especially in relation to investments in primary care to deliver the Out of Hospital strategy).

The CWHH Collaborative has agreed to share a number of key management posts as described more fully in section 7.9.

6.5.5 The CCG has joint commissioning arrangements with Westminster City Council and The Royal Borough of Kensington & Chelsea; this is managed via the tri-borough programme. The joint commissioning arrangements include:

a) Section 75 Commissioning Partnership Agreement including:

i. Older People;
ii. Physical Disabilities;
iii. Mental Health;
iv. Learning Disabilities;
v. Carers;
vi. Substance Misuse;
vii. HIV/AIDS; and
viii. Safeguarding and Deprivation of Liberty Safeguards;

b) Section 256 Re-ablement and Winter Pressures Plan 2011-13;

c) Section 256 Social Care for Health Plan 2012-13;

d) Collaborative Commissioning for Mental Health.

6.6. The Governing Body

6.6.1. ***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 this constitution.[45] The governing body has responsibility for:

a) ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance[46] (its main function) and statutory regulations;

b) Approving consultation arrangements for the CCG's commissioning plan;

c) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group 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;

d) Developing the organisation to be a robust commissioning group that will use the financial resources available to provide the most cost-effective clinical care, taking into account national benchmarks and evidence of best practice;

e) Facilitating the delivery of any guidance or standards issued by any relevant regulatory body;

f) Ensuring, in conjunction with other local CCGs and the Commissioning Support Unit, that all contracts with provider organisations are appropriately monitored and managed;

g) Determining and developing patient focused clinical care that addresses health inequalities and health needs and secures continuous improvement in the quality of care;

h) Developing integrated community and secondary care pathways to improve the quality of health and social care provision;

i) Providing leadership to the local GP community;

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

46 See section 4.4 on Principles of Good Governance above

j) Assisting and supporting the NHS Commissioning Board to improve the quality of primary care clinical services;

k) Developing relationships with members, helping to facilitate their development and, where necessary, holding them to account;

l) Identifying and determining best practice, quality and clear outcomes by assessing clinical effectiveness, cost effectiveness and quality standards;

m) Monitoring delivery of the objectives within the CCG-wide plans;

n) Overseeing the delivery and monitoring of relevant Quality, Innovation, Productivity and Prevention (QIPP) plans;

o) Providing peer review to address variations in quality of primary care services and promoting education and training to local NHS clinicians and staff;

p) Proactively engaging with local people to ensure that they are involved in the development of services, enabling them to make choices;

q) Providing full reports of activity, including financial activity and use of resources, at annual meetings;

r) Ensuring its expenditure and resources do not exceed its allocations for the financial year;

s) Jointly, with the relevant Local Authorities and through their Health and Wellbeing Boards, producing Joint Strategic Needs Assessments and Health and Wellbeing Strategies and contributing to others where relevant;

t) Working with the relevant Local Authority to ensure that commissioning portfolios for local health and social care systems deliver high-quality care;

u) Acting jointly with other CCGs in exercising commissioning functions or exercising such functions on behalf of other organisations with their agreement;

v) Making grants to voluntary organisations that provide or arrange for the provision of similar services for which the CCG has delegated authority.

6.6.2. Composition of the Governing Body

The governing body must not have less than 6 members and consists of:

a) The Chair;

b) Between five and seven GPs, representing each of the five Commissioning Learning Sets;

c) At least two lay members:

   i) one to lead on audit, remuneration and conflict of interest matters,

   ii) one to lead on patient and public participation matters;

d) At least one registered nurse;

e) One secondary care specialist doctor;

f) The (Chief) Accountable Officer;

g) The Chief Financial Officer;

i) Two patient representatives (non-voting members of the Governing Body).

6.6.3. **Committees of the Governing Body** - the governing body has appointed the following committees with accountability to the Governing Body:

a) **Audit Committee** – provides the governing body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance.

b) **Commissioning Learning Sets Leads group –** provides input to the CCG's commissioning, using audits and research led by the Commissioning Learning Sets to monitor commissioning and highlight quality and safety issues. The Commissioning Learning Sets support delivery of the QIPP programme and provide the key line of communication between the governing body and CCG members. Commissioning Learning Sets are accountable to the Commissioning Learning Sets Leads Group.

c) **Executive Team -** delegated authority to make time-critical decisions on behalf of the governing body, The Executive Team is responsible for operational issues and organisational development.

d) **Finance & Performance Committee** – develops effective strategies and plans for use of its financial resources. The Committee ensures appropriate recovery plans are in place where performance deviates from plans and recommend approval of strategies to the governing body and provide assurance as to the delivery of this work.

e) **Patient & Public Engagement Committee** - ensures that patients and the wider public are involved in and informed about the planning and decision-making process of the CCG and any significant changes to local health services that the CCG commissions. The Committee is responsible for ensuring that the CCG is fulfilling its statutory duties to engage and consult with the local population.

f) **Quality, Patient Safety & Risk Committee** - ensures that there is a sound system of risk management and quality assurance in place and that the CCG is active in monitory the safety and quality of services it commissions, and that steps are taken to improve services.

g) **Remuneration Committee –**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 group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

h) **Out of Hospital Implementation Steering Group** – this is a time-limited group, established to provide assurance on the delivery and quality of the Out of Hospital Strategy and to promote a culture of continuous improvement and innovation with respect to out of hospital services, improving access, quality and patient experience. It supports the CCG's aim of ensuring that high quality services are commissioned for patients, and addressing health inequalities.

i) **St Charles Redevelopment Project Board** - this is a time-limited group, established to oversee the management and delivery of the redevelopment of the St. Charles Hospital Site. The Project Board is the key focus for the development of the Business Case to Full Business Case approval and will oversee the appointment of the preferred development partner and the completion of the agreed works

The governing body has approved and keeps under review the terms of reference for these Committees.

6.6.4 The following committees operate at collaborative level:

Audit Committee –accountable to the CCG's Governing Board, provides the Governing Board with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance.

Remuneration Committee –accountable to the CCG's Governing Board makes recommendations to the Governing Board on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.

Quality and Safety Committee – accountable to the CCG's Governing Board provides assurance on the quality of services commissioned and promotes a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience.

Finance and Performance Committee - The committee will develop a collaborative financial strategy, QIPP plan and risk sharing arrangements for consideration by each of the governing bodies. The committee will consider provider issues across acute, mental health and community providers. The committee will consider performance issues primarily considering those common to more than one CCG.

The governing body has approved and keeps under review the terms of reference for these Committees.

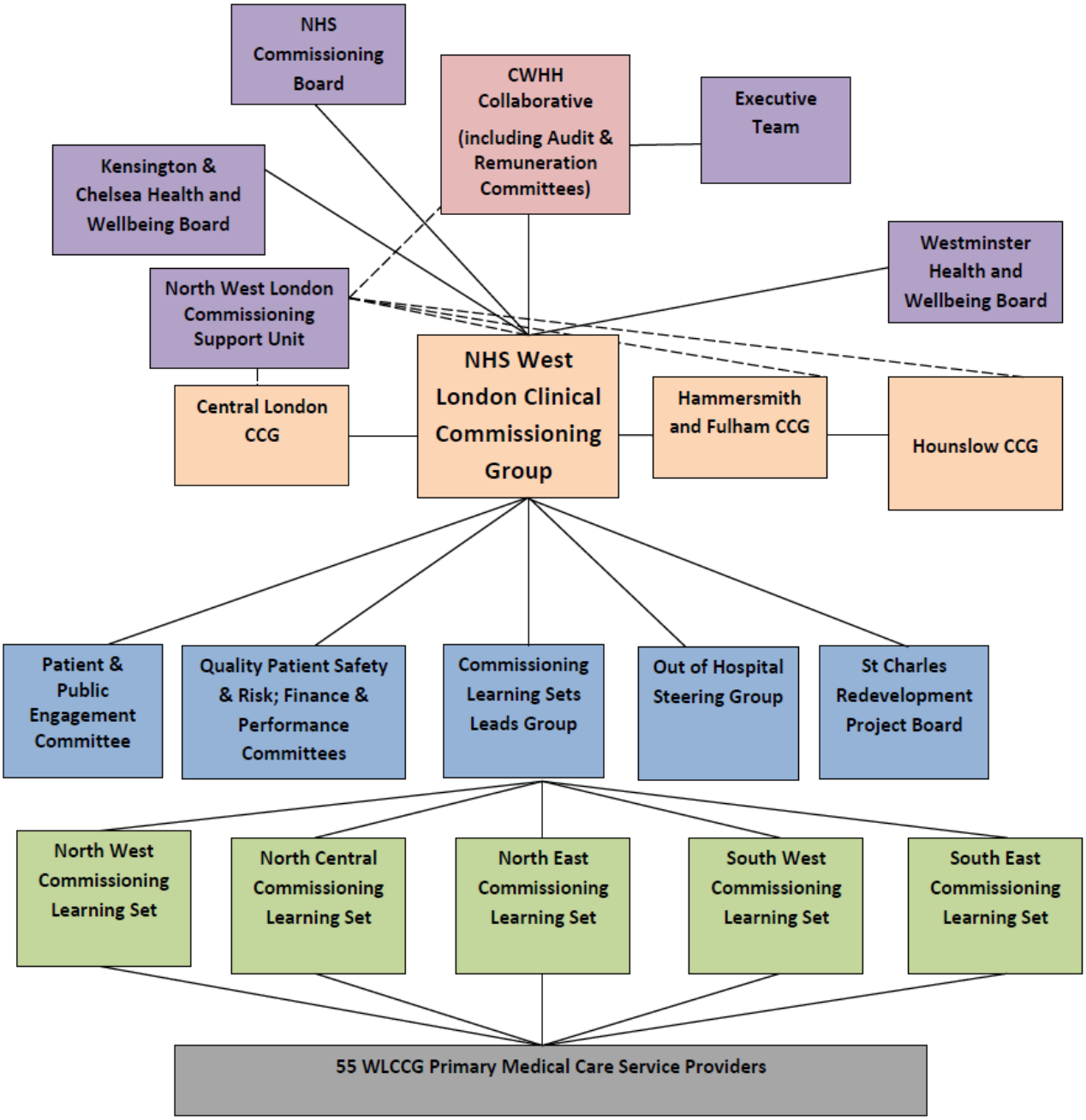
6.6.5 Advisory Groups

The Governing Body may appoint Advisory Groups to assist and advise it on its commissioning and healthcare responsibilities. These Advisory Groups may be created for a limited time-span to serve a particular purpose (e.g. focus on a new clinical initiative).

They can be drawn from CCG personnel and/or from other CCGs; the Local Authority and other appropriate parties/partners. They will have their own Terms of Reference and life expectancy approved by the Governing Body. Existing Advisory Groups include the Sessional GP and Practice Nurse Groups.

6.7 NHS West London CCG structure

The structure in which the CCG operates is illustrated below.



6.8 Transparency

The governing body will publish papers considered at its meetings except where the governing body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.

7. Roles and responsibilities

7.1. Practice Representatives

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

a) Abide by and adhere to the principles of the constitution of NHS West London CCG;

b) Regularly attend plenary and monthly Commissioning Learning Set (CLS) meetings, take active participation at those meetings and provide constructive feedback to colleagues;

c) Ensure that each primary medical care service provider is represented by a lead GP and practice manager at CLS and plenary meetings;

d) Undertake audits of referral data and other associated activities as part of the work of the CLSs;

e) Learn from and strive towards best practice, based on clinical effectiveness, cost effectiveness and quality standards;

f) Identify any training needs of clinical and non-clinical staff within the primary medical care service provider and share these with CLS colleagues;

g) Promote and raise awareness of any CCG consultations or events to staff and patients; and

h) Engage, where appropriate, in pathway and service redesign and patient engagement consultation exercises, working in partnership with all stakeholders to develop new pathways to reduce health inequalities and improve the health of the people of West London.

Where attendance by the practice representative is not possible, arrangements for a proxy to act as representative can be made.

7.2 Clinical leaders

7.2.1 GPs and other healthcare professionals acting as leaders are responsible for providing clinical leadership in specialist clinical or non-clinical areas agreed by the Governing Board.

Individuals who are not members of the Governing Board are encouraged to become Clinical Leads for key specialist areas and involved in specific projects.

Their role includes working with staff and patients to promote the quality of clinical services and service delivery across primary care and secondary care. Clinical leaders will:

a) Provide clinical leadership in the development of services and clinical/ referral pathways that fit with the overall strategic direction of North West London and NHS West London CCG;

b) Ensure, in conjunction with others involved in clinical governance, that the relevant standards of clinical practice are maintained, and that patients are receiving the best possible service;

c) Develop and maintain professional networks within the local area, including acute hospital providers, community trust providers, cancer networks, Local Involvement Networks, at both regional and national levels;

d) Support the development of clinical services by providing advice/opinion at relevant stakeholder meetings;

e) Work in close association with other Clinical Leads, the CCG Chair, NHS West London CCG and the medical advisor;

f) Ensure the voice of the members are heard and the interests of patients and the community remain at the heart of discussions and decisions;

g) Ensure the CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation; and

h) Report back to the CCG Governing Board on progress and clinical performance.

Currently, NHS West London CCG has clinical leaders in the following specialist areas:

Role	Area	Name
Clinical Pathway Lead	Respiratory/ COPD	Dr Iain Blake
	Cancer	TBC
	Cardiology	Dr Simon Ramsden
	Continuing Care	Dr Mark Sweeney
	Paediatrics	Dr Val Dias
	Dermatology	Dr Rachael Garner
	MSK	Dr Naomi Katz
	Mental Health	Dr Fiona Butler
	Hospital Avoidance/ Case Management	Dr Fiona Butler/ Yvonne Fraser
	Diabetes	Dr Simon Ramsden
	Diagnostics	Dr Naomi Katz
	Prescribing/ Medicines Management	Dr Iain Blake/ Dr Dathi/ Dr Stott*
	Substance Misuse	Dr Jane Pettifer*
	Women's Health	Dr Clare Corbett*
	Immunisations	Dr Val Dias
	Safeguarding	Dr Val Dias
	Child Protection	Dr Neera Dholakia*
	Sexual Health	Dr Jane Pettifer*
	Fit for Work	Dr Malik*
	Homeless Health	Dr Fiona Butler/ Dr Justin Hammond*
	Older People	Dr Mark Sweeney
Corporate Leads	IM&T and data quality	Dr Andy Rose
	Finance and commissioning (including individual funding requests)	Dr Mark Sweeney

Role	Area	Name
	Performance	Dr Iain Blake
	Patient/Public/Voluntary Sector Engagement	Dr Puvana Rajakulendran
	Clinical Governance	Dr Val Dias
	Public Health	Dr Iain Blake

7.2. All Members of the Governing Body

7.2.1 Guidance on the roles of members of the group's governing body is set out in a separate document[47]. In summary, each member of the Governing Board 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. Each brings their unique perspective, informed by their expertise and experience. Members of the Governing Board will be expected to:

a) Contribute a strategic and operational view of how to commission new ways of delivering services to ensure, as far as possible, that these are in the best interests of the community as a whole;

b) Lead on improved commissioning of services identified in the QIPP plan based on local clinical need, best practice and agreed local health strategies;

c) Contribute to the development of the CCG plan and its implementation and, where relevant, lead on key aspects of the plan's delivery, including at neighbourhood level;

d) Ensure that the CCG is effective in terms of clinical quality, value for money and governance arrangements;

e) Be accountable to local primary medical care service providers and the Collaborative for the implementation of the CCG's business plan and objectives across Kensington & Chelsea and Queen's Park and Paddington;

f) Supporting the Chief (Accountable) Officer in discharging the responsibilities of the organisation;

g) Commit to a number of local primary medical care service provider visits; the numbers of visits per Governing Board member to be agreed with the CCG Chair;

h) Keep abreast of local and national policy developments and be aware of their potential impact on the CCG and its community;

i) Prepare for meetings, attend regularly and contribute constructively;

j) Submit invoices for work promptly, using the available templates;

k) Raise any concerns with the Chair or Deputy Chair of the Committees;

l) Contribute to the planning and delivery of the CCG plenaries;

m) Abide by the CCG's constitution; and

n) Sign up to the Out of Hospital strategy and the use of enhanced and integrated community services.

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47 *Clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board, October 2012

7.3. The Chair of the Governing Body

7.3.1. The chair of the governing body is responsible for:

a) Leading the Governing Board, ensuring it remains continuously able to discharge its duties and responsibilities;

b) Building and developing the CCG's Governing Board and its individual members;

c) Ensure that the CCG has proper constitutional and governance arrangements in place;

d) Ensuring that, through the appropriate support, information and evidence, the Governing Board is able to discharge its duties;

e) Supporting the accountable officer in discharging the responsibilities of the organisation;

f) Contributing to building a shared vision of the aims, values and culture of the organisation;

g) Leading and influencing to deliver clinical and organisational change to enable the CCG to deliver its commissioning intentions;

h) Overseeing governance and ensuring particularly that the Governing Board and the wider CCG behave with the utmost transparency and responsiveness at all times;

i) Ensuring that the views of patients and the public are heard, their expectations understood and, as far as possible, met;

j) Ensuring that the organisation is accountable to its patients, stakeholders and the NHS Commissioning Board; and

k) Ensuring that the CCG builds and maintains effective relationships, particularly with Health & Wellbeing Boards.

7.3.2. Where the chair of the Governing Body is also the lead clinician of the CCG, s/he will have the following responsibilities:

a) Leading the CCG ensuring it is able to discharge its functions; and

b) Acting as the senior clinical voice of the CCG in interactions with stakeholders including the NHS Commissioning Board;

7.4. The Deputy Chair and Vice Chair of the Governing Body

7.4.1. The Deputy Chair of the governing body deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act.

7.4.2. The Vice Chair/s are clinical leaders responsible for representing the Chair at meetings and public events where then Chair is unable to participate or has responsibility delegated to them.

7.5. Role of the Accountable Officer

7.5.1. The Chief (Accountable) Officer of the group is a member of the governing body.

7.5.2. The Chief (Accountable) Officer of the CCG is a member of the Governing Board.

7.5.3. The role of the Accountable Officer is:

a) Being responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

b) Ensuring that the regularity and propriety of expenditure is discharged and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) Working with the Chair of the Governing Body to ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Board) 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.

d) Ensuring that the CCG complies with its obligations under:

   i. Section 14P of the 2006 Act to promote the NHS Constitution;

   ii. Sections 223H to 223J of the 2006 Act;

   iii. Paragraphs 16 to 18 of Part 1 of Schedule 1A of the 2006 Act; and

   iv. Be responsible for ensuring that the CCG delivers its mission and aims.

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

7.5.5. The Governing Board may authorise the Accountable Officer to fulfil this role for more than one clinical commissioning group (such an appointment is referred to as a 'joint appointment') at its discretion.

7.6. Role of the Chief Finance Officer

7.6.1. The chief finance officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.6.2. The role of the Chief Financial Officer is summarised in a national document[48]:

a) being the Governing Board's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) making appropriate arrangements to support and monitor the CCG's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;

d) being able to advise the Governing Board on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties;

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;

[48] See the NHS Commissioning Board's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

f) Ensuring the discharge of obligations by the CCG under relevant financial directions including:

i. Implementing the CCG's financial policies and for co-coordinating any corrective action necessary to further these policies;

ii. Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

iii. Ensuring that sufficient records are maintained to show and explain the CCG's transactions, in order to disclose, with reasonable accuracy, the financial position of the CCG at any time; and

iv. The preparation and maintenance of such accounts, certificates, estimates, records and reports as the CCG may require for the purpose of carrying out its statutory duties; and

v. Ensuring the financial resources available to the CCG are used to support the delivery of the CCG's mission and aims.

7.6.3 The Governing Body may permit the Chief Financial Officer to hold this role for more than one clinical commissioning group (such an appointment is referred to as a 'joint appointment') at its discretion.

7.7. Role of the Lay Member – lead on audit, remuneration and conflicts of interest matters

7.7.1 The lay member leading on audit, remuneration and conflict of interest matters is a Governing Board Member.

7.7.2 The role of the role of the lay member leading on audit, remuneration and conflict of interest matters will be to:

a) Use their expertise and experience to bring a strategic and impartial view of the Group's work;

b) Oversee key elements of governance, including audit, remuneration and managing conflicts of interest;

c) Chair the Audit Committee; and

d) Chair the Remuneration Committee.

7.8. Joint Appointments with other Organisations

7.8.1. The CCG has the following joint appointment/s with other organisation/s:

a) Accountable (Chief) Officer;

b) Chief Financial Officer:

c) Director of Patient Safety & Quality;

d) Director roles: as agreed with the chairs of the governing bodies of: the NWL CCGs; and

e) Lay Member: lead on audit, remuneration and conflict of interest (shared with CCGs in the CWHH Collaborative).

7.8.2. The roles listed above are shared with the CCGs in the CWHH Collaborative. The Collaboration Agreement sets out further information on these appointments.

8. 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 group 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 group 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 F.

8.1.2. They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the CCG's website.

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.

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 clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2. Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.

8.2.3. A conflict of interest will include:

a) A direct pecuniary interest: where an individual may benefit financially from the consequences of a commissioning decision (for example, as a provider of services);

b) An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation will benefit financially from the consequences of a commissioning decision;

c) A non-pecuniary interest: where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house); and

e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

8.2.4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. Declaring and Registering Interests

8.3.1. The CCG will maintain one or more registers of the interests of:

a) Members of the group;

b) Members of its governing body;

c) Members of its committees or sub-committees and the committees or sub-committees of its governing body; and

d) Its employees.

8.3.2. The register of Governing Body members' interests will be published on the group's website.

8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5. The Governing Body will ensure that the register of interests is reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

8.4.1. Individual members of the group, the governing body, committees or sub-committees, the committees or sub-committees of its governing body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.

8.4.2. The Governing Body will ensure that for every interest declared, in writing or orally, arrangements are in place to manage the conflict, or potential conflict, of interest to ensure the integrity of the CCG's decision making processes.

8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Governing Body, and will include the requirements to put in writing to the relevant individual arrangements for managing the conflict, or potential conflict, of interests within a week of declaration. The arrangements will confirm the following:

a) When an individual should withdraw from a specified activity, on a temporary or permanent basis

b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual

8.4.4. Where an interest has been declared, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflicts, or potential conflicts, of interest from the Governing Body.

8.4.5. Where an individual member, employee or person providing services to the group is aware of an interest which:

a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;

b) Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerns will bring this to the attention of the chair of the meeting, together with details of arrangements that have been confirmed for the management of the conflicts, or potential, conflicts of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

8.4.6. Where the chair of any meeting of the group, including committees, sub-committees, or the governing body and the governing body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the governing body, the governing body's committees or sub-committees, will be recorded in the minutes.

8.4.8. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

8.4.9. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Governing Body on the action to be taken.

8.4.10. This may include:

a) Requiring another of the CCG's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

b) Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the group can progress the item of business:

i. A member of the CCG who is an individual;

ii. An individual appointed by a member to act on its behalf in the dealing between in and the CCG;

iii. A member of a relevant Health & Wellbeing Board;

iv. A member of a governing body of another CCG.

These arrangements must be recorded in the minutes.

8.4.11. In any transaction undertaken in support of the CCG's commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Governing Body of the transaction.

8.4.12. The Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5. Managing Conflicts of Interest: contractors and people who provide services to the group

8.5.1. Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2. Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

8.6.1. The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. The group will publish a Procurement Strategy approved by its governing body which will ensure that:

a) all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3. Copies of the Procurement Strategy will be available on the group's website.

9. 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 group.

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 group. 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 group 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 group’s website.

10. Transparency, ways of working and standing orders

10.1. General

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

10.1.2. Key communications issued by the group, including the notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the group's website.

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

10.1.4. In the event of any conflict between any set of standing orders and the constitution, the terms of the constitution shall prevail.

10.2. Standing Orders

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

a) ***Standing orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the group's representatives and appoint to the group's committees, including the governing body;

b) ***Scheme of reservation and delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group's governing body, the governing body's committees and sub-committees, the group's committees and sub-committees, individual members and employees;

c) ***Prime financial policies (Appendix E)*** – which sets out the arrangements for managing the group's financial affairs.