

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 (Accountable) Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ 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 group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the governing body	the individual appointed by the group to act as chair of the governing body
Chief Financial Officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the group • a committee / sub-committee created by a committee created / appointed by the membership of the group • a committee / sub-committee created / appointed by the governing body
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 clinical commissioning group is established until the following 31 March

Group	NHS West London Clinical Commissioning Group, whose constitution this is
Governing body	<p>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 clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • 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 group
Lay member	<p>a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional</p> <p>(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</p>
Member	a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)
Practice representatives	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, 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	<p>registers a group 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:</p> <ul style="list-style-type: none"> • the members of the group; • 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	Address	GP Partner (alphabetical order)
Barlby Road Surgery (A T Medics)	81 Barlby Road, W10 6AZ	Dr Qureshi , Dr Tahir
Bayswater Medical Centre	46 Craven Road, W2 3QA	Dr Vranakis
Beacon Medical Centre (The Practice PLC)	111-117 Lancaster Road, W11 1QT	Dr Brannick (salaried GP), Dr Garcia-Lopez (salaried GP)
Boreham and Rowley	18 Thurloe Street, SW7 2SU	Dr Boreham, Dr Rowley
Brompton Medical Centre	237 Old Brompton Road, SW5 0EA	Dr Ali
Colville Health Centre	51 Kensington Park Road, W11 1PA	Dr Chung
Earl's Court Health and Wellbeing Centre	2b Hogarth Road, Earl's Court, SW5 0PT	Dr Rebecca Gaster (salaried GP)
Earl's Court Medical Centre	248 Earl's Court Road, SW5 9AD	Dr Kathirgamanathan, Dr Nayak, Dr Periyasamy, Dr Rajakulendran
Emperor's Gate Centre For Health	49 Emperor's Gate, SW7 4HJ	Dr King, Dr Pankhurst, Dr Stott
Foreland Medical Centre	188 Walmer Road, W11 4ES	Dr Cram, Dr Pearl
Garway Medical Practice	Pickering House, Hallfield Estate, Bishop's Bridge Road, W2 6HF	Dr Phornnarit
Half Penny Steps Health Centre	427-429 Harrow Road	Dr N Frazer (lead GP), Dr T Reichhelm (Medical Director)
Harrow Road Health Centre	209 Harrow Road, W2 5EH	Dr Fluxman
Health Centre Srikrishnamurthy	574 Harrow Road, W10 4NJ	Dr Srikrishnamurthy
Holland Park Surgery	73 Holland Park, W11 3SL	Dr Bloom, Dr Calman, Dr Dharmawardene, Dr Hooker
Kensington Park Medical Centre	75 Russell Road, W14 8HW	Dr Dua
Kings Road Medical Centre (A T Medics)	World's End Health Centre, 529 Kings Road, SW10 0UD	Dr Tahir
Knightsbridge Medical Centre	71-75 Pavilion Road, SW1X 0ET	Dr Brunton, Dr Sweeney
Lancaster Gate Medical Centre	20-21 Leinster Terrace, W2 3ET	Dr Maini
Medical Centre	Royal Hospital Road, SW3 4SR	Dr Keating
Milne House Medical Centre	1 Norfolk Square, W2 1RU	Dr Nayar, Dr Takhar
North Kensington Medical Centre	St Quintin Avenue, W10 6NX	Dr Kelso, Dr Swade
Notting Hill Medical Centre	14 Codrington Mews, W11 2EH	Dr Garner
Portobello Medical Centre	14 Codrington Mews, W11 2EH	Dr Stride

Practice Name	Address	GP Partner (alphabetical order)
Queens Park Health Centre	Dart Street, W10 4LD	Dr Nagarajan
Queens Park Health Centre	Dart Street, W10 4LD	Dr Lai Chung Fong
Queens Park Health Centre	Dart Street, W10 4LD	Dr Ahmed
Rosary Gardens Surgery	45 Rosary Gardens, SW7 4NQ	Dr Joshi
Scarsdale Medical Centre	2 Scarsdale Place, W8 5SX	Dr Evans, Dr Kiernan, Dr Lebens
Shirland Road Medical Centre	321 Shireland Road, W9 3JJ	Dr Garfield, Dr Sarnicki
St Quintin Health Centre	St Quintin Avenue, W10 6NX	Dr Densham
The Surgery	Colville Health Centre, 51 Kensington Park Road, W11 1PA	Dr Blake, Dr Boon, Dr Mok
The Abingdon Medical Centre	88-92 Earl's Court Road, W8 6EG	Dr Corbett
The Chelsea Practice	Flood Walk, SW3 5RR	Dr Scudder
The Elgin Clinic	40 Elgin Avenue, W2 5SU	Dr Mackney
The Exmoor Surgery	Exmoor Street, W10 6DZ	Dr Baroni, Dr Rahman
The Golborne Medical Centre	12-16 Golborne Road, W10 5PE	Dr Dathi
The Good Practice	409 King's Road, SW10 0LR	Dr Hammond, Dr Sinclair
The Meanwhile Garden Medical Centre	Unit 5, 1-31 Elkstone Road, W10 5NT	Dr Jasani, Dr Kraemer
The New Elgin Practice	44 Chippenham Road, W9 2AF	Dr Katz, Dr Quilliam, Dr Tate
The Pembridge Villas Surgery	45a Pembridge Villas, W11 3EP	Dr Ramsden, Dr Reid
The Portland Road Practice	16 Portland Road, W11 4 LA	Dr Topsham, Dr Watson
The Redcliffe Surgery	10 Redcliffe Street, SW10 9DT	Dr Butler, Dr Farrar, Dr Rees
The Surgery	32 Eardley Crescent, SW5 9JZ	Dr Adib, Dr Burnham Adib
The Surgery	112 Princedale Road, W11 4NH	Dr Dias
The Surgery	7 Stanhope Mews West, SW7 5RB	Dr Gillies, Dr Hussein, Dr Steeden
The Surgery	57 Sydney Street, SW3 6PX	Dr Maini
The Surgery	2 Scarsdale Villas, W8 6PR	Dr Malhas, Dr Malhas
The Surgery	7 Kynance Place, SW7 4QS	Mr Mckeown
The Surgery	269 Old Brompton Road, SW5 9JA	Dr Parameshwaran
The Surgery	12-14 Golborne Road, W10 5PG	Dr Nannithamby, Dr Ramasamy
The Surgery	5 Sloane Avenue, SW3 3JD	Dr Rose
The Surgery	96 Sirdar Road, W11 4EG	Dr Wijaysinghe
West Two Health	33-35 Praed Street, W2 1NR	Dr Langson

Practice Name	Address	GP Partner (alphabetical order)
Westbourne Grove Medical Centre	241 Westbourne Grove, W11 2SE	Dr Chin, Dr O'Connor

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

- 1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS West London Clinical Commissioning Group so that group 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 group is established.
- 1.1.2. The standing orders, together with the group's scheme of reservation and delegation¹ and the group's prime financial policies², provide a procedural framework within which the group discharges its business. They set out:
- a) the arrangements for conducting the business of the group;
 - b) the appointment of member practice representatives;
 - c) the procedure to be followed at meetings of the group, the governing body and any committees or sub-committees of the group 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 appropriate³ 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 group's constitution. Group members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the group's committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.
- 1.1.4. The standing orders, scheme of reservation and delegation, and prime financial policies have effect as if incorporated into the CCG's constitution. NHS West London CCG members, employees, members of the Governing Board, committee and sub-committee members 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.

1.2. Schedule of matters reserved to the clinical commissioning group 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 group's functions and those of the governing body to certain bodies (such as

¹ See Appendix D

² See Appendix E

³ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1. Composition of membership

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

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

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the group's constitution sets out the composition of the group's governing body whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the group and its governing body. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. The Chief (Accountable) Officer of the CCG is subject to the following appointment process:

a) Eligibility – the Chief Officer shall be either:

- i) an individual who is a Member of the CCG or of any body that is a Member of the CCG or, in the case of a joint appointment, an individual who is a member of any of the clinical commissioning groups in question or of any body that is a member of any of those clinical commissioning groups; or
- ii) an employee of the CCG or of any Member of the CCG or, in the case of a joint appointment, an employee of any of the clinical commissioning groups in question or of any member of those clinical commissioning groups.

b) Appointment process – the Chief Officer is to be appointed by the Governing Body.

c) Term of office

- i) if the Chief Officer is an individual who is a Member of the CCG or of any body that is a Member of the CCG or, in the case of a joint appointment, an individual who is a member of any of the clinical commissioning groups in question or of any body that is a member of any of those clinical commissioning groups the term of office shall be 3 years.
- ii) if the Chief Officer is an employee of the CCG or of any Member of the CCG or, in the case of a joint appointment, an employee of any of the clinical commissioning groups in question or of any member of those clinical commissioning groups, the Chief Officer shall remain in post until they resign or are removed from office.

d) Eligibility for reappointment - in the case of the Chief Officer being an individual who is a Member of the CCG or of any body that is a Member of the CCG or, in the

case of a joint appointment, an individual who is a member of any of the clinical commissioning groups in question or of any body that is a member of any of those clinical commissioning groups they will be eligible for reappointment by the Governing Body for further three year terms of office;

- e) **Grounds for removal from office** - the Chief Officer may be removed from office by the passing of a resolution to remove the Chief Officer by the Council of Members or the Governing Body.

2.2.3. The Chief Finance Officer as listed in paragraph **Error! Reference source not found.** of the CCG's Constitution, is subject to the following appointment process:

- a) **Eligibility** – only individuals that:
- i) have been formally accredited by the NHS Commissioning Board through the assessment process; and
 - ii) are not the CCG's Chief Officer,
will be eligible to be appointed as the Chief Finance Officer by the Governing Body;
- b) **Appointment process** – the Chief Finance Officer is to be appointed by the Chief Officer and Chair;
- c) **Term of office** - the Chief Finance Officer shall remain in post until they resign or are removed from office;
- d) **Grounds for removal from office** - the Chief Finance Officer may be removed from office by the passing of a resolution to remove the CFO by the Council of Members or the Governing Body;

2.2.4. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group's constitution.

2.3 Elections to Governing Body

2.3.1 The NHS West London CCG Governing Board will be elected by member practices and will have delegated authority to make decisions on behalf of NHS West London CCG.

2.3.2 Members elected to the NHS West London CCG Governing Board will be given the opportunity to put themselves forward for Chair, Vice-Chairs and CLS Leads. If there is more than one member standing for Chair, Vice-Chairs and CLS Leads, members will each cast a vote for their preferred candidate. Candidates for Chair cannot vote for themselves.

2.3.3 Elections to the Governing Board will as, a minimum, include one member from each of the 5 CLS areas, and a maximum of seven GP members.

2.3.4 The electoral process will be managed by the Electoral Reform Society to ensure a transparent process. Each practice eligible to vote will cast votes according to their practice population. The electoral system will be based on one vote per 2000 registered patients (with practices under 2000 entitled to a minimum of one vote), using the patient list from April of that year. Votes will be totalled against each candidate. Candidates with the highest vote will be elected to the CCG Governing Board to fill each seat.

- a) There will be a pre-selection process to secure GP commissioning representatives for election with appropriate skills and experience based on an agreed job description and person specification;
- b) Individuals who meet the minimum standards agreed within the selection process will then be eligible to stand for election;
- c) A pre-selection panel will be established to assess suitability against the competencies set out in the person specification for each role based on the individual's manifesto;
- d) The panel will make a judgement on competence and a two-thirds majority will constitute approval of eligibility to stand for election;
- e) An appeals process will be established should an individual wish to challenge an unsuccessful application;
- f) The Governing Board will also have the right to co-opt other suitably qualified GPs if it reasonably concludes that there are no suitable candidates available and is reasonably satisfied that the candidate has the appropriate skills and competence to perform the required role.

2.3.5 The CCG will appoint to the following roles from the membership of the Governing Body:

- a) Chair
- b) Vice-Chair/s
- c) Committee chairs

2.3.6 Tenure for all CCG Governing Board positions will be for up to two terms of three years. In order to ensure continuity within the Governing Board, the first elected Governing Board will go through re-elections in April 2014, with a third of positions standing for re-election each year. Governing Board members will be given the opportunity to stand down voluntarily in April 2013 and April 2014. If more or less than a third of positions are voluntarily submitted, a process of random selection will be introduced to determine who stands down.

Governing Board members who stand down at this juncture can stand for re-election up to the maximum term of 6 years.

2.3.7 Elected members can be elected for a maximum of two terms and will then be required to have a two-year break.

2.3.8 Remuneration will be agreed nationally. Governing Board members will be paid on an hourly basis:

- a) General Practitioners - £100 per hour (the payment is intended to pay the cost of locums)
- b) Practice Managers - £50 per hour
- c) Practice Nurses - £50 per hour (the payment is intended for participation in the fortnightly Committee meetings)

Payment will be made within 28 days of receipt of an invoice being received.

- 2.3.9 Descriptions of Governing Board member roles will be updated to reflect the outcome of the remuneration review and lay member recruitment taking place.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

- 3.1.1. Ordinary meetings of the group shall be held at regular intervals at such times and places as the group may determine.

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 the members of the Governing Body or Committee at least five 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 eight working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least five 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 group's website.

3.3. Petitions

- 3.3.1. Where a petition has been received by the group, 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 group or its governing body or of a committee or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.
- 3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the group, governing body, committee or sub-committee respectively 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. Meetings of the Governing Body are quorate when six members of the CCG attend the meeting. The following roles must be represented:

- a) Three GPs from a geographical mix; and
- b) Either the Chair, Deputy Chair or Vice-Chair; and
- c) Either a practice manager or a practice nurse; and
- d) The Managing Director or her/his representative.

3.6.2. For all other of the group'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

3.7.1. Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Decisions of the Governing Body will be made by a majority of votes, with the Chair (or Deputy or Vice Chair where appropriate) having a casting vote in the case of a tie. Exceptions to this will be when decisions are specifically delegated by the Governing Body to the Chair or to a member of the Executive Team.

3.7.2. Where a vote of members will be required, the process for which is set out below:

- a) Eligibility – members of the CCG who are members of the Governing Body;
- b) Majority – simple majority;
- c) Casting vote – this shall reside with the Chair or Deputy Chair
- d) Dissenting vote/s – shall be recorded at the discretion of the Chair.

3.7.3. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting at the discretion of the Chair.

3.7.4. For all other of the group's committees and sub-committees, 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 Executive Team will have delegated authority from the Governing Board for decisions that are time critical. Where it is not possible for the Executive Team to meet in order to make an urgent decision, the Chair (and Deputy or Vice-Chair in their absence) will have the authority to make a decision on her/his own. All critical or urgent decisions will be reported back to the CCG Governing Board at its meeting, unless the Chair considers it of paramount importance that Governing Board members should be informed earlier.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided a quorum of 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 committee for review of the reasonableness of the decision to suspend standing orders.
- 3.9.4. Requests by NHS West London CCG members to vary this constitution may only be made in the following manner:
- a) Formal proposals for amendment will be sent to the Chair of NHS West London CCG Governing Board, who will place them before the Governing Board members for consideration at the earliest opportunity. The Governing Board will not consider the proposal unless members have received at least ten days' clear notice of such proposals in advance of the next scheduled meeting;
 - b) Amendments proposed by the Governing Board will be put to the next meeting of the local CWHH collaborative for decision by vote;
 - c) A Governing Board member may invoke an extraordinary Governing Board meeting to propose an amendment to the constitution at any time; and
 - d) A constituent practice may invoke an extraordinary NHS West London CCG Governing Board meeting to propose an amendment to the constitution if it is supported in writing by ten practices (20%);
- 3.9.5. Prior to authorisation the CCG Governing Board can amend the constitution at any point, although any proposed changes will require approval of a majority of the CCG Governing Board members.
- 3.9.6. After authorisation, this constitution can only be varied in the following two circumstances:
- a) Where the CCG formally applies to the NHS Commissioning Board and that application is granted; or
 - b) Where, in the circumstances set out in legislation, the NHS Commissioning Board varies the CCG's constitution other than on application by the CCG group.

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 group'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. Minutes of the CCG Governing Body will be made available to all constituent practices and will be reported to the NHS North West London Board. All agendas, notes and associated papers will be displayed on the CCG website in a timely manner. The minutes of preceding Governing Board meetings will be verified for accuracy and matters arising at each Governing Board meeting and displayed on the CCG's website. Minutes of the meetings will be made a matter of public record.

3.12. Admission of public and the press

- 3.12.1. Meetings of the CCG Governing Body will be held in public, unless the Chair of the Governing Body decides the matters are confidential or would be prejudicial to the public

interest. Minutes of meetings that are of a confidential nature will be recorded separately and not disclosed to the public. Where the press or public are excluded, Governing Board members will be required not to disclose confidential contents of papers or minutes, or the content of any discussion at the meeting on these topics, outside the CCG without the express permission of the Chair of the CCG Governing Body.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State⁴, and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the group, or committees and sub-committees of its governing body, are appointed they are included in Chapter 6 of the group's constitution.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the group 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 group.
- 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 shall have effect as if incorporated into the constitution.

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 group.

4.4. Approval of Appointments to Committees and Sub-Committees

- 4.4.1. The group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the governing body. The group 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 governing body for

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

action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

- a) the accountable officer;
- b) the chair of the governing body;
- c) the chief finance officer;
- d) The Managing Director.

6.2. Execution of a document by signature

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

- a) the accountable officer
- b) the chair of the governing body
- c) the chief finance officer
- d) The Managing Director.

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements: general principles

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

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

1. **SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION**
 - 1.1. The arrangements made by the group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the group's constitution.
 - 1.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

Scheme of Reservation and Delegation – some activities have been included under decisions reserved to the membership, to the Governing Body and to the Accountable Officer

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
REGULATION AND CONTROL	Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.	✓										
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the group's constitution, including terms of reference for the group's Governing Board, 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 clinical commissioning group which have not been retained as reserved by the group, delegated to the Governing Board or other committee or sub-committee or [specified] member or employee.							✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
REGULATION AND CONTROL	<p>Prepare the group's overarching scheme of reservation and delegation, which sets out those decisions of the group <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> - group's Governing Board - committees and sub-committees of the group, or - its members or employees and sets out those decisions of the Governing Board <u>reserved</u> to the Governing Board and those <u>delegated</u> to the - Governing Board's committees and sub-committees, - members of the Governing Board, - an individual who is member of the group but not the Governing Board or a specified person. - for inclusion in the group's constitution. 		✓									✓
REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation.		✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
REGULATION AND CONTROL	Prepare the group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's constitution.							✓				
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.									✓		
REGULATION AND CONTROL	Approve detailed financial policies.		✓									
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		✓									
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BOARD	Approve the arrangements for - identifying practice members to represent practices in matters concerning the work of the group; and - appointing clinical leaders to represent the group's membership on the group's Governing Board, for example through election (if desired).		✓									
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BOARD	Approve the appointment of Governing Board members, the process for recruiting and removing non-elected members to the Governing Board (subject to any regulatory requirements) and succession planning.		✓									
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BOARD	Approve arrangements for identifying the group's proposed Accountable Officer.		✓									
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the group.		✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
STRATEGY AND PLANNING	Approval of the group's operating structure.		✓									
STRATEGY AND PLANNING	Approval of the group's commissioning plan.		✓									
STRATEGY AND PLANNING	Approval of the group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.		✓									
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.		✓									
ANNUAL REPORT AND ACCOUNTS	Approval of the group's annual report and annual accounts.			✓								
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.		✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Board members, including pensions and gratuities.				✓							
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.				✓							
HUMAN RESOURCES	Approve any other terms and conditions of services for the group's employees.				✓							
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the group.				✓							
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.				✓							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.				✓							
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group.				✓							
HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group.				✓							
HUMAN RESOURCES	Approval of the arrangements for discharging the group's statutory duties as an employer.				✓							
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the group				✓							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.						✓					
QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.						✓					
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group.											✓
OPERATIONAL AND RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements.			✓								
OPERATIONAL AND RISK MANAGEMENT	Approval of the group's risk management arrangements.			✓								

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		✓									
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the group.			✓								
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.			✓								
OPERATIONAL AND RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning.		✓									
INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints.						✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.						✓					
TENDERING AND CONTRACTING	Approval of the group's contracts for any commissioning support.		✓									
TENDERING AND CONTRACTING	Approval of the group's contracts for corporate support (for example finance provision).		✓									
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓									
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Board	Delegated to Audit Sub-Committee	Delegated to Remuneration Sub-Committee	Delegated to Finance and Performance Sub-Committee	Delegated to Quality, Patient Safety and Risk Sub-Committee	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to Chief Financial Officer	Delegated to Chief Quality Officer / Board Nurse	Delegated to Chief Corporate Affairs Officer
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, promoting Equality and Diversity improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓									
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority, where appropriate.		✓									
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.											✓
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.						✓					

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the group's constitution.
- 1.1.2. The prime financial policies are part of the group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the accountable officer and chief financial officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.
- 1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the Accountable Officer & Chief Financial Officer and incorporated into the Service Agreement with the North West London Commissioning Support Unit, and known as *detailed financial policies*. The group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Financial Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the group's detailed financial policies will be published and maintained on the CCG's website.
- 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 Financial Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group's constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. 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 committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of the CCG's members, employees, members of the governing body, members of the governing body's committees and sub-committees,

members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

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

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

- 1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the governing body's audit committee, the chief finance officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the group's constitution, any amendment will not come into force until the group applies to the NHS Commissioning Board and that application is granted.

2. INTERNAL CONTROL

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

- 2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.6.3(a) of the group's constitution for further information).
- 2.2. The accountable officer has overall responsibility for the group'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 group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

- 3.1. In line with the terms of reference for the CCG's Audit Committee], the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the accountable officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the accountable officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The chief finance officer will ensure that:
- a) the group has a professional and technically competent internal audit function; and
 - b) the governing body approves any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

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

- 4.1. The governing body's audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The governing body's audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

- 5.1. The group is required by statutory provisions⁵ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.
- 5.2. The accountable officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The chief finance officer will:
- a) provide reports in the form required by the NHS Commissioning Board;

⁵ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

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

6. ALLOTMENTS⁶

6.1. The group's chief finance officer will:

- a) Periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds;
- b) Prior to the start of each financial year submit to the Governing Body 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 Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the CCG will produce and publish an annual commissioning plan⁷ that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets

- 7.1. The accountable officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to 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.
- 7.4. The accountable officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5. The Governing Body will approve consultation arrangements for the group's commissioning plan⁸.

8. ANNUAL ACCOUNTS AND REPORTS

⁶ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁷ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁸ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

POLICY – the CCG will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁹, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

- 8.1. The chief finance officer will ensure the group:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee and Governing Body;
 - b) prepares the accounts according to the timetable approved by the Audit Committee and Governing Body;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the CCG's website.

9. INFORMATION TECHNOLOGY

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

- 9.1. The chief finance officer is responsible for the accuracy and security of the group's computerised financial data and shall
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.
- 9.2. 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

⁹ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

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

10.1. 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 Commissioning Board;
- b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11. BANK ACCOUNTS

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

11.1. The chief finance officer will:

- a) Review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions¹⁰, best practice and represent best value for money;
- b) Manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) Prepare detailed instructions on the operation of bank accounts.

11.2. The Audit Committee shall approve the banking arrangements.

¹⁰ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions¹¹
- ensure its power to make grants and loans is used to discharge its functions effectively¹²

12.1. 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;
- c) Approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) For developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

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

13.1. The group 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

¹¹ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

¹² See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

tenders from firms not on the approved lists, the reason shall be recorded in writing to the accountable officer or the Audit Committee.

- 13.2. The Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) The CCG's standing orders;
 - b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) Take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

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

- 14.1. The group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The accountable officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. 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.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1. The Accountable Officer will ensure that the CCG has a programme of risk management, based on the current Department of Health assurance framework requirements, which must be approved and monitored by the CCG Governing Body. The programme of risk management shall include:

- a. A process for identifying and quantifying risks and potential liabilities;
- b. Engendering a positive attitude towards the control of risk among all levels of staff;
- c. Management processes to ensure all significant risks and potential liabilities are addressed, including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d. Contingency plans to offset the impact of adverse events;
- e. Audit arrangements including; internal audit, clinical audit, health and safety review;
- f. A clear indication of which risks shall be insured; and
- g. Arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current Department of Health guidance.

15.2 Insurance: Risk Pooling Schemes Administered by NHSLA

The CCG Governing Board will decide if the CCG will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Governing Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme, this decision shall be reviewed annually.

15.3 Insurance Arrangements with Commercial Insurers

There is a general prohibition on NHS bodies entering into insurance arrangements with commercial insurers. The CCG Governing Board will only enter into a commercial insurance arrangement in exceptional circumstances, with such arrangements to be recommended by the Audit Committee.

15.4 Arrangements to be followed by the Governing Board in agreeing insurance Cover

- a) Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority, the Director of Finance will ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.
- b) Where the Governing Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Governing Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.
- c) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director Finance should ensure

documented procedures also cover the management of claims and payments below the deductible in each case.

16. PAYROLL

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

- 16.1. 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.
- 16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

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

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers
- 17.2. The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The chief finance officer will:
- a) Advise the Governing Body 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.

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

POLICY – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the

safe storage of the group's fixed assets

18.1. The accountable officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2. The chief finance officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

- 20.1. The chief finance officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F - 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)¹³

¹³ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to 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 planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being
6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves
7. **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)¹⁴

¹⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

APPENDIX H – CHECKLIST FOR THE CLINICAL COMMISSIONING GROUP’S CONSTITUTION

Essential/ Optional	Content	Included
Essential	<p>The constitution must specify:</p> <ul style="list-style-type: none"> • the name of the clinical commissioning group; • the members of the group; and • the area of the group <p>The name of the group must comply with such requirements as may be prescribed</p>	✓
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for the discharge of its functions (including its functions in determining the terms and conditions of its employees)</p>	✓
Optional	<p>The arrangements may include provision:</p> <ul style="list-style-type: none"> • for the appointment of committees or sub-committees of the clinical commissioning group; and • for any such committees to consist of or include persons other than members or employees of the clinical commissioning group 	✓
Optional	<p>The arrangements may include provision for any functions of the clinical commissioning group to be exercised on its behalf by:</p> <ul style="list-style-type: none"> • any of its members or employees; • its governing body; or • a committee or sub-committee of the group 	✓
Essential	<p>The constitution must specify the procedure to be followed by the clinical commissioning group in making decisions</p>	✓
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for discharging its duties in respect of registers of interest and management of conflicts of interest as specified under section 14O(1) to (4) of the 2006 Act, as inserted by section 25 of the 2012 Act</p>	✓
Essential	<p>The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the group and the manner in which they are made</p> <p>The provisions made above must secure that there is effective participation by each member of the clinical commissioning group in the exercise of the group’s functions</p>	✓
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for the discharge of the functions of its governing body</p>	✓
Essential	<p>The arrangements must include:</p> <ul style="list-style-type: none"> • provision for the appointment of the audit committee and 	✓

Essential/ Optional	Content	Included
	remuneration committee of the governing body	
Optional	<p>The arrangements may include:</p> <ul style="list-style-type: none"> • provision for the audit committee (but not the remuneration committee) to include individuals who are not members of the governing body • provision for the appointment of other committees or sub-committees of the governing body. These may include provision for a committee or sub-committee to include individuals who are not members of the governing body but are: <ul style="list-style-type: none"> ○ members of the clinical commissioning group, or ○ individuals of a description specified in the constitution 	✓
Optional	<p>The arrangements may include provision for any functions of the governing body to be exercised on its behalf by:</p> <ul style="list-style-type: none"> • any committee or sub-committee of the governing body, • a member of the governing body; • a member of the clinical commissioning group who is an individual (but is not a member of the governing body); or • an individual of a description specified in the constitution 	✓
Essential	The constitution must specify the procedure to be followed by the governing body in making decisions	✓
Essential	<p>The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the governing body and the manner in which they are made</p> <p>This provision must include provision for meetings of governing bodies to be open to the public, except where the clinical commissioning group considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting</p>	✓
Essential	<p>In its constitution, the clinical commissioning group must describe the arrangements which it has made and include a statement of the principles which it will follow in implementing those arrangements, to secure that individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved (whether by being consulted or provided with information or in other ways):</p> <ul style="list-style-type: none"> • in the planning of the commissioning arrangements by the group; • in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and • in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the 	✓

Essential/ Optional	Content	Included
	decisions would (if made) have such an impact	