NHS WEST LONDON
CLINICAL COMMISSIONING GROUP

CONSTITUTION

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FOREWORD

The Clinical Commissioning Group (CCG) is responsible for planning and buying (commissioning) local health services. Set up in April 2013 under the Health and Social Care Act 2012, CCGs are member-led organisations, where the members are the GP practices in that given area.

The CCG model puts local GPs at the heart of deciding what health services local people need and receive. All of the GPs use their experience and knowledge to influence and shape the decisions the CCG makes, with some more heavily involved as representatives of the CCG on the Governing Body.

Whilst the CCG is a sovereign organisation, responsible for its local population, the challenges facing healthcare present significant opportunities for collaboration and partnership working so to bring to bear not only economies of scale but also to enable improvements across the health and social care system. To this end, the CCG works in close collaboration with other CCGs, more formally with those in North West London. With the agreement of the North West London Sustainability and Transformation Plan in 2016, closer working with Local Authorities, health and social care providers and the third sector is vital. This constitution aims, therefore, to create the required flexibility for the CCG to operate as part of a bigger force for change whilst preserving its sovereignty and focus on improving the health and well-being of its local population.

This constitution sets out formally the arrangements made by the Clinical Commissioning Group (CCG) to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the CCG has established to ensure probity and accountability in the day-to-day running of the CCG. Above all, the Constitution exists to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to all that the CCG does.

The constitution establishes and governs the CCG's:

- name;
- membership;
- geographic area of responsibility;
- arrangements for the discharge of its functions and those of its Governing Body (in effect, its Board);
- formal decision-making arrangements and procedures, including how it secures transparency of such;
- arrangements for discharging the CCG's duties in relation to registers of interests and managing conflicts of interests; and
- arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the CCG in certain aspects of those commissioning arrangements and the principles that underpin these.

The constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- the CCG's member practices;
- the CCG's employees;
- individuals working on behalf of the CCG;
- anyone who is a member of the CCG's governing body; and
- anyone who is a member of any other committee(s) or sub-committees established by the CCG or its governing body.

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"). 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"). 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.

1.2.2. NHS England is responsible for determining applications from prospective CCGs to be established as clinical commissioning groups and undertakes an annual assessment of each established CCG. It has powers to intervene in a clinical commissioning group where it is satisfied that a CCG is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.

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.

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 1 April 2013, when NHS England established the CCG. The constitution is published on the CCG's website at www.westlondonccg.nhs.uk/

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.

a) where the CCG applies to NHS England and that application is granted;

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

2. AREA COVERED

2.1. The geographical area covered by NHS West London Clinical Commissioning Group, and covers the Royal Borough of Kensington & Chelsea and Queen's Park & Paddington in Westminster. For a map of the area covered by the CCG, please visit www.westlondonccg.nhs.uk

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. Members are GP primary medical care service providers within the area covered by NHS West London CCG, as described in section 2.1.

3.1.2. The list of member practices is at Appendix B. The list of member practices may be updated without requiring constitutional approval. The current list of member practices set out in Appendix B will be published on the CCG's website www.westlondonccg.nhs.uk

3.2. Eligibility

3.2.1. A person or entity is eligible to apply to become a Member if:

a) Such person or entity is a provider of primary medical services pursuant to section 14A(3) of the 2006 Act, as inserted by section 25 of the 2012 Act; and

b) Such person or entity medical services is from, and is situated with the Geographic area as defined in Section 2

3.3. Dispute Resolution

3.3.1. The following dispute resolution process will apply to manage any dispute between a member practice and the CCG governing body. The CCG is committed to engaging with its members around strategic proposals and developments. However, where a member finds it has a dispute or grievance with the wider CCG as a whole, or its governing body or committees or sub-committees or joint committees to whom it has delegated powers, with regards to:

3.3.1.1. matters of eligibility and disqualification; or

3.3.1.2. the interpretation and application of their respective powers and obligations under this Constitution; or

3.3.1.3. a decision which the CCG has made on behalf of its members; or

3.3.1.4. member matters - as members in a commissioning capacity and not matters relating to GP practices as providers.

3.3.2. It may follow the dispute resolution procedure outlined below. If the member wishes to raise an issue with the CCG as a whole:

3.3.2.1. In the first instance, the member may raise such an issue through an elected governing body member, in writing within two calendar months of the issue arising, for resolution;

3.3.2.2. The elected governing body member will respond to the member in writing within 30 working days, unless the representative is on leave or otherwise

away, in which case the Chair can direct any other elected governing body member to receive and resolve the issue;

3.3.2.3. If the elected governing body member is unable to resolve the issue, the member may write formally to the Chair, or, if the Chair is unavailable, to the Vice Chair, clearly outlining the issue(s) and contact details. The Chair, in conjunction with the Accountable Officer where appropriate, will contact the member within 30 working days through the member representative to resolve the dispute;

3.3.2.4. Where the dispute is unable to be resolved as above, parties may decide, at their own cost, to refer to mediation, the independent third party mediator being appointed by the Centre for Effective Dispute Resolution.

3.3.2.5. The member should, at the earliest opportunity discuss such concerns with the Local Medical Committee.

3.4. MEMBER SECTION

3.5. Termination of membership of NHS West London CCG

3.5.1. Membership of the CCG may be terminated by the CCG Governing Board if the practice in question:

a) Fails to abide by, or is in serious breach of, the CCG's constitution;

b) Is identified as falling significantly below accepted standards of practice agreed by the CCG Governing Board (for example, referral rates, care pathways, prescribing) and has failed to improve after agreeing a course of recovery action with the CCG Governing Board; and

c) Engages in any activities that make its membership untenable.

3.5.2. The membership of a practice will only be terminated after the following process:

a) A serious incident must be raised initially with the Chair of the CCG Board and the incident must be raised with the Chair in writing;

b) Where appropriate, the CCG will agree an action plan with the practice with clear outcomes and an agreed timescale for remedying the situation;

c) If the practice fails to deliver the agreed outcomes and timescales from the action plan, the matter will be discussed in confidence at the next CCG meeting. If the matter relates to a member of the CCG or a member of the CCG is connected to the practice in question, or has a declared interest in the practice, then that member will be required to leave the meeting while the specific matter is discussed;

d) The CCG will be able to expel the practice from the CCG only if the proposal to expel the practice receives at least a two thirds majority;

e) The practice will have the right to appeal, using the dispute resolution process (set out in 3.3 above); and

f) The Chair of the Governing Body and Chief Officer of West London CCG must be informed before any final decision is made.

3.6. Voluntary withdrawal from the CCG

3.6.1. A practice may formally withdraw from the CCG by providing the Chair of the CCG Governing Board with at least one month's written notice of withdrawal.

3.7. Members' roles

3.7.1. Member practices will be expected to engage actively in the commissioning work of NHS West London CCG. For NHS West London CCG to progress, it is essential all member practices actively engage with each other, their Commissioning Learning Sets and the NHS West London CCG Governing Board.

3.7.2. Member practices will be required to:

- Take an active involvement in NHS West London CCG, contributing expertise to support developments and CCG delivery;
- Improve quality of performance in practice in line with NHS West London CCG policy;
- Regularly attend Commissioning Learning Sets (CLSs) and be active members of CLSs and carry out associated work; attendance should be predominantly the GP partner, the salaried doctor or the long-term locum;
- Endeavour to make available clinical and other staff to participate in commissioning project work and feed back to other members of practice staff who are unable to attend CLS meetings in a systematic way;
- Adhere to commissioning decisions made by the NHS West London CCG, particularly in relation to commissioned care pathways and service policy;
- Provide, as a minimum, one named GP partner or an alternative salaried doctor/long-term locum; and, where appropriate, other practice members including a practice manager and practice nurses as a link for each practice to the CLS. GP partners will be expected to attend monthly CLS meetings, and, as a minimum, maintain 80% attendance. If the partner is unable to attend a CLS meeting, they will b expected to send a salaried doctor or a long-term locum;
- Maintain awareness of the CCG's activity by reading regular e-newsletters, discussion of commissioning at practice and patient CCG meetings;
- Provide monthly evidence through the CLS Implementation Plan of

information disseminated, actions agreed and behavioural change to comply with NHS West London CCG policies;

- Practice engagement at locality level through CLS work, co-operation on key areas and peer review;
- Sign up to the Out of Hospital strategy and commit to use community health services where possible;
- Support initiatives that promote clinical and cost-effective commissioning and operate within agreed budgets and resources;
- Offer patient choice;
- Commit to any new overarching initiatives that the CCG Governing Board has agreed; and
- Sign up to the CCG's constitution.

3.7.3. In order to ensure practices are continually and proactively engaged in the business of clinical commissioning, NHS West London CCG Governing Board and the CLSs will:

- Enable communication between the practices;
- Discuss and debate the views and wishes of practices;
- Agree priorities for commissioning and review progress of commissioning with practices;
- Provide for a forum for clinicians, practice managers, nurses and patients to facilitate collective decision making;
- Agree any new additions to membership of or removals from the commissioning group;
- Aid communication between the practices, the CCG and support services and health and social care providers; and
- Give practical support, where resources allow, to the practices to assist them to deliver the aims and outcomes of the commissioning agenda.

3.6.3 The CCG recognises the Local Medical Committee and London-wide LMC and commits to working with the LMC in fulfilling the CCG's duties to its member practices.

3.7 Commissioning Learning Sets

3.7.3 The CCG has established five Commissioning Learning Sets (CLSs) for the purposes of fostering collaboration and learning between practices, sharing and benchmarking data, spreading best practice at locality level, improving performance, ensuring practice engagement across the CCG, and generating ideas for new services or improvements in existing services.

3.7.4 The 5 CLSs are constituted as follows:

- South West - (Kensington & Chelsea)
- South East - (Kensington & Chelsea)
- North West - (Kensington & Chelsea)
- North Central - (Kensington & Chelsea and Queen's Park and Paddington):
- North East - (Kensington & Chelsea and Queen's Park and Paddington)

3.7.5 Aims of the CLS:

- To understand patterns of variance in referral behaviour and reduce variance where possible;
- To target high spending in acute commissioning areas through academic clinical audit;
- To encourage peer review and education;
- To harness ideas for developing service improvements and commissioning intentions;
- To improve understanding of patient demand and need;
- To share best practice at locality level; and
- To ensure a high level of clinical and practice engagement.

4. Principles of Good Governance

4.1. Principles of Good Governance

4.1.1. In accordance with section 14L(2)(b) of the 2006 Act, the CCG 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*;

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

d) the seven key principles of the *NHS Constitution*;

e) the Equality Act 2010.

4.2. Accountability

4.2.1. The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England 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 CCG 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 NHS England as required;

k) securing that there is effective participation by each Member of the CCG in the exercise of the CCG's functions

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

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

a) commissioning certain health services (where NHS England 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 CCG'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 CCG'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 CCG will:

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

b) ***meet the public sector equality duty*** by:

   i) Agreeing an equality and diversity strategy, that sets out how the CCG will meet its statutory obligations in this area;

   ii) Reporting back to the Governing Body on progress made in meeting its statutory duties at least annually;

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

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

   v) Ensuring that the CCG monitors performance against the equality and diversity strategy objectives and provides an annual assessment

vi) Working in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies by being an active member of the Health and Wellbeing Board.

vii) The Joint Strategic Needs Assessment will be reviewed by the Governing Body.

viii) Committing to ensuring that when making decisions, appropriate and proportionate consideration (Due regard) is given to; the protected characteristics in the Equalities Act 2010 and the (FREDA) principles of Human Rights in the Human Rights Act 1998.

c) work in partnership with its local authority to develop ***joint strategic needs assessments*** and ***joint health and wellbeing strategies***

5.2. General Duties

5.2.1. In discharging its functions the CCG will:

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

a) 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 (which may be combined with the engagement strategy), helping to ensure that there is effective communication between patients, the wider public and the clinical commissioning group;

c) Identifying a lead for patient and public engagement, who is represented on the Governing Body;

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

e) Ensuring that patients, public and staff are engaged with commissioning decisions; from publicising information and individual involvement to support shared decision making to more formal consultation and engagement;

f) Working with providers of healthcare to make sure that we learn lessons from patient experience to improve the way patients and the public are treated as consumers and service users;

g) Publishing information about health services on the CCG's website and through other appropriate forms of media;

h) Monitoring performance against this responsibility and provide regular reports about performance to the CCG Governing Body through its committee structure;

i) Ensuring that the CCG has mechanisms in place to implement and act in

accordance with the communication and engagement strategy;

j) Ensuring that the CCG monitors performance against the strategy objectives and provides an annual assessment;

k) Further developing its patient and stakeholder engagement forums or equivalent CCGs;

l) Meeting annually in public to publish and present the CCG Annual Report;

m) Taking account of the Cabinet Office's latest Consultation principles.

5.2.1.1 Statement of Public Involvement Principles:

a) Create an organisational culture that encourages and enables involvement;

b) Be inclusive and proactive in resolving barriers to effective involvement and participation;

c) Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services;

d) Recognise the importance of providing feedback to people who have made their views known;

e) Work in partnership with other agencies to avoid duplication where possible when approaching the public;

f) Build upon best practice and be open to innovative and proven approaches from within and outside the NHS;

g) Provide support and training to staff to equip them for this role.

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***

5.2.3. Act ***effectively, efficiently and economically***

5.2.4. Act with a view to ***securing continuous improvement to the quality of services***

5.2.5. Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***

5.2.6. Have regard to the need to ***reduce inequalities***

5.2.7. ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***

5.2.8. Act with a view to ***enabling patients to make choices***

5.2.9. ***Obtain appropriate advice*** from persons who, taken together, have a broad range of professional expertise in healthcare and public health

5.2.10. **Promote innovation**

5.2.11. ***Promote research and the use of research***

5.2.12. Have regard to the need to ***promote education and training*** 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

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 CCG considers that this would improve the quality of services or reduce inequalities.

5.3. General Financial Duties

The CCG 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*;**

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

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

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

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The CCG will

a) comply with all relevant regulations;

b) comply with directions issued by the Secretary of State for Health or NHS England; and

c) take account, as appropriate, of documents issued by NHS England.

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

5.4.3. The CCG shall discharge the functions and duties set out at Clause 5.2 and 5.3 above by the delegations set out in the Scheme of Reservation and Delegation.

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 CCG. It may grant authority to act on its behalf to:

a) any of its members;

b) its governing body;

c) employees or office-holders;

d) a committee or sub-committee of the CCG or Governing Body;

Any of those with authority to act may work jointly with other organisations to make joint decisions where joint arrangements are agreed as set out in section 6.5 (Joint Arrangements).

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

a) the CCG's scheme of reservation and delegation; and

b) for committees, their terms of reference.

6.2. Scheme of Reservation and Delegation

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

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

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

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

6.3. General

6.3.1. In discharging functions of the CCG that have been delegated to its governing body (and its committees, sub-committees and joint committees), and individuals must:

a) comply with the CCG's principles of good governance,

b) operate in accordance with the CCG's scheme of reservation and delegation,

c) comply with the CCG's standing orders,

d) comply with the CCG's arrangements for discharging its statutory duties,

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

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

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

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. Joint Arrangements

6.4.1. The CCG has entered into joint arrangements amongst the following clinical commissioning group(s):

a) NHS Brent CCG

b) NHS Central London CCG

c) NHS Ealing CCG

d) NHS Harrow CCG

e) NHS Hammersmith and Fulham CCG

f) NHS Hillingdon CCG

g) NHS Hounslow CCG

h) NHS West London CCG

6.4.2. Together the eight CCGs set out in 6.4.1, referred to here as 'NWL 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 NWL CCGs are committed to working together in a collaborative way, where a common approach is desired. The NWL CCGs have agreed to work together on the following:

a) Addressing strategic and financial risks that apply across the CCGs and across NWL;

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

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

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

e) Managing relationships with the other common providers or hosts.

6.4.3. Further details including the agreed principles of collaboration are set out on the CCG's website.

6.4.4. The NWL CCGs have also agreed to share a number of key management posts as described more fully in section 7.6 - 7.11 below.

6.4.5. The CCG may enter into joint arrangements between any or all of the North West London CCGs except for matters reserved to Members under the Scheme of Reservation and Delegation (Appendix D). For matters reserved to members, a vote of Members is required for the CCG to enter into joint arrangements.

6.4.6. The CCG may create joint committee(s) with the relevant local authority(ies)

6.4.7. Joint commissioning arrangements with other Clinical Commissioning Groups

6.4.7.1 The CCG may wish to work together with other CCGs in the exercise of its commissioning or operational functions

6.4.7.2 Contingent on Scheme of Reservation (Appendix D), the Governing Body may approve the CCG making arrangements with one or more CCGs in respect of:

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the commissioning functions of another CCG; or

c) exercising jointly the commissioning functions of the CCG and another CCG

d) meeting 'in common' with other CCGs to exercise the CCG's individual functions in a co-ordinated manner with other CCGs

6.4.7.3 For the purposes of the arrangements described in the above paragraph, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG;

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG.

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

6.4.7.5 For the purposes of the arrangements described at paragraph 6.4.7.3 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.4.7.2 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.4.7.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.4.7.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions;

b) The duties and responsibilities of the parties;

c) How risk will be managed and apportioned between the parties;

d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund; and

e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.4.7.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.4.7.1 above.

6.4.8. The CCG will at all times retain the ultimate accountability for commissioning decisions affecting the CCG's local health population.

6.4.9. The NWL Joint Committee acts as a committee of each member CCG's Governing Body. The Committee's terms of reference will be approved by the Governing Body and this will include decision-making powers where agreed.

6.4.10. Where delegated responsibilities are being discharged collaboratively, the collaborative arrangements must comply with the requirements set out in 6.3.3 above

6.4.11. Joint commissioning arrangements with NHS England for the exercise of NHS England's functions.

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

6.4.11.2. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

a) Exercise such functions as specified by NHS England under delegated arrangements;

b) Jointly exercise such functions as specified with NHS England.

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

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

6.4.11.5. For the purposes of the arrangements described at paragraph 6.4.11.6. below, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.4.11.6. Where the CCG enters into arrangements with NHS England as described at paragraph 6.5.11.2. above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions;

b) The duties and responsibilities of the parties;

c) How risk will be managed and apportioned between the parties;

d) Financial arrangements, including payments towards a pooled fund and management of that fund;

e) Model wording for amendments to the CCGs' constitutions; and

f) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.4.12. The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.4.11.2 above.

6.4.13. The CCG will act in accordance with any further statutory guidance issued by NHS England on delegated primary care commissioning arrangements.

6.4.14. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.5. The Governing Body

6.5.1. 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. The governing body has responsibility for:

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCGs *principles of good governance* (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act.

6.5.1.1. The Governing Body also has functions delegated to it by the CCG, which are set out in the Scheme of Reservation and Delegation.

6.5.2. Composition of the Governing Body

The governing body must not have less than 10 members and consists of:

a) the chair (an Elected Governing Body member);

b) up to nine additional representatives of member practices (may include sessional GPs and non-GP representatives such as practice manager(s) or practice nurse(s));

c) a minimum of three and up to five lay members including:

i) one to lead on governance,

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

d) registered nurse (who is not employed by a provider of primary medical services);

e) secondary care specialist doctor;

f) the accountable officer;

g) the chief finance officer; and

h) the managing director.

6.5.2.1. The governing body may invite other attendees in a non-voting capacity to attend the governing body at its discretion.

6.5.2.2. The governing body may co-opt members, in accordance with Standing Orders, for the purposes of managing conflicts of interest.

6.5.2.3. To change the number of positions on the Governing Body for either representatives of member practices or Lay Members requires member (member practices) approval following member decision-making processes in the Standing Orders.

6.5.3. Committees of the Governing Body

The governing body has appointed the following committees and sub-committees:

a) **Audit Committee** – the audit committee, which is accountable to the CCG's governing body, provides the governing body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG. The governing body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee. The CCG will establish an Audit Committee that is statutorily compliant in terms of its role and remit and its membership. The Governing Body will approve the terms of reference which will address these points. Details as to the scope of the Audit Committee's work programme will be contained within the terms of reference.

   In addition the CCG or the governing body has delegated the approval of the CCG's statutory Annual Report and Accounts to its audit committee;

b) **Remuneration Committee** – the remuneration committee, which is accountable to the CCG's governing body makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee; and

c) **Primary Care Commissioning Committee** – the primary care commissioning committee is accountable to the CCG's governing body and is responsible for the exercise the functions the CCG has agreed are delegated to the CCG from NHS England in relation to primary care. The Primary Care Commissioning Committee will carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act and in line with the CCG's Delegation Agreement with NHS England. This includes decisions in relation to the commissioning, procurement and management of primary medical services contracts (enhanced services, local incentive schemes, discretionary payments, urgent care), approval of practice mergers, planning and reviewing services, managing delegated primary care budgets and primary care premises directions.

d) a Committee to support the management of conflicts of interest - such a committee will be established, which can be joint with other CCGs, and shall consist of representatives from the participating CCGs, including Lay Members and a requirement for a quorum of independent (non-executive or elected) members. The Committee will consider matters referred to it by the participating Governing Bodies or committees thereof where they feel that the matters would benefit from independent oversight. The

Committee may make recommendations or decisions as requested by the Governing Bodies or committees. The governing body has approved and will keep under review the Committee's terms of reference, which include information on the membership of the committee. The Committee exists as a non-conflicted vehicle for commissioning and contractual decisions. The Audit Committee's role in conflicts of interest is assurance and has no role in commissioning decisions to ensure appropriate separation of decision-making and assurance.

6.5.3.1. ***Other Committees of the Governing Body***: the Governing Body may appoint other committees and sub-committees to support and / or deliver functions of the Governing Body. For each committee the Governing Body will agree and keep under review terms of reference, which will include membership of the committee. Where authority to take decisions on behalf of the Governing Body is conferred, the Committees will be required to account to the Governing Body regularly, and to the CCG in its statutory Annual report and Accounts.

6.5.3.2. For transparency, the Terms of Reference of extant Committees of the Governing Body will be published on the CCG's website alongside this constitution.

6.6. Transparency

6.6.1. 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.

6.6.2. Unless it considers that it would not be in the public interest, the governing body will publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances, including allowances payable under certain pension schemes):

a) in relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify a band of £5,000 into which the salary falls), or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act; and

b) any recommendation of the remuneration committee in relation to any such determination.

6.7. Indemnity

6.7.1. Any member of the Governing Body (whether executive, non-executive or otherwise) who has acted honestly and in good faith, will not have to meet out of his or her own personal resources any civil liability which is incurred in the

execution of his or her CCG functions, save where the person has acted recklessly.

7. ROLES AND RESPONSIBILITIES

Membership of the CCG

7.1. Practice Representatives

7.1.1. Practice Representatives represent their Member's views as commissioners and in the best interests of patients and act on behalf of the Members in matters relating to the CCG. The role of the Practice Representative is to:

a) Vote on behalf of the relevant Member in elections or other Member matters such as matters reserved to Members under this constitution;

b) Attend, represent and vote on behalf of their Member practice at formal meetings of Members

c) Disseminate and report information received in relation to any of the CCG's activities to the Member Practices and facilitate and enable communication between practices.

d) Abide by and adhere to the principles of the constitution, including behaving in accordance with the CCG's Code of Conduct policy and the Principles of Good Governance, as described in section 4.4 of this constitution.

7.1.2. Each Practice Representative must be a General Practitioner of medicine that is employed or engaged by a Member.

7.1.3. In the event of a named Practice Representative being unable to attend a meeting the Practice may nominate a Deputy-Practice Representative who shall have the full authority to speak for the Member and vote on behalf of the member.

7.2. Other GP and Primary Care Health Professionals

7.2.1. In addition to the practice representatives identified in section 7.1 above, the CCG agrees a number of other GPs / primary care health professionals from member practices to either support the work of the CCG and / or represent the CCG rather than represent their own individual practices.

Governing Body Membership

7.3. All Members of the CCG's Governing Body

7.3.1. Guidance on the roles of members of the CCG's governing body is set out in a separate NHS England guidance document. In summary, each member of the governing body should share responsibility as part of a team to ensure that he 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.

7.4. The Chair of the Governing Body

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

a) leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

b) building and developing the CCG's governing body and its individual members;

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

d) ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties;

e) 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 achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

k) ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

7.5. The Deputy Chair of the Governing Body

7.5.1. The deputy chair of the governing body deputises for the chair of the governing body where both he or she and the Vice Chair have a conflict of interest or are otherwise unable to act.

7.5.2. When the Chair, Vice Chair and Deputy Chair are conflicted the remaining non-conflicted members will elect one of the remaining members as Chair person for the duration of the discussion and decision relating to the conflicting matter;

7.5.3. Where the Chair is a healthcare professional the Deputy Chair must be selected from the lay membership.

7.6. Role of the Accountable Officer

7.6.1. The accountable officer of the CCG is a member of the governing body.

7.6.2. This role of accountable officer has been summarised in a national document as:

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

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

c) working closely with the chair of the governing body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.7. Role of the Chief Finance Officer

7.7.1. 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

7.7.2. This role of chief finance officer has been summarised in a national document as:

a) being the governing body'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 on the CCG's finances;

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

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

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

f) developing cohesive financial strategies within the CCG(s)

7.8. Joint Appointments with other Organisations

7.8.1. The Governing Body may make joint Governing Body appointments with other organisations, except for representatives of member practices. The membership will elect the member representatives on the Governing Body.

7.8.2. For any joint appointments on the Governing Body, the CCG must follow the appointment process set out in the Standing Orders. The Governing Body does not need to ratify any joint appointments.

7.8.3. All Governing Body joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

7.8.4. The Accountable Officer has the authority to make joint appointments for officers not on the Governing Body.

7.8.5. The Accountable Officer has the authority to ratify the appointment of any joint Governing Body appointment after the appointment process set out in the Standing Orders for that role is followed.

7.9. Role of the Registered Nurse

7.9.1. The registered nurse is a Governing Body Member.

7.9.2. The role of the registered nurse is to bring a broader view, from their perspective as a registered nurse, on health and care social care issues to underpin the work of the CCG, especially the contribution of nursing to patient care.

7.9.3. In addition, the registered nurse shall have responsibility for any other duties and or functions as determined by the Governing Body from time to time.

7.10. Role of the Secondary Care Specialist Doctor

7.10.1. The secondary care specialist doctor is a Governing Body Member.

7.10.2. The role of the secondary care specialist doctor is to bring a broader view on healthcare issues to underpin the work of the CCG. In particular, the secondary care specialist doctor will bring to the Governing Body (and to the whole CCG) an understanding of patient care in the secondary care setting.

7.10.3. In addition, the secondary care specialist doctor shall have responsibility for any other duties and or functions as determined by the Governing Body from time to time.

7.11. Role of the Lay Member - lead on Governance

7.11.1. The lay member leading on Governance is a Governing Body Member.

7.11.2. The lay member leading on Governance will have the qualifications, expertise or experience necessary to express informed views about financial management, governance and audit matters, as well as meet the requirements to chairing the Audit Committee.

7.11.3. The lay member will use their expertise and experience to bring a strategic and impartial view of the CCG's work.

7.12. Role of the Lay Member – lead role in championing Patient and Public Engagement

7.12.1. The lay member leading on championing Patient and Public Engagement is a Governing Body Member.

7.12.2. The role of the lay member leading on championing patient and public involvement is to:

7.12.2.1. use their expertise and experience, as well as their knowledge as a member of the local community within North-West London, to inform and enhance the CCG's work and to provide a strategic and impartial view of the CCG's work;

7.12.2.2. ensure that, in all aspects of the CCG's work, the CCG appropriately consults and liaises with members of the public within the Geographic Area in accordance with the CCG's stakeholder engagement strategy;

7.12.2.3. ensure that the CCG builds and maintains an effective relationship with the local Healthwatch.

7.12.3. engage with patients and members of the public within the Geographic Area and to appropriately feedback to the Governing Body recommendations from patients, carers and the public.

7.13. The Vice Chair of the Governing Body

7.13.1. The Vice Chair is an elected Governing Body member who can deputise for the Governing Body Chair for clinical leadership and member practice liaison functions.

7.13.2. Elected Practice Representatives on the Governing Body will choose the Vice Chair from the elected Governing Body members (GPs, practice nurses, practice managers etc) by majority vote and change the Vice Chair by majority vote.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

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

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

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

8.2. Conflicts of Interest

8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2. Where an individual, i.e. an employee, CCG member, member of the governing body, or a member of a committee or a sub-committee of the CCG 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 CCG 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 financially benefit 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 that will benefit financially from the consequences of a commissioning decision;

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

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

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

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 those individuals exercising decision-making authority for the CCG, including, as appropriate:

f) the members of the CCG;

g) the members of its governing body;

h) the members of its committees or sub-committees and the committees or sub-committees of its governing body; and

i) its employees.

8.3.2. The registers will be published on the CCG's website at www.westlondonccg.nhs.uk.

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 CCG, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 calendar 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 Accountable Officer will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

8.3.6. Individual members of the CCG, 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 CCG for managing conflicts or potential conflicts of interest.

8.3.7. The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.

8.3.8. Arrangements for the management of conflicts of interest are to be determined by the Audit Committee and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts 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; and

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

8.3.9. Where an interest has been declared, either in writing or by oral declaration, 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 conflict of interest or potential conflict of interest from the Accountable Officer.

8.3.10. Where an individual member, employee or person providing services to the CCG is aware of an interest that:

c) has <u>not</u> been declared, either in the register or orally, they will declare this at the start of the meeting; or

d) has <u>previously</u> been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

8.3.11. 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 arrangements, and the individual's compliance with them, must be recorded in the minutes of the meeting.

8.3.12. Where the chair of any meeting of the CCG, including committees, sub-committees, or the governing body and the governing body's committees and sub-committees, has a conflict of interest or potential conflict of 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 that 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.

8.3.13. 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.

8.3.14. 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.

8.3.15. In making this decision the chair will consider whether the meeting is quorate. 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 Accountable Officer or the Conflicts of Interest Guardian / Lay Member Lead on Governance on the action to be taken.

8.3.16. Such action may include:

e) requiring another of the CCG's committees or sub-committees, the CCG's governing body or the governing body's committees or sub-committees (as appropriate) which can be quorate and qualified to progress the item of business;

i) inviting on a temporary basis one or more of the following to make up the quorum (where these would be appropriate to the membership of the governing body or committee / sub-committee in question) so that the CCG can progress the item of business:

ii) a member of the clinical commissioning group who is an individual;

iii) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

iv) a member of a relevant Health and Wellbeing Board;

v) a member of a governing body of another clinical commissioning group;

vi) A non-conflicted GP.

These arrangements must be recorded in the minutes.

8.3.17. In any transaction undertaken in support of the clinical commissioning group's exercise of its 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 Accountable Officer of the transaction.

8.3.18. The Accountable Officer 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. This can include appointing an officer to lead on such issues on their behalf.

8.3.19. The latest statutory conflicts of interest guidance and policies based on the guidance must be followed at all times.

8.4. Managing Conflicts of Interest: contractors and people who provide services to the CCG

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

8.4.2. 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.

8.5. Transparency in Procuring Services

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

8.5.2. The CCG will publish a Procurement Policy approved by its governing body which will ensure that:

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

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

8.5.3. Copies of this Procurement Policy will be available on the CCG's website **once approved** at www.westlondonccg.nhs.uk

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 CCG.

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

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

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

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

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

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

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

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

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

9.11. The CCG recognises and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

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 CCG's annual report to a public meeting.

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

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

10.1.4. The CCG shall engage with the local population and Health and Wellbeing Board over its commissioning plan.

10.2. Standing Orders

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

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

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

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

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable officer	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the CCG: • complies with its obligations under: o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and o any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
Chair of the governing body	the individual appointed by the CCG to act as chair of the governing body
Chief finance officer	the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: • the membership of the CCG • a committee / sub-committee created by a committee created / appointed by the membership of the CCG • a committee / sub-committee created / appointed by the governing body
Deputy Chair of the Governing Body	The deputy chair of the governing body deputises for the chair of the governing body where both he or she and the Vice Chair have a conflict of interest or are otherwise unable to act.
Elected Governing Body Member	Any member of the CCG's Governing Body whose position on the Governing Body is secured via a vote of CCG Members (or cohorts thereof) in line with the relevant clauses in Section 3 of this Constitution and Section 2 of the Standing Orders at Appendix C. The Standing Orders (at Section 2) establish the

	permissible categories of elected governing body members specific to this CCG. However, positions such as 'Elected General Practitioner / GP', 'Elected Practice Manager', 'Elected Pharmacist', 'Elected Practice Nurse' etc can be found to feature in many CCGs.
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
CCG	NHS West London Clinical Commissioning Group, whose constitution this is
Governing body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing body member	any member appointed or elected to the governing body of the CCG
The Joint Committee	The joint committee of CCGs designed to provide co-ordinated strategic leadership between CCGs and make joint decisions where delegated under the constitution.
Lay member	a lay member of the governing body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this CCG (see Appendix B)
Non-executive Governing Body members	Non-executive members of the Governing Body. For example, elected governing body members; Lay members and the secondary care doctor.
NWL CCGs	the CCG name for the following eight North-West London Clinical Commissioning Groups: • NHS Brent CCG • NHS Central London CCG • NHS Ealing CCG • NHS Harrow CCG • NHS Hammersmith and Fulham CCG • NHS Hillingdon CCG

	• NHS Hounslow CCG • NHS West London CCG
Practice representatives	an individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the CCG; • the members of its governing body; • the members of its committees or sub-committees and committees or sub-committees of its governing body; and • its employees.
Vice Chair of the Governing Body	An elected Governing Body member who can deputise for the Governing Body Chair for clinical leadership and member practice liaison functions.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Code	Practice	Address
E87003	North Kensington Medical Centre	St Quintin Avenue W10 6NX
E87021	Shirland Road Medical Centre	321 Shirland Road W9 3JJ
E87024	The Golborne Medical Centre (Ramasamy)	12-14 Golborne Road W10 5PG
E87026	The Meanwhile Gardens Medical Centre	Unit 5, 1-31 Elkstone Road W10 5NT
E87038	The Elgin Clinic	40 Elgin Avenue W9 3QT
E87637	Grand Union Health Centre	209 Harrow Road W2 5EH
E87733	The Exmoor Surgery	St. Charles' Centre for Health & Wellbeing, Exmoor Street W10 6DZ
E87735	Queens Park Health Centre (Lai Chung Fong)	Dart Street W10 4LD
E87742	The Golborne Medical Centre (Razak)	16 Golborne Road W10 5PE
E87751	Harrow Road Surgery (Dr Srikrishnamurthy)	574 Harrow Road W10 4NJ
E87755	Queens Park Health Centre (Ahmed)	Dart Street W10 4LD
Y00507	St Quintin Health Centre	St Quintin Avenue W10 6NX
Y01011	Barlby Surgery (AT Medics)	St. Charles' Centre for Health & Wellbeing, Exmoor Street W10 6DZ
Y02842	Half Penny Steps Health Centre	427-429 Harrow Road W10 4RE
E87007	Westbourne Grove Medical Centre	241 Westbourne Grove W11 2SE
E87009	The Garway Medical Practice	Pickering House, Hallfield Estate, Bishop's Bridge Road W2 6HF
E87029	The Portland Road Practice	16 Portland Road W11 4LA
E87050	Beacon Medical Centre	111-117 Lancaster Road W11 1QT
E87061	The Pembridge Villas Surgery	45 Pembridge Villas W11 3EP
E87065	Notting Hill Medical Centre	14 Codrington Mews W11 2EH
E87067	Colville Health Centre (Blake & Mok)	51 Kensington Park Road W11 1PA
E87682	Bayswater Medical Centre	47 Craven Road W2 3QA
E87706	Foreland Medical Centre	188 Walmer Road W11 4EP
E87722	Lancaster Gate Medical Centre	20-21 Leinster Terrace W2 3ET
Y00200	Portobello Medical Centre	14 Codrington Mews W11 2EH
E87013	Stanhope Mews Surgery	7 Stanhope Mews West SW7 5RB
E87043	Emperor's Gate Health Centre	The Surgery, 1st Floor, 49 Emperors Gate SW7 4HJ
E87048	Chelsea Medical Services (Dr Joshi)	45 Rosary Gardens SW7 4NQ

Practice Code	Practice	Address
E87665	The Chelsea Practice	30 Flood Walk SW3 5RR
E87702	Kynance Practice	7 Kynance Place SW7 4QS
E87711	Royal Hospital Chelsea	Royal Hospital Road SW3 4SR
E87715	Scarsdale Medical Centre	2 Scarsdale Place W8 5SX
E87738	Knightsbridge Medical Centre	71-75 Pavilion Road SW1X 0ET
E87004	Redcliffe Surgery	10 Redcliffe Street SW10 9DT
E87016	Holland Park Surgery	Kensington Central Library, 12 Phillimore Walk W8 7RX
E87047	Earls Court Medical Centre	248 Earls Court Road SW5 9AD
E87063	King's Road Medical Centre (AT Medics)	529 Kings Road SW10 0UD
E87701	The Abingdon Medical Practice	88-92 Earls Court Road W8 6EG
E87720	Kensington Park Medical Centre	75 Russell Road W14 8HW
E87746	Brompton Medical Centre	237 Old Brompton Road SW5 0EA
E87750	Earls Court Surgery	269 Old Brompton Road SW5 9JZ
E87762	The Good Practice	409 Kings Road SW10 0LR
Y03441	Earls Court Health and Wellbeing Centre	2b Hogarth Road SW5 0PT

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 Clinical Commissioning Group (the CCG) so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations.

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

a) the arrangements for conducting the business of the CCG;

b) the appointment of member practice representatives;

c) the procedure to be followed at meetings of the CCG members, the governing body and any committees of the governing body;

d) the process to delegate powers,

e) the declaration of interests and standards of conduct.

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

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

1.2. Schedule of matters reserved to the 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 CCG's functions and those of the governing body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the governing body or its committees in formal session, except where emergency or urgent decisions are needed. These decisions and also those delegated are contained in the CCG'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 CCG's constitution provides details of the membership of the CCG (also see Appendix B).

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

2.2. Key Roles

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

2.2.1.1 Eligibility to re-join the Governing Body – to ensure the independence of Governing Body members, who are non-executive members of the Governing Body who have served their maximum consecutive Terms of Office, non-executive Governing Body members will not be eligible for appointment or election onto the Governing Body, until after a break of at least two years.

2.2.1.2 Individuals disqualified from membership of CCG governing bodies under Schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012 are not eligible to be on the Governing Body and are automatically disqualified and removed from the governing body if they meet one

of the grounds within Schedule 5. In the event of a dispute as to whether an individual is disqualified, removal from office is determined by a majority vote of a quorate governing body.

2.2.2. The roles of **Chief Officer, Chief Financial Officer and Registered Nurse** are subject to the following appointment process:

a) **Application –** The CCG will undertake a national advertising campaign in line with recognised good practice for the appointment of Very Senior Managers within the NHS;

b) **Eligibility** – Eligibility criteria will be determined at the time of advertising and be based on the needs of the CCG, legal requirements and recognised best practice;

c) **Appointment process** – The CCG will undertake a short listing and interview process for each role and will offer the role to the candidate who, in the opinion of the interview panel, best meets the criteria for the role and, through the interview process, demonstrates the ability to undertake the role as defined in the job description. In the case of the Accountable Officer, the CCG will submit the proposed appointment to NHS England who will make the formal appointment as Accountable Officer;

d) **Term of office** – Terms and conditions will be subject to NHS terms and conditions prevailing at the time;

e) **Grounds for removal from office** – In line with prevailing NHS terms and conditions;

f) **Notice period** – In line with prevailing NHS terms and conditions.

2.2.3 The role of the **lay members (including Deputy Chair)** is subject to the following appointments process:

a) **Application –** The CCG will advertise for through recognised processes for lay members

b) **Eligibility** – People living, working or who have a strong and close association with the **geographical** area covered by NWL CCGs will be eligible to apply. Applicants would be considered from those people wishing to be considered for more than one CCG where it is considered appropriate. People are ineligible if they are Individuals excluded from being lay members

of CCG governing bodies under Schedule 4 or governing body members under 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.

c) **Appointment Process** – The CCG will undertake a short listing and interview process for each lay **member** and will offer the role to the candidates who, in the opinion of the interview panel, best meet the criteria for the role and, through the interview process, demonstrates the ability to undertake the role as defined in the job description.

d) **Term of Office** – Term of Office – Lay members will be appointed for a term of no more than three years. Subject to the outcome of performance appraisals and agreement of the CCG Chair and Accountable Office, lay members can serve a maximum of three terms or up to 9 years in total if any terms were shorter than 3 years (whichever is the greater). For **Lay** Members involved with CCGs in shadow form prior to April 2013, the start of the initial term will be assumed to be 1 April 2013 unless stated otherwise in contracts.

e) **Grounds for removal from office** – A lay member may be removed from office if they are or become disqualified from being eligible to be on the Governing Body under Schedule 4 and 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.or fail to meet the requirements of the role as set out in the job description and further enhanced through annual objective setting. Lay members will be subject to all relevant prevailing NHS terms and conditions. Removal from office is determined by a majority vote of a quorate governing body.

f) **Notice period** – Lay members will be required to give three months' notice, including three months' notice of their intention not to be considered for an extension to their appointment.

2.2.4 The role of the **secondary care clinician** is subject to the following appointments process:

a) Application – The CCG will advertise for through recognised processes

b) **Eligibility** – A clinician working meeting the legal definition for the role within a secondary care setting.

c) **Appointment Process** – The CCG will undertake a short listing and interview process and will offer the role to the candidate who, in the opinion of the interview panel, best meet the criteria for the role and, through the

interview process, demonstrates the ability to undertake the role as defined in the job description.

d) **Term of Office** –A maximum of three years in the first instance. Subject to the **outcome** of performance appraisals and agreement of the CCG Chair the term of office can be extended for a further three years. The secondary care clinician can serve a maximum term of six years in total. In extenuating circumstances, and with the agreement of the Chair, the maximum six year term can be extended for a maximum of a further three years (nine years in total).

e) **Grounds for removal from office** – In line with prevailing terms and conditions of their appointment.

f) **Notice period** – In line with prevailing terms and conditions of appointment.

2.3 Election process

a) If a receiving order is made against him or her or s/he makes any arrangements with creditors;

b) If s/he ceases to be a provider of primary care services or engaged in or employed to deliver primary medical services;

c) If s/he is suspended from providing primary care services;

d) If s/he is absent for more than 20% of meetings in a calendar year or for a period of three consecutive meetings without notifying the Chair in writing with a justifiable reason;

e) If s/he has been sentenced for a criminal offence that has led to a custodial sentence or a substantial fine; or

f) If, in the opinion of the Governing Board (having taken appropriate professional advice in cases where it is deemed necessary), s/he becomes or is deemed to be of unsound mind.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

Meetings of the Governing Body, committees

3.1. Calling Ordinary Meetings of the Governing Body

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

meetings of the Governing Body should be set for the year in April and be publicised on the CCG website.

3.1.2. The Chair, Vice Chair and Deputy Chair have the authority to call additional meetings of the Governing body when required. When an additional meeting is called a minimum of five working days' notice should be given to Governing Body members setting out the time and date of the meeting. Details of any such additional meetings will be publicised on the CCG website at the same time as notification is sent to Governing Body members.

3.1.3. Section 3.9 sets out the provisions for calling emergency meetings and taking urgent decisions.

3.2 Governing Body Member Attendance At Ordinary and/or Additional Meetings

3.2.1 Members of the CCG Governing Body will be expected to attend all meetings. If members miss three (3) consecutive meetings without good reason or demonstrate a pattern of non-attendance, their membership of the Board will be reviewed by the Chair and discussed with the member concerned so that appropriate actions can be agreed, which may include removal from the Governing Body.

3.2.2 Only voting members may vote. Proxy voting may not be used except where specified in 3.2.3 below.

3.2.3 An officer member may send a representative to act on their behalf at a meeting. Such attendance should be notified to the Chair of the meeting in advance and formally noted in the record of the meeting. A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.

3.2.4 One third or more members of the Governing Body may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within five working days of a requisition being presented, the members signing the requisition may forthwith call a meeting

3.3 Voting at Ordinary and/or Additional Meetings

3.3.1 Voting is by a simple majority. Postal voting is not permitted. Proxy voting may not be used except where an officer member may send a representative to act on their behalf at a meeting. Such attendance should be notified to the Chair of the meeting

in advance and formally noted in the record of the meeting. A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes

3.4 Agenda, supporting papers and business to be transacted at Ordinary and/or Additional Meetings

3.4.1 The agenda and supporting papers will be circulated to all members of a Governing Body meeting at least seven calendar days before the date the meeting will take place (i.e. if Governing Body is on Tuesday, the papers must be circulated by 23.59 the Tuesday before). In exceptional circumstances, with the agreement of the Chair, late papers may be circulated.

3.4.2 Agendas and certain papers for the CCG's governing body – including details about meeting dates, times and venues - will be published on the CCG's website at www.westlondonccg.nhs.uk/ no later than seven days calendar days before the date of the meeting.

3.4.3 For committees, the terms of reference will specify any requirements relating to the agenda, supporting papers and business to be transacted.

3.4.4 Any vote of members at a meeting of members requires seven calendar days notice of the intention for a vote and what the vote relates to.

3.5 Chair of a meeting

3.5.1 Governing Body only: If the Chair of the Governing Body is absent the Vice Chair, if present, shall preside. If both the Chair and Vice Chair are disqualified from participating or absent, the lay Deputy Chair shall preside. If the Deputy Chair is absent then the meeting shall elect another, non-conflicted Chair for the duration of the meeting by self-nomination. The nominee with the most votes will Chair for the duration of the meeting.

3.5.2 Non-Governing Body: With the exception of the Governing Body (see 3.5.1 above for the Governing Body), at any committee or sub-committee, the chair of the committee or sub-committee shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside. If the Deputy Chair is absent then the meeting shall elect another, non-conflicted Chair for the duration of the meeting by self-nomination. The nominee with the most votes will Chair for the duration of the meeting.

3.5.3 Non-Governing Body: 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 CCG, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.6 Chair's ruling

3.6.1 The decision of the Chair of the relevant governing body, committee or sub-committee meeting 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.

3.7 Quorum

3.7.1 A quorum for the Governing Body will only be reached when at least a third of the voting members are present. This must include a minimum of two elected governing body members, one officer and at least one lay member.

3.7.2 If a meeting is not quorate due to conflicts of interest (in that fewer than a third of voting members are non-conflicted and the provisions of 8.1 above are not met), Chapter 8.2 sets out how conflicts of interest shall be managed, including how to achieve a quorate meeting. 3.7.1 is suspended where Chapter 8.2 applies to achieve a quorate meeting.

3.7.3 Where it has been formally notified to the Chair of the meeting that a Governing Body officer member at the Governing Body is being represented by someone else their attendance will count towards the quorum.

3.7.4 For all of 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.

3.8 Decision making

3.8.1 Chapter 6 of the CCG's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally, it is expected that at the Governing Body meetings and its committees' decisions will be reached by consensus. Should this not be possible a vote of members at the meeting will be required, the process for which is set out below:

- **Eligibility** – only members of the Governing Body as set out in Chapter 6.6.2.1 may vote at Governing Body, except as specified in Standing Order 3.2.3. Committee terms of reference may allow for deputies to vote on behalf of members.

- **Majority necessary to confirm a decision** – a simple majority of those present and eligible to vote is required for a decision to be carried

- **Casting vote** – in the event of no overall majority, the chair will have a casting vote.

- **Dissenting views** – names of those dissenting may be recorded in the minutes at the request of the person(s) dissenting.

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

3.9 Emergency powers and urgent decisions

3.9.1 Emergency meetings can be called by the Governing Body Chair (or Vice Chair or Deputy Chair in their absence) or by the Accountable Officer (or person deputising for the Accountable Officer in their absence) or by the Chief Finance Officer.

3.9.2 Urgent decisions may only be taken in the circumstances set out in 3.10.3 and 3.10.4 below.

3.9.3 Where it is known in advance at a meeting that a decision will need to be taken before the next meeting of the relevant Governing Body or Committee, the approval to delegate the decision to named individuals or roles should be sought at that Governing Body or Committee meeting. When agreeing to delegate a decision outside of the meeting, the Governing Body or Committee must specify those individuals or roles the decision is delegated to, whose approval is needed for the decision to be made.

3.9.4 Where an urgent decision needs to be taken before the next meeting the following process shall be followed:

a) In the first instance, consideration will be given to calling an additional meeting to consider the item of business.

b) If calling an additional meeting is not considered to be practical the Chair (or Vice Chair in the Chair's absence or the Deputy Chair in the Vice-Chair's absence) may make decisions within the delegated authority of the relevant Governing Body or Committee after taking advice from both:

   - a Lay Member where an Elected Governing Body Member is making the decision or an Elected Governing Body Member where the Deputy Chair is making the decision; and
   - One of the following Governing Body executive officers: The Accountable Officer or the Chief Finance Officer or the Managing Director;

c) The decision shall be reported to all Governing Body or Committee members as soon as is practical and formally reported at the next available Governing Body meeting or relevant committee.

3.9.5 The conflicts of interest statutory guidance applies, meaning only non-conflicted individuals can make decisions in relation to the use of emergency powers and urgent decisions.

3.10 Suspension of Standing Orders

3.10.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any Governing Body meeting, provided 75% or more of voting members in attendance are in agreement.

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

3.10.3 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.

3.11 Record of Attendance

3.11.1 The names of all members of the meeting present at the meeting shall be recorded in the minutes of the Governing Body's meetings or committee meetings.

3.12 Minutes

3.12.1 Minutes of Governing Body and Committee meetings will:

- Record the outcome of discussions and a summary of the business transacted
- Record those present, in attendance and apologies
- Be confirmed as a true record by the Chair of the meeting.
- For Part 1 (non-confidential) Governing Body and Primary Care Commissioning Committee meetings, be made available to members and the public via the website.

3.13 Admission of public and the press

3.13.1 All meetings of the CCG's Governing body and Primary Care Commissioning Committee shall be open to the public and press unless publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons applying Section 1 (2), Public Bodies (Admission to Meetings) Act l960. The Governing Body and the Primary Care Commissioning Committee have the discretion as to whether questions from the public will be taken at meetings in public. Arrangements for receiving questions in advance of a meeting of the Governing Body in public will be published on the website alongside papers for the meeting.

3.13.2 If a member of the public or press interrupts the proceedings at any meeting, the Chair may order that person to be removed from the meeting or may order the part of the room which is open to the public to be cleared.

3.14 Membership meetings

3.14.1 Vote of no confidence: Elected Governing Body Members may be voted off the Governing Body singularly or as a CCG by a minimum two thirds vote of Members.

3.15 Annual General Meeting

3.15.1 The CCG shall hold an Annual General Meeting (AGM) at least once in each financial year.

3.15.2 The following process will be applied to calling of an AGM:

a) The AGM shall be held in public in publicly accessible premises within the geographical area of the CCG.

b) The Governing Body shall publish on the CCG website the details of the date, time and location of the AGM at least fourteen (14) calendar days in advance of the date of the AGM.

c) The Governing Body shall publish the Annual Report at the AGM.

4. APPOINTMENT OF COMMITTEES

4.1. Appointment of committees

4.1.1. The Governing Body may appoint committees of the governing body, subject to any regulations made by the Secretary of State.

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 Governing Body shall determine the committee structure, the membership and terms of reference of committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the governing body. Any Committee can create sub-committees to support its work, however responsibility for decisions and functions of the committee remain the responsibility of that committee unless expressly authorised by the governing body.

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 of the member meetings.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and will be approved by the governing body in relation to governing body committees and by the membership in relation to member meeting committees. In the event of any conflict between the Terms of Reference and the Constitution and its appendices, the Constitution and its appendices takes precedence.

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 governing body in the case of governing body committees or the membership in the case of member meeting committees.

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The governing body shall approve the appointments to each of the committees which it has formally constituted whilst the membership shall approve the

appointments to each of the committees which it has formally constituted. Each Committee shall approve the appointments to each of the sub-committees which it has formally constituted.

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

6.1.1. The CCG 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 or Deputy chair in their absence;
c) the chief finance officer;
d) 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 CCG by their signature.

a) the accountable officer
b) the chair of the governing body or Deputy chair in their absence
c) the chief finance officer
d) managing director.

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

7.1. Policy statements: general principles

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

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

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

1.3 A detailed Operational Scheme of Delegation sets out the delegated limits and functions for individual members and officers and must be read in conjunction with the overarching Scheme of Reservation and Delegation.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
REGULATION AND CONTROL	1.1 Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	✓						
REGULATION AND CONTROL	1.2 Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution.	✓						
REGULATION AND CONTROL	1.3 Approve Governing Body committees' Terms of Reference, including membership.		✓					
REGULATION AND CONTROL	1.4 Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the CCG, delegated to the governing body or other committee or sub-committee or [specified] member or employee			✓				
REGULATION AND CONTROL	1.5 Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions of the CCG reserved to the membership and those delegated to the o CCG's governing body o committees and sub-committees of the CCG, or o its members or employees			✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
	and sets out those decisions of the governing body reserved to the governing body and those delegated to the o governing body's committees and sub-committees, o members of the governing body, o an individual who is member of the CCG but not the governing body or a specified person for inclusion in the CCG's constitution.							
REGULATION AND CONTROL	1.6 Approval of the CCG's overarching scheme of reservation and delegation.	✓						
REGULATION AND CONTROL	1.7 Prepare the CCG'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 CCG's constitution.			✓				
REGULATION AND CONTROL	1.8 Approval of the CCG's operational scheme of delegation that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution.		✓					
REGULATION AND CONTROL	1.9 Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.							**Chief Financial Officer**

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
REGULATION AND CONTROL	1.10 Approve detailed financial policies		✓ **Reserved** [1]					
REGULATION AND CONTROL	1.11 Approve arrangements for managing exceptional funding requests.		✓ **Reserved**					
REGULATION AND CONTROL	1.12 Set out who can execute a document by signature / use of the seal		✓					
MEMBERSHIP ARRANGEMENTS	2.1 Approve the arrangements for o identifying practice members to represent practices in matters concerning the work of the CCG; and o appointing clinical leaders to represent the CCG's membership on the CCG's governing body, for example through election (if desired).	✓						
MEMBERSHIP ARRANGEMENTS	2.2 Approve the appointment process of governing body members, the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements) and succession planning.	✓						

[1] '***Reserved' means the decision-making group or individual are able to delegate where a function is most effectively considered elsewhere in the structure e.g. Remuneration Committee could delegate some HR policies approval to an HR sub-committee, whilst retaining overall oversight and responsibility for HR policies.***

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
MEMBERSHIP ARRANGEMENTS	2.3 Approve arrangements for identifying the CCG's proposed accountable officer.	✓						
STRATEGY & PLANNING	3.1 Agree the vision, values and overall strategic direction of the CCG.		✓					
STRATEGY & PLANNING	3.2 Approval of the CCG's operating structure.		✓					
STRATEGY & PLANNING	3.3 Approval of the CCG's commissioning plan		✓					
STRATEGY & PLANNING	3.4 Approval of the CCG's corporate budgets that meet the financial duties as set out in section 4.3 of the main body of the constitution.		✓					
STRATEGY & PLANNING	3.5 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 CCG's ability to achieve its agreed strategic aims.		✓ **Reserved**					
ANNUAL REPORT & ACOUNTS	4.1 Approval of the CCG's annual report and annual accounts.				✓			
ANNUAL REPORT & ACOUNTS	4.2 Approval of the arrangements for discharging the CCG's statutory financial duties.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
HUMAN RESOURCES	5.1 Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.					✓ **Reserved**		
HUMAN RESOURCES	5.2 Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.					✓ **Reserved**		
HUMAN RESOURCES	5.3 Approve any other terms and conditions of services for the CCG's employees.					✓ **Reserved**		
HUMAN RESOURCES	5.4 Determine the terms and conditions of employment for all employees of the CCG.					✓ **Reserved**		
HUMAN RESOURCES	5.5 Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.					✓ **Reserved**		
HUMAN RESOURCES	5.6 Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.					✓ **Reserved**		
HUMAN RESOURCES	5.7 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 CCG.					✓ **Reserved**		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
HUMAN RESOURCES	5.8 Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group					✓ **Reserved**		
HUMAN RESOURCES	5.9 Approval of the arrangements for discharging the CCG's statutory duties as an employer.					✓ **Reserved**		
HUMAN RESOURCES	5.10 Approve human resources policies for employees and for other persons working on behalf of the CCG					✓ **Reserved**		
QUALITY & SAFETY	6.1 Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓ **Reserved**					
QUALITY & SAFETY	6.2 Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		✓ **Reserved**					
DELEGATED PRIMARY CARE COMMISSIONING	6.3 Approval of delegated commissioning arrangements for the exercise of NHS England's commissioning functions in relation to primary care services	✓						
DELEGATED PRIMARY CARE COMMISSIONI	6.4 Approval of primary care decisions relating to delegated responsibilities from NHS England to the CCG.						✓ **Primary Care Commissi**	

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
NG							oning Committe e	
OPERATIONAL & RISK MANAGEMENT	7.1 Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.			✓				
OPERATIONAL & RISK MANAGEMENT	7.2 Approve the CCG's counter fraud and security management arrangements.				✓			
OPERATIONAL & RISK MANAGEMENT	7.3 Approval of the CCG's risk management arrangements.		✓					
OPERATIONAL & RISK MANAGEMENT	7.4 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 & RISK MANAGEMENT	7.5 Approval of a comprehensive system of internal control, including budgetary controls, that underpin the effective, efficient and economic operation of the CCG.		✓					
OPERATIONAL & RISK MANAGEMENT	7.6 Approve proposals for action on litigation against or on behalf of the clinical commissioning group.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
OPERATIONAL & RISK MANAGEMENT	7.7 Approve the CCG's arrangements for business continuity and emergency planning.		✓					
INFORMATION GOVERNANCE	8.1 Approve the CCG's arrangements for handling complaints.		✓					
INFORMATION GOVERNANCE	8.2 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 & CONTRACTS	9.1 Approval of the CCG's contracts for any commissioning support.		✓					
TENDERING & CONTRACTS	9.2 Approval of the CCG's contracts for corporate support (for example finance provision).		✓ **Reserved**					
PARTNERSHIP WORKING	10.1 Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓					
PARTNERSHIP WORKING	10.2 Approve arrangements for delegated decision-making to joint committees established under section 75 of the 2006 Act.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	11.1 Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓					
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	11.2 Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate		✓					
JOINT WORKING WITH OTHER CCGs	11.3 Approve arrangements for joint working with other CCGs, in line with the joint working sections of the constitution (contingent on any prior membership approval for matters reserved to members).		✓					
JOINT WORKING WITH OTHER CCGs	11.4 Approval of arrangements for non-primary care joint commissioning with other Clinical Commissioning Groups for the exercise of the CCG's commissioning functions (contingent on any prior membership approval for matters reserved to members).		✓					
JOINT WORKING WITH OTHER	11.5 Decision to delegate decision-making relating to Primary Care commissioning to the Joint Committee (i.e. requiring an affirmative	✓						

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Remuneration Committee	Committee of the Governing Body, including joint committees	Officers or members
CCGs	vote of members to agree delegations).							
JOINT WORKING WITH OTHER CCGs	11.6 Decision to delegate decision-making relating to Continuing Health Care commissioning to the Joint Committee (i.e. requiring an affirmative vote of members to agree delegations).	✓						
JOINT WORKING WITH OTHER CCGs	11.7 Decision to delegate decision-making relating to Prescribing to the Joint Committee (i.e. requiring an affirmative vote of members to agree delegations).	✓						
JOINT WORKING WITH OTHER CCGs	11.8 Decision to delegate decision-making relating to Community Services commissioning to Joint Committee (i.e. requiring an affirmative vote of members to agree delegations).	✓						
COMMUNICATIONS	12.1 Approving arrangements for handling Freedom of Information requests.		✓					
COMMUNICATIONS	12.2 Determining arrangements for handling Freedom of Information requests.			✓				

APPENDIX E – PRIME FINANCIAL POLICIES

Rationale: The Finance Department will be harmonising all financial processes across the eight CCGs now a single Chief Finance Officer has been appointed. This will happen after the year end accounts. So as not to delay the constitution project it was agreed with the Chief Financial Officer to keep the eight CCGs existing Prime Financial Policies sections

1. INTRODUCTION

1.1. General

1.1.1. These Prime Financial Policies must be read in conjunction with the detailed Operational Financial Policies and both documents shall have effect as if incorporated into the CCG's Constitution.

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

1.1.3. In support of these Prime Financial Policies, NHS West London CCG has prepared more detailed policies, approved by the Accountable Officer & Chief Financial Officer. NHS West London CCG refers to these Prime and Detailed Financial Policies together as the Clinical Commissioning Groups Financial Policies.

1.1.4. These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the CCG. They do not provide detailed procedural advice and should be read in conjunction with the Detailed Financial Policies. The Chief finance officer is responsible for approving all detailed financial policies.

1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the NHS West London CCG 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 Finance Officer must be sought before acting. The user of these Prime Financial Policies should also be familiar with and comply with the provisions of NHS West London CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.7. Failure to comply with Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. 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 Audit Committee for referring action or ratification. All NHS West London CCG 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 committees and sub-committees, members of the CCG's committees and sub-committees (if any) and persons working on behalf of NHS West London GGG are set out in chapters 6 and 7 of the Constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the Scheme of Reservation and Delegation (see Appendix D).

1.3.3. All members of the Governing Body and employees, severally and collectively, are responsible for:

a) The security of the property of the CCG;

b) Avoiding loss;

c) Exercising economy and efficiency in the use of resources; and

d) Conforming with the requirements of Standing Orders, Prime Financial Policies, Financial Procedures and the Scheme of Delegation.

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

1.4. For all members of the Governing Body and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Governing Body and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

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 Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the CCG Governing Body for approval.

2. INTERNAL CONTROL

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

2.1. The Governing Body will establish an Audit Committee (see paragraph 6.6.3(a) of NHS West London CCG's Constitution for further information).

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

2.3. The Chief Finance Officer will ensure that:

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

3. AUDIT

POLICY – NHS West London CCG will have an Audit Committee and keep an effective and independent internal audit function. The CCG will also fully comply with the requirements of external audit and other statutory reviews.

3.1. In line with the terms of reference of the Audit Committee, the person appointed by NHS West London CCG to be responsible for internal audit and the 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 NHS West London 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 NHS West London CCG has a professional and technically competent internal audit function; and that the Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

3.4. **Role of Internal Audit**

3.4.1. Internal Audit is an independent and objective appraisal service within an organisation which provides:

a) an independent and objective opinion to the Accountable Officer, the Board, and the Audit Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives;

b) an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

3.4.2. Internal Audit will review, appraise and report upon policies, procedures and operations in place to:

- identify, assess and manage the risks to achieving the organisation's objectives;
- establish and monitor the achievement of the organisations objectives;
- ensure the economical, effective and efficient use of resources;
- ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;
- safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
- ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

3.4.3. The Head of Internal Audit will provide to the Audit Committee;

- A risk-based plan of internal audit work, agreed with management and approved by the Audit Committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation;
- Regular updates on the progress against plan;

- Reports of management's progress on the implementation of action agreed as a result of internal audit findings;

- An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the Annual Governance Statement;

- A report supporting Trust assurances to the Care Quality Commission on compliance with Standards for Better Health;

- Additional reports as requested by the Audit Committee.

3.4.4. Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer must be notified immediately.

3.4.5. The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Officer of the CCG.

3.4.6. The Head of Internal Audit reports to the Audit Committee and is managed by the Chief Finance Officer. The reporting system for Internal Audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

3.4.7. The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit Committee.

3.5 External Audit

3.5.1 NHS West London CCG will have an External Auditor. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor.

4. FRAUD AND CORRUPTION

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

4.1. The CCG Audit Committee will satisfy itself that it has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. NHS

Hammersmith and Fulham CCG shall also approve the counter fraud work programme.

4.2. The Governing Body Audit Committees will ensure that NHS Hammersmith and Fulham CCG has arrangements in place to work effectively with NHS Protect.

4.3. The Chief Finance Officer shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS).

4.4. The LCFS shall report to the CCG Chief Finance Officer and shall work with staff in NHS Protect and the Operational Fraud Team (OFT) in accordance with the NHS Counter Fraud and Corruption Manual.

4.5. The LCFS will provide a written report, at least annually, on counter fraud work within the CCG.

5. Security Management

POLICY – NHS West London CCG will put in place effective security arrangements for the protection of staff, visitors and property.

5.1. In line with their responsibilities, the Accountable Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

5.2. The Accountable Officer shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS Security Management.

5.3. NHS Hammersmith and Fulham CCG shall nominate a Non-Executive Director to oversee the NHS Security Management service who will report to their Governing Body.

5.4. The Accountable Officer has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director and the appointed Local Security Management Specialist.

6. EXPENDITURE CONTROL

POLICY – NHS West London CCG is required, by statute, to contain expenditure within available resources.

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

6.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG comply with certain of its statutory obligations, including its financial and accounting obligations, and that NHS West London CCG exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

6.3. The Chief Finance Officer will:

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

7. ALLOTMENTS

POLICY – NHS West London CCG is required, by statute, to contain expenditure within available resources.

7.1. The Chief Finance Officer will:

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

b) prior to the start of each financial year submit to the Governing Body, for approval, a report showing the total allocations planned to be 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.

8. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – NHS West London CCG will produce and publish an Annual Commissioning Plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

8.1. The Accountable Officer will compile and submit to the NHS West London CCG Governing Body a Commissioning Strategy which takes into account financial targets and forecast limits of available resources. The Strategy will contain the following:

a) a statement of the significant assumptions on which the Strategy is based.

b) details of major changes in workload, delivery of services or resources required to achieve the plan.

8.2. 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 NHS West London CCG Governing Body. Such budgets will:

a) be in accordance with the aims and objectives set out in the Strategy;

b) accord with workload and manpower plans;

c) be produced following discussion with appropriate Budget Holders;

d) be prepared within the limits of available funds;

e) identify potential risks.

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

8.4. All Budget Holders must provide information as required by the Chief Finance Officer to enable Budgets to be compiled.

8.5. The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to Budget Holders to help them manage successfully.

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

8.7. The Governing Body will approve consultation arrangements for the NHS West London CCG's Commissioning Plan.

8.8. Budgetary Delegation

8.8.1. The Accountable Officer will delegate the management of a budget, as per the Detailed Scheme of Delegation, to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

a) the amount of the budget;

b) the purpose(s) of each budget heading;

c) individual and CCG responsibilities;

d) authority to exercise virement;

e) achievement of planned levels of service;

f) the provision of regular reports.

8.8.2. The Accountable Officer and delegated Budget Holders must not exceed the budgetary total or virement limits set by the Governing Body.

8.8.3. Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Accountable Officer, subject to any authorised use of virement.

8.8.4. Non-recurring Budgets should not be used to finance recurring expenditure without the authority in writing of the Accountable Officer, as advised by the Chief Finance Officer.

8.9. **Budgetary Control and Reporting**

8.9.1. The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

(a) monthly financial reports to the Governing Body in a form approved by the Governing Body containing:

(i) income and expenditure to date showing trends and forecast year-end position;

(ii) capital project spend and projected outturn against plan;

(iii) explanations of any material variances from plan;

(iv) details of any corrective action where necessary and the Accountable Officer's and/or Chief Finance Officer's view of whether such actions are sufficient to correct the situation;

(v) other financial information on a quarterly basis, including aged debtors and creditors and the balance sheet.

(b) the issue of timely, accurate and comprehensible advice and financial reports to each Budget Holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, workload and manpower Budgets;

(d) monitoring of management action to correct variances;

(e) arrangements for the authorisation of budget transfers

8.9.2. Each Budget Holder is responsible for ensuring that:

a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Governing Body;

b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

c) no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within the available resources and manpower establishment as approved by the NHS Hammersmith and Fulham Governing Body.

8.10. Capital Expenditure

8.10.1. The general rules applying to delegation and reporting shall also apply to capital expenditure.

9. ANNUAL ACCOUNTS AND REPORTS

POLICY – NHS West London CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

9.1. The Chief Finance Officer will ensure NHS West London CCG:

- prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee ;
- prepares the accounts according to the timetable approved by the Audit Committee ;
- complies with statutory requirements and relevant directions for the publication of annual report;
- considers the external auditor's management letter and fully address all issues within agreed timescales; and

- publishes the external auditor's management letter on the NHS Hammersmith and Fulham CCG website.

9.2. The audited accounts will be presented to a public meeting and be made available to the public.

9.3. NHS West London CCG will publish an Annual report that accords with national guidance and present it at a public meeting.

10. INFORMATION TECHNOLOGY

POLICY – NHS West London CCG will ensure the accuracy and security of its computerised financial data.

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

- devise and implement any necessary procedures to ensure adequate (reasonable) protection of CCG 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;

- 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;

- ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

- ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

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

10.3. The Chief Finance Officer shall ensure 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.

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

10.5. Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall need to be satisfied that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

(c) Chief Finance Officer staff have access to such data;

(d) such computer audit reviews as are considered necessary are being carried out.

11. ACCOUNTING SYSTEMS

POLICY – NHS West London CCG will run an accounting system that creates management and financial accounts.

11.1. The Chief Finance Officer will ensure:

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

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

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

12. BANK ACCOUNTS

POLICY – NHS West London CCG will keep enough liquidity to meet their current commitments.

12.1. The Chief Finance Officer will:

- review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;

- manage the CCG's banking arrangements and advise them on the provision of banking services and operation of accounts;

- prepare detailed instructions on the operation of bank accounts.

12.2. The Audit Committee shall approve the banking arrangements.

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

POLICY – NHS West London CCG will:

- operate a sound system for prompt recording, invoicing and collection of all monies due

- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions

- ensure its power to make grants and loans is used to discharge its functions effectively

13.1. The Chief Financial Officer is responsible for:

- designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

- the prompt banking of all money received;

- establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

- approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

- for developing effective arrangements for making grants or loans.

13.2. All Officers must inform the Chief Finance officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

13.3. **Debt Recovery**

13.3.1. The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.

13.3.2. Income not received should be dealt with in accordance with debt recovery and losses procedures.

13.3.3. Overpayments should be detected (or preferably prevented) and recovery initiated.

13.4. Security of Cash, Cheques and other Negotiable Instruments

13.4.1. The Chief finance Officer is responsible for:

- approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- ordering and securely controlling any such stationery;
- the provision of adequate facilities and systems for Officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- prescribing systems and procedures for handling cash and negotiable securities on behalf of the CCG.

13.4.2. Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

13.4.3. All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.

13.4.4. The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in specially sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

14. TENDERING AND CONTRACTING PROCEDURE

POLICY – NHS West London CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure it incurs 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 supply of healthcare services, in line with the procurement policy
    - 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.

14.1. The CCG Governing Body may only negotiate contracts on behalf of NHS West London CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- standing orders;
- the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with Public Contracts Regulation 2006

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

14.3. The procedure for making all contracts by or on behalf of the CCG shall comply with Standing Orders and these Prime Financial Policies.

14.4. EU Directives Governing Public Procurement:

- Directives by the Council of the European Union promulgated by the Department of Health (DH) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in the SOs and PFPs.
- NHS West London CCG should consider obtaining support from the NHS Buying Solutions and/or the Department of Health for procurement to ensure compliance when engaging in tendering procedures.

14.5. The CCG shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and “Estate code” in respect of capital investment and estate and property transactions.

14.6. Formal Competitive Tendering – general applicability

14.6.1. The CCG shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- The supply of healthcare services, in line with the procurement policy
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH or CB);
- for the design, construction and maintenance of building and engineering works.

14.7. Exceptions and instances where formal tendering need not be applied

14.7.1. Formal tendering procedures **need not be applied** where:

a) the estimated expenditure or income does not, or is not reasonably expected to, exceed **£50,000**; or

b) where the supply is proposed under special arrangements negotiated by the DH or NHS England in which event the said special arrangements must be complied with;

c) regarding disposals as set out in Prime Financial Policy No. 20;

14.8. Formal tendering procedures **may be waived** in the following circumstances:

14.8.1. in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;

14.8.2. where the requirement is covered by an existing contract;

14.8.3. where Department of Health national agreements are in place and have been approved by the Governing Body;

14.8.4. where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;

14.8.5. where the timescale genuinely precludes competitive tendering. Failure to plan the work properly would not be regarded as a justification for a single tender;

14.8.6. where specialist expertise is required and is available from only one source;

14.8.7. when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

14.8.8. there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

14.8.9. where, in the case of healthcare services, it is in the best interests of patients to operate a pilot for the purposes of determining and evaluating a new service model. Pilots should operate for the minimum time possible to develop and evaluate the service model, be cost effective, and there should be a clear procurement plan for the end of the pilot period.

14.8.10. for the provision of legal advice and services providing that any legal firm or partnership commissioned by the CCG is regulated by the Solicitors Regulatory Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Chief Finance officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

14.8.11. where allowed and provided for in the Capital Investment Manual.

14.9. The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

14.10. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting. A copy of the single tender action should also be sent to the Director of Compliance to maintain the central log of all tenders.

14.11. NHS West London CCG shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

14.12. Items estimated to be below the limits set in these Prime Financial Policies for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer, and be recorded in an appropriate CCG record.

14.13. Contracting/Tendering Procedure

14.13.1. Invitation to tender

(i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

(ii) All invitations to tender shall state that no tender will be accepted unless:

- submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the CCG (or the word "tender" followed by the subject to which it related) and the latest date and time for the receipt of such tender addressed to the Company Secretary or nominated Manager;

- that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

(iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

(v) Every tender must have given, or give a written undertaking, not to engage in collusive tendering or other restrictive practice.

14.14. Receipt and safe custody of tenders

14.14.1. The Accountable Officer or his/her nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

14.14.2. The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

14.15. Opening tenders and Register of tenders

(i) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Accountable Officer and not from the originating department.

(ii) The ‘originating’ Department will be taken to mean the Department sponsoring or commissioning the tender.

(iii) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Chief Finance Officer or any approved senior Officer from the Finance Directorate from serving as one of the two senior Officers to open tenders.

(v) All Members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

(vii) Every tender received shall be marked with the date of opening and initialled by those present at the opening.

(viii) A register shall be maintained by the Director of Compliance, or a person authorised by him, to show for each set of competitive tender invitations despatched:

- the name of all firms individuals invited;
- the names of firms individuals from which tenders have been received;
- the date the tenders were receives and opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender and suitably initialled.

(ix) Each entry to this register shall be signed by those present.

(x) A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

(xi) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his/her own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (Standing Order No. 17.6.5 below).

14.16. Admissibility

14.16.1. If for any reason the designated Officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Accountable Officer.

14.16.2. Where only one tender is sought and/or received, the Accountable Officer and Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the CCG.

14.17. Late tenders

14.17.1. Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his nominated Officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.

14.17.2. Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Director of Compliance or his Nominated Officer or if the process of evaluation and adjudication has not started.

14.17.3. While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Director of Compliance.

14.17.4. Accepted late tenders will be reported to the Governing Body.

14.18. Acceptance of formal tenders

14.18.1. Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his/her tender before the award of a contract will not disqualify the tender.

14.18.2. The lowest tender, if payment is to be made by the CCG, or the highest, if payment is to be received by the CCG, shall be accepted unless the overall evaluation of the contract demonstrates that another bid represents better value for money, particularly in the case of healthcare contracts where quality should be given appropriate consideration.. The invitation to tender should specify the basis on which tenders will be considered, and make it clear whether cost or value for money is the prime consideration.

14.18.3. No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these PFPs except with the authorisation of the Accountable Officer.

14.18.4. The use of these procedures must demonstrate that the award of the contract was:

(a) not in excess of the going market rate / price current at the time the contract was awarded;

(b) that best value for money was achieved.

14.18.5. All tenders should be treated as confidential and should be retained for inspection.

14.19. Quotations: Competitive and non-competitive

14.19.1. Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed £5,000 but not exceed £50,000.

14.20. Competitive Quotations

14.20.1. Quotations should be obtained from firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the CCG as follows:

a. 2 minimum verbal quotations up to £4,999.

b. 2 written quotations from £5,000 to £19,999.

c. 3 written quotations from £20,000 to £49,999.

14.20.2. Quotations should be in writing unless the Accountable Officer or his Nominated Officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

14.20.3. All quotations should be treated as confidential and should be retained for inspection.

14.20.4. The Accountable Officer or his Nominated Officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the CCG, or the highest if payment is to be received by the CCG, then the choice made and the reasons why should be recorded in a permanent record.

14.21. Non-Competitive Quotations

14.21.1. Non-competitive quotations in writing may be obtained in the following circumstances:

(i) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the Responsible Officer, possible or desirable to obtain competitive quotations;

(ii) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;

(iii) miscellaneous services, supplies and disposals;

(iv) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this PFP (i.e.: (i) and (ii) of this PFP) apply.

14.21.2. Non-competitive quotations shall require the CCG to ask suppliers of goods and services to quote for a particular service specification, or for particular goods. This is a more informal exercise than an invitation to tender.

14.22. Authorisation of Tenders and Competitive Quotations

14.22.1. Providing all the conditions and circumstances set out in these Prime Financial Policies have been fully complied with, formal authorisation and awarding of a contract may be decided as set out in the Detailed Scheme of Delegation

14.22.2. Formal authorisation must be put in writing. In the case of authorisation by the Governing Body this shall be recorded in their minutes.

14.23. Compliance requirements for all contracts

14.23.1. The Governing Body may only enter into contracts on behalf of the CCG within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a) The CCG's Standing Orders and Prime Financial Policies;

(b) EU Directives and other statutory provisions;

(c) Such of the NHS Standard Contract Conditions as are applicable;

(d) Care Quality Commission standards;

(e) Contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;

(f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited;

(g) In all contracts made by the CCG, the Governing Body shall endeavour to obtain best value for money by use of all systems in place. The Accountable Officer shall nominate an officer(s) who shall oversee and manage each contract on behalf of NHS Hammersmith and Fulham CCG.

14.24. Disposals (also see section 20 of these PFPs)

14.24.1. Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Accountable Officer or his Nominated Officer;

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the CCG;

(c) items to be disposed of with an estimated sale value of less than £2,000, this figure to be reviewed on a periodic basis;

(d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e) land or buildings concerning which DH or NHS England guidance has been issued but subject to compliance with such guidance.

15. COMMISSIONING

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

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

15.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the CCG Governing Body detailing actual and forecast expenditure and activity for each contract.

15.3. 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.

16. RISK MANAGEMENT AND INSURANCE

POLICY – Working in partnership with relevant national and local stakeholders, NHS West London CCG will commission certain health services to meet the reasonable requirements of the persons for whom they have responsibility.

16.1. The Accountable Officer shall ensure that NHS West London 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 Governing Body.

16.2. The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering among all levels of staff a positive attitude towards the control of risk;

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;

g) arrangements to review the risk management programme.

16.3. 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.

16.4. Insurance: Risk Pooling Schemes administered by NHSLA

16.5. The NHS West London CCG Governing Body shall decide if it will insure through the risk pooling schemes administered by the NHS Resolutions or self insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body 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.

16.6. **Insurance arrangements with commercial insurers**

16.7. There is a general prohibition on NHS bodies entering into insurance arrangements with commercial insurers (exceptions include where required within PFI contracts and motor vehicles). The Governing Body will only enter into a commercial insurance arrangement in exceptional circumstances, such arrangements to be recommended by the Audit Committee.

16.8. **Arrangements to be followed by the Governing Body in agreeing Insurance cover**

(1) Where the Governing Body decides to use the risk pooling schemes administered by the NHS Resolutions the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance officer shall ensure that documented procedures cover these arrangements.

(2) Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Resolutions for one or other of the risks covered

by the schemes, the Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Finance Officer 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.

(3) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

17. PAYROLL

POLICY – NHS West London CCG will put arrangements in place for an effective payroll service.

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

- is supported by appropriate (i.e. contracted) terms and conditions;
- has adequate internal controls and audit review processes;
- has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

18. NON-PAY EXPENDITURE

POLICY – NHS West London CCG will seek to obtain the best value for money goods and services.

18.1. The CCG 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

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

18.3. The Chief Finance Officer will:

- advise the CCG 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;

- be responsible for the prompt payment of all properly authorised accounts and claims;

- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18.4. Prepayments

18.4.1. Prepayments are only permitted where exceptional circumstances apply. In such instances:

a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

b) The appropriate officer member of the CCG Executive Team must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the CCG if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

c) The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

(4) The Budget Holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Accountable Officer if problems are encountered.

18.5. Official Orders

18.5.1. Official Orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Chief Finance Officer;

(c) state the CCG's terms and conditions of trade;

(d) only be issued to, and used by, those duly authorised by the Accountable Officer.

18.6. Duties of Managers and Officers

18.6.1. Managers and officers must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer and that:

(a) all contracts (except as otherwise provided for in the Detailed Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health or NHS England;

(d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with Standing Orders and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff"; the Code of Conduct for NHS Managers 2002); and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry.

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Accountable Officer;

(f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

(g) verbal orders must only be issued very exceptionally - by an employee designated by the Accountable Officer and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(i) goods are not taken on trial or loan in circumstances that could commit the CCG to a future uncompetitive purchase;

(j) changes to the list of members/employees and officers authorised to certify invoices are notified to the Chief Finance Officer;

(k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance officer;

(l) petty cash records are maintained in a form as determined by the Chief Finance Officer.

18.7. The Accountable Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Concode and Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.

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

POLICY – NHS West London CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of fixed assets.

19.1. The Accountable Officer will

- 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;
- be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- 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;
- 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.

20. Disposals and Condemnations, Losses and Special Payments

POLICY – NHS West London CCG is required to have effective arrangements to manage assets and their disposal. They are also required to record and report upon losses and Special Payments.

20.1. **Disposals and Condemnations**

20.1.1. The Chief Finance Officer will prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

20.1.2. When it is decided to dispose of a CCG asset, the Head of Department or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.

20.1.3. All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance officer;

(b) recorded by the Condemning Officer in a form approved by the Chief Finance officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.

20.1.4. The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

20.2. **Losses and Special Payments**

20.2.1. The Chief Finance Officer will prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

20.2.2. Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Accountable Officer and the Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer and/or Accountable Officer. Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform the relevant LCFS and Operational Fraud Team (OFT) in accordance with Secretary of State for Health's Directions.

20.3. **Suspected fraud**

20.3.1. The Chief Finance Officer must notify NHS Protect and the External Auditor of all frauds.

20.3.2. For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:

(a) the Governing Body, and

(b) the External Auditor.

20.3.3. Within limits delegated to it by the Department of Health, the Governing Body shall approve the writing-off of losses.

20.3.4. The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the CCG's interests in bankruptcies and company liquidations.

20.3.5. For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.

20.3.6. The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

20.3.7. No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.

20.3.8. All losses and special payments must be reported to the Audit Committee at every meeting.

21. RETENTION OF RECORDS

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

21.1. The Accountable Officer shall:

- 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;
- ensure that arrangements are in place for effective responses to Freedom of Information requests;
- publish and maintain a Freedom of Information Publication Scheme. Records held in accordance with NHS Code of Practice
- Ensure that relevant records shall only be destroyed at the express instigation of the Accountable Officer. Detail shall be maintained of records so destroyed.
- 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;
- be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

- 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;

- 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.

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

22. RETENTION OF RECORDS

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

22.1. The Chief Officer shall:

- 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;

- ensure that arrangements are in place for effective responses to Freedom of Information requests;

- publish and maintain a Freedom of Information Publication Scheme.

23. TRUST FUNDS AND TRUSTEES

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

23.1. The chief finance officer shall ensure that each trust fund which the CCG 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)

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 CCGs or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

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

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

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

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

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

7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

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