KINGSTON CLINICAL COMMISSIONING GROUP

CONSTITUTION

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PARTIES TO THIS CONSTITUTION

1. The Primary Care Practices (the “Members”) whose names, signatures and addresses are set out in Appendix 1 (the “Register of Members”) agree this Constitution.

CONTEXT AND PURPOSE

2. The NHS Act 2006 as amended by the Health and Social Care Act 2012 and related regulations establishes clinical commissioning groups as clinically led membership organisations made up of general practices. They are statutory bodies that have the function of commissioning services for the purpose of the health service in England.

3. NHS England is responsible for determining applications from prospective groups of practices to be established as clinical commissioning groups and it will undertake an annual assessment of each established group.

4. This constitution is made between the members of NHS Kingston Clinical Commissioning Group and has effect from 10th day of December 2012, when NHS England established the group. The constitution is published on the group’s website at www.kingstonccg.nhs.uk.

5. The Members have agreed through a separate inter-practice agreement to work together, and this agreement describes the rights and responsibilities of the members to each other and to the CCG.

6. This Constitution sets out how the CCG shall fulfil its statutory duties (including but not limited to the commissioning of secondary health and other services) and sets out the primary governance rules for the CCG. It complies with the Act and relevant guidance issued by NHS England - March 2014.

AMENDMENT AND VARIATION OF THIS CONSTITUTION

7. As an authorised CCG this Constitution can only be varied in the following two circumstances:
   7.1. where the CCG applies to NHS England and that application is granted; and
   7.2. where in the circumstances set out in the legislation NHS England varies the CCG’s constitution other than on application by the CCG.

GEOGRAPHICAL AREA

8. The geographical area covered by the CCG shall be the boundaries of the Royal Borough of Kingston upon Thames, to include all patients registered with Members.(the “Geography”). GP practices based outside the RBK boundary can be Members provided a significant proportion of their registered population lives within the RBK boundary and they are contiguous (leave no gaps in population coverage) with the rest of the Membership.

1 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
4
COMMENCEMENT AND DURATION

9. This Constitution shall commence as detailed in clause 4. and shall continue in force
   9.1. until it is terminated by the last of the Members of it, or otherwise in accordance with this
        Constitution, or
   9.2. when the CCG is dissolved by NHS England.

MISSION

10. The CCG’s mission has been restated as “our task” and is addressed to the population served:

   Our task is to:
   10.1. help you stay as healthy as possible
   10.2. support you in looking after yourself when you are well and when you are not
   10.3. make sure the right services are available if you become unwell, and for those services to
         be safe, effective and provide the good experience you deserve
   10.4. listen to you, involve you and be influenced by you
   10.5. work with you to continuously improve:
          10.5.1. the health and wellbeing of people in Kingston
          10.5.2. the support that’s available to help people look after themselves
          10.5.3. the quality of local health services
   10.6. work with you to reduce inequalities in health across Kingston
   10.7. become recognised and respected as the leader of the health care system in Kingston

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

VALUES

12. The values that lie at the heart of the CCG’s work, re-stated for the population served are:
    12.1. healthier lives for people in Kingston
    12.2. getting the best possible health improvement and health care for people in Kingston
    12.3. health services for local people, shaped by local people
    12.4. you being able to say: “I’m heard, I’m healthier, I’m cared for”.

13. We plan to achieve this by:
    • targeting the causes of ill health and premature death
    • improving the quality, safety and responsiveness of services
    • ensuring good quality health services are available and accessible in a timely way
    • developing services across health and social care.

    We will measure how well we do by:
    • feedback on services
• the improvement in health and life expectancy across Kingston
• the reduction in the health gap between affluent and more disadvantaged areas and people.

PRIMARY FUNCTIONS

14. The functions that the CCG is responsible for exercising are set out in the Act. In summary they are:
14.1. Commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of all people registered within Member practices, and people who are usually resident within the area and are not registered with a member of any clinical commissioning group;
14.2. Commissioning emergency care for anyone present in the CCG’s area;
14.3. Determining the remuneration and travelling or other allowances of members of the Governing Body;
14.4. Paying its employees remuneration, fees and allowances in accordance with the determinations made by the Governing Body and determining any other terms and conditions of service of the CCG’s employees.

DECISION MAKING

15. The CCG is a clinically led membership organisation and is accountable for exercising the statutory functions of the CCG. It grants authority to act on its behalf to:
15.1. a Council of Members, which comprises a representative appointed by each Member;
15.2. the Governing Body;
15.3. employees, and;
15.4. committees of the Governing Body, including an audit committee, a remuneration committee, an integrated governance committee, and a finance committee.

16. The Members will exercise their constitutional rights and fulfill their statutory responsibilities in respect of the CCG through a Council of Members. Each Member shall appoint a Member Representative to the Council of Members.
17. The CCG will, acting through the Council of Members, establish its Governing Body (the “Governing Body”) which shall fulfill its statutory responsibilities and such other functions as are delegated to it by the CCG, which shall include the powers and authority to lead the CCG and to set its strategic direction.
18. The Governing Body shall comprise the following members:
18.1. six GPs (one of whom will be the Chair);
18.2. one registered nurse;
18.3. one secondary care specialist doctor;
18.4. three lay members (one of whom shall lead on audit, one whom shall lead on governance, and one whom shall lead on patient and public participation);
   One of the lay members shall be the Vice Chair
18.5. The Accountable Officer;
18.6. Managing Director for Kingston and Richmond CCGs and
18.7. the Chief Financial Officer
and non-voting attendees:

18.8. The Director of Public Health will be a permanent non-voting attendee.
18.9. The Chair, Healthwatch Kingston will be permanent non-voting attendees.
18.10. The Chair, Council of Members will be a permanent non-voting attendee
18.11. Other non-voting attendees may be co-opted from time to time at the discretion of the Chair.

19. Their method of appointment, terms of office and roles shall be as set out in Appendix 3 (Standing Orders).

20. The Governing Body shall effect management of the day to day operations of the CCG through the Accountable Officer and an operational management group or similar arrangement, including the procurement of management support and other matters set out in paragraphs 14 above and 32 and 33 below.

21. The Governing Body shall also establish:
   - An Audit Committee (which shall be chaired by one of the Governing Body’s lay members),
   - A Remuneration Committee,
   - An Integrated Governance Committee,
   - A Finance Committee
   - A Primary Care Commissioning Committee
   - A Committee for Collaborative Decision Making

The functions and remit of these committees will be set out in their terms of reference and roles included in Appendix 3. The Governing Body shall establish other Committees as necessary as agreed with the Council of Members.

These committees may operate using a Committees in Common arrangement, as described in their Terms of Reference.

22. The extent of the authority to act of the bodies set out at paragraph 21 above depends on the powers delegated to them by the CCG, as set out in the CCG’s scheme of reservation and delegation (Appendix 4), and for committees and sub-committees, their terms of reference.

23. The CCG’s scheme of reservation and delegation sets out:
   23.1. those decisions that are reserved for the Membership as a whole;
   23.2. those decisions that are the responsibilities of the Governing Body (and its committees), the CCG’s committees and sub-committees, individual members and employees.
   23.3. Those decisions that are reserved for the GP Electorate

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

25. In discharging their delegated responsibilities the Governing Body and its committees must:
   25.1. comply with principles of good governance;
   25.2. operate in accordance with the CCG’s scheme of reservation and delegation;
   25.3. comply with the CCG’s standing orders;
   25.4. where appropriate, ensure that Members have had the opportunity to contribute to the CCG’s decision-making process through the Council of Members.

26. When discharging their delegated functions, the Governing Body and committees must also operate in accordance with their approved terms of reference.
ROLES AND RESPONSIBILITIES

Member Representatives

27. Each Member practice will appoint a Member Representative.
28. Practice representatives on the Council of Members represent their practice’s views and act on behalf of the practice in matters relating to the CCG.
29. The role of the practice representatives is to:
   29.1 Represent the views of the practice in matters being considered by the Council and on wider commissioning issues.
   29.2 Agree objectives for the practice with the Council and Governing Body.
   29.3 Ensure that the appropriate practice members are aware of commissioning business including rights and responsibilities
   29.4 Ensure that information produced by the CCG is discussed and decisions and actions taken where appropriate.
   29.5 Be the initial contact for CCG personnel on practice matters relating to the CCG and commissioning.
30. A member of the practice holding a position on the Governing Body should not be the Member Representative unless agreed with Governing Body.

Elected Clinical Leaders

31. Elected clinical leaders have a more active role in the management and operation of the CCG. They are members of the Governing Body and must bring their unique understanding of the CCG’s Members to the discussion and decision making of the Governing Body. The full role of the elected clinical leader is given in Appendix 3.
32. All Kingston Clinical Commissioning Group Governing Body Members will be expected to:
   32.1 contribute to the development and implementation of strategic plans that enable the CCG to commission health care and services that meet the needs of the population of Kingston to the highest quality within available resources.
   32.2 ensure that the CCG Governing Body sets and meets challenging objectives for improving its performance across the range of its functions.
   32.3 ensure that financial controls and systems of risk management are robust and that the CCG delivers within these
   32.4 be responsible for the clinical leadership of specific aspects of commissioning in Kingston (to be agreed with the Chair)
33. All members of the Governing Body shall have the roles and skills set out in guidance issued by NHS England at the time of their appointment. Each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and within the terms of this Constitution.
   Each brings his/her unique perspective, informed by his/her expertise and experience.
34. Where the CCG has joint appointments, these are supported by memoranda of understanding.
MEMBERS’ COMPLIANCE

35. Where a Member is unable to meet the CCG’s strategic objectives or operational requirements, or if information or projections suggest that it will not be able to, the Member and the Governing Body shall agree a recovery plan and the Member shall make every effort to comply with the agreed recovery plan.

36. The Governing Body and the Member shall review the Member’s progress against the agreed recovery plan at least bi-monthly and more frequently if appropriate. The Governing Body shall take full account of any extenuating circumstances the Member may find itself in, but if in the Governing Body’s reasonable judgment the Member will not achieve the object of the recovery plan, the Governing Body shall have the right set out at paragraph 51 below. Throughout this process the Member shall have the right to include the LMC in discussions.

DISCHARGE OF FUNCTIONS

37. In discharging its functions, the CCG will:
   37.1. act, when exercising its commissioning functions, 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;
   37.2. meet the public sector equality duty;
   37.3. work in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies;
   37.4. 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 publishing an public engagement and consultation strategy and consulting fully with patients and the public. The CCG strategy will include the establishment of a patient forum, which shall be open to any Kingston CCG registered patient and Kingston organisations; the Accountable Officer and other members of the Governing Body will attend the patient forum to hear concerns, discuss plans and reflect on strategy, and; ensuring lay representation on service reform projects. The CCG will take account of the Cabinet Office’s Code of Practice on Consultation;
   37.5. promote the involvement of patients, their carers and representatives in decisions about their healthcare through the public engagement and consultation strategy;
   37.6. promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and has regard to the NHS Constitution, the seven principles of which are set out at Appendix 8;
   37.7. act effectively, efficiently and economically;
   37.8. act with a view to securing continuous improvement to the quality of services;
   37.9. assist and support NHS England in relation to the Board’s duty to improve the quality of primary medical services;
   37.10. have regard to the need to reduce inequalities;
   37.11. act with a view to enabling patients to make choices;
   37.12. obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health;
   37.13. promote innovation, research and the use of research;
37.14. 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 services in England so as to assist the Secretary of State for Health in the discharge of his related duty;
37.15. 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;
37.16. ensure its expenditure does not exceed the aggregate of its allocations for the financial year;
37.17. ensure its use of resources (capital and revenue) does not exceed the amount specified by NHS England for the financial year;
37.18. take account of any directions issued by NHS England, in respect of specified types of resource in a financial year, to ensure the CCG does not exceed an amount specified by NHS England;
37.19. publish an explanation of how the CCG spent any payment in respect of quality made to it by NHS England;
37.20. comply with all relevant regulations, directions issued by the Secretary of State for Health or NHS England and have regard to guidance issued by NHS England and will develop and implement the necessary systems and processes so to do, documenting them as necessary in the scheme of reservation and delegation and other relevant CCG policies or procedures by delegating responsibility for these duties to the Governing Body, and creating policies which set out how the Governing Body intends to discharge each duty, and requiring progress of the delivery of each duty to be monitored through the Governing Body’s integrated governance and performance reporting mechanisms.

38. The CCG will observe generally accepted principles of good governance in the way in which it conducts business, including the highest standards of propriety involving impartiality, integrity and objectivity in relation to stewardship of public funds, the management of the CCG and the conduct of its business, the Nolan Principles (see Appendix 7), the Good Governance Standards for Public Services, the NHS Constitution (see Appendix 8) and the Equality Act 2010.

ACCOUNTABILITY

39. The CCG will demonstrate its accountability to its Members, local people, stakeholders and NHS England in a number of ways including:
39.1. publishing its constitution at www.kingstonccg.nhs.uk;
39.2. appointing independent lay members and non GP clinicians to its Governing Body;
39.3. 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);
39.4. publishing annually a commissioning plan;
39.5. complying with local authority health overview and scrutiny requirements;
39.6. meeting annually in public to publish and present its annual report and annual accounts;
39.7. having a published and clear complaints process;
39.8. complying with the Freedom of Information Act 2000;
39.9. providing information to NHS England, as required.

40. The Governing Body will have an ongoing role in reviewing the CCG’s governance arrangements to ensure that it continues to reflect the principles of good governance.
THE CCG AS EMPLOYER

41. The CCG recognises that its most valuable asset is its people and will seek to enhance their skills and experience and is committed to their development. The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity and will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

42. All communications issued by the CCG will be published on its website at www.kingstonccg.nhs.uk and the CCG may use other means of communication as appropriate.

43. This Constitution is informed by a number of other documents, which provide further detail on how the CCG will operate. They are the CCG’s:

   43.1. Standing orders (Appendix 3) – sets out the arrangements for the CCG’s meetings and appointments processes to elect the CCG’s representatives and appoint to the CCG’s committees, including the Governing Body;
   43.2. Scheme of reservation and delegation (Appendix 4) – sets out those decisions that are reserved for the Members as a whole and those that are the responsibility of the Governing Body, the committees and sub-committees and individual members and employees;
   43.3. Prime financial policies (Appendix 5) – sets out arrangements for managing the CCG’s financial affairs.

MEMBERS JOINING AND LEAVING

44. General Medical Services, Personal Medical Services or Alternative Provider Medical Services providers that provide primary medical services to a registered list of patients with a main surgery situated as outlined in paragraph 8 will be eligible to apply for membership of the CCG. If such body wishes to become a Member, it shall make a written application to the Governing Body, confirming that it is willing to enter into the inter-practice agreement and abide by this Constitution.

45. Membership is not transferable.

46. No body shall become a Member unless:

   46.1. it is eligible and has made a written application in accordance with paragraph 44;
   46.2. its application has been approved by the Governing Body and Council of Members;
   46.3. it has signed and agrees to be bound by the conditions of the Inter Practice Agreement and this Constitution, and;
   46.4. it has been entered onto the Register of Members.

47. A Member shall cease to be a Member if that Member:

   47.1. gives at least 6 months prior written notice to the Governing Body of its intention to terminate its Membership, and such termination shall only take effect at the end of the financial year in which such notice was given;
   47.2. is a sole practitioner and is suspended, removed or departs, and the practice list is dispersed. If the practice continues in an interim arrangement in which case it shall
continue to be a Member and it shall choose an alternative representative to represent it on the Council of Members until such a time as a permanent practitioner is in place;

47.3. merges its primary care contract with another Member, such that they become one Member.

48. Where two Member practices have a close working relationship but are separately eligible to be Members they shall continue to be regarded as separate Members with their own representatives on the Council of Members in keeping with the principle of paragraph 44.

49. Other arrangements between practices should be at the discretion of the Council of Members.

50. Where an eligible practice refuses to sign either the inter-practice agreement, the Constitution or both, it shall be refused membership and will be directed to NHS England to ensure it fulfills its contractual responsibilities.

51. If the practice is subsequently directed by NHS England to join the CCG, the CCG reserves the right to impose extra compliance clauses upon its reapplication. Such clauses could include extra monitoring arrangements and acceptance of more detailed direction from the CCG. If:

51.1. having followed the process at paragraphs 35 and 36 above, the Governing Body is of the reasonable opinion the Member that is party to the recovery plan will not achieve the object of the recovery plan through refusal or inability to comply, or;

51.2. has other significant concern about the conduct of a Member;

the Governing Body shall have the right to refer the matter to the Council of Members which may refer the matter to NHS England seeking expulsion of the Member.

52. If a practice has chosen to leave the CCG and subsequently reapplies for membership, the CCG reserves the right to impose extra compliance clauses upon its reapplication. Such clauses could include extra monitoring arrangements and acceptance of more detailed direction from the CCG. Throughout the process described in paragraphs 50 to 53 the practice shall have the right to involve the LMC in discussions.

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

53. Employees, Members, representatives on the Council of Members 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, see Appendix 7). They must comply with the group’s policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. In accordance with its conflict of interest policy, the CCG shall keep one or more registers of interests of the members of the group, the members of its governing body, the member of its committees or sub-committees, and its employees. The conflict of interest policy, and the register(s) held by the CCG will be available on the CCG’s website at www.kingstonccg.nhs.uk

54. 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.

55. The CCG shall appoint a Conflict of Interest Guardian who will normally be the Audit Committee Chair and whose responsibilities shall be to:

55.1. Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
55.3. Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;

55.4. Support the rigorous application of conflict of interest principles and policies;

55.5. Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

55.6. Provide advice on minimising the risks of conflicts of interest.

REMUNERATION AND EXPENSES

56. The Remuneration Committee will set and review the salaries, sessional rates, fees, allowances (including pension allowances) and expenses for employees and any other persons providing services to the CCG save for the members of the Governing Body, taking into account national guidance, the management cost cap and, benchmarked information of other clinical commissioning groups.

57. Remuneration of any employees paid more than £100,000 pro rata shall be published as part of the annual accounts with a breakdown of expenses.

JOINT WORKING

Joint commissioning arrangements with other Clinical Commissioning Groups

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

59. The CCG may make arrangements with one or more CCG in respect of:

59.1. delegating any of the CCG’s commissioning functions to another CCG;

59.2. exercising any of the commissioning functions of another CCG; or

59.3. exercising jointly the commissioning functions of the CCG and another CCG.

60. For the purposes of the arrangements described at paragraph 59, the CCG may:

60.1. make payments to another CCG;

60.2. receive payments from another CCG;

60.3. make the services of its employees or any other resources available to another CCG; or

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

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

62. For the purposes of the arrangements described at paragraph 59 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 59.3 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.

63. Where the CCG makes arrangements with another CCG as described at paragraph 59 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
   63.1. How the parties will work together to carry out their commissioning functions;
   63.2. The duties and responsibilities of the parties;
   63.3. How risk will be managed and apportioned between the parties;
   63.4. Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
   63.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

64. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 59 above.

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

66. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

68. 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.

**Joint commissioning arrangements with NHS England for the exercise of CCG functions**

69. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

70. The CCG and NHS England may make arrangements to exercise any of the CCG’s commissioning functions jointly.

71. The arrangements referred to in paragraph 69 above may include other CCGs.

72. Where joint commissioning arrangements pursuant to 70 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

73. Arrangements made pursuant to 70 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
74. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 69 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
   74.1. How the parties will work together to carry out their commissioning functions;
   74.2. The duties and responsibilities of the parties;
   74.3. How risk will be managed and apportioned between the parties;
   74.4. Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
   74.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

75. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 70 above.

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

77. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

79. 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.

**Protected Disclosure**

80. The CCG also 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 group, 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 group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act;

**Joint commissioning arrangements with NHS England for the exercise of NHS England’s functions**

81. The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
82. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
   82.1. Exercise such functions as specified by NHS England under delegated arrangements;
   82.2. Jointly exercise such functions as specified with NHS England.

83. 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.

84. 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.

85. For the purposes of the arrangements described at paragraph 80 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

86. Where the CCG enters into arrangements with NHS England as described at paragraph 80 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
   86.1. How the parties will work together to carry out their commissioning functions;
   86.2. The duties and responsibilities of the parties;
   86.3. How risk will be managed and apportioned between the parties;
   86.4. Financial arrangements, including payments towards a pooled fund and management of that fund;
   86.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

87. 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 81 above.

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

89. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

91. 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.

Joint Appointments with other Organisations

92. The CCG may make joint appointments including joint appointments with other CCGs. Any such joint appointments will be supported by a memorandum of understanding between the organisations that are party to these joint appointments.

Existing Joint Working Arrangements (April 2017)

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

a) NHS South West London CCG Groups – Framework for Collaboration
   - Croydon CCG
   - Merton CCG
   - Richmond CCG
   - Sutton CCG
   - Wandsworth CCG
   These joint arrangements are supported by a SW London Collaboration Framework and Memorandum of Understanding between the above CCGs to ensure opportunities for developing and implementing the Sustainability and Transformation Plan.

b) Committee for Collaborative Decision Making (Committees in Common)
   - Croydon CCG
   - Merton CCG
   - Richmond CCG
   - Sutton CCG
   - Wandsworth CCG
   A Committees in Common arrangement established for the purpose of Collaborative Decision Making of organisational and health care plans with nearby CCGs.

c) Remuneration Committee (Committees in Common)
   - Merton CCG
   - Richmond CCG
   - Sutton CCG
   - Wandsworth CCG
   A Committees in Common arrangement has been established for a common approach to decisions made by the Remuneration Committees of the participating organisation.

d) SWL Alliance Shared Executive Management
   - Merton CCG
   - Richmond CCG
   - Sutton CCG
   - Wandsworth CCG
   The SWL Alliance has a Memorandum of Understanding that sets out how the functions delegated to the Accountable Officer and Chief Finance Officer will be managed across all five organisations including the option of appointing shared post holders.

94. The CCG has entered into joint arrangements with NHS England:
e) **Primary Care Commissioning Committee**

The Governing Body shall, in partnership with NHS England establish a Primary Care Commissioning Committee. The composition of the Primary Care Commissioning Committee shall accord with any published national guidance.

The Primary Care Commissioning Committee shall be chaired by a Lay member, and the duties and responsibilities of the Primary Care Commissioning Committee shall include:

- Carrying out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.
- Exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCGs, which will sit alongside the delegation and terms of reference.
- Participating in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

95. The CCG has entered into joint arrangements with the Royal Borough of Kingston:

f) **Health and Wellbeing Board.**
APPENDIX 1

KINGSTON CCG LIST OF MEMBER PRACTICES AND APPROVAL OF THE CONSTITUTION

The original copy of the NHS Kingston Clinical Commissioning Group’s Constitution contains each of the Practice Representative signatures and is available at the CCG’s offices for inspection.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Practice Address</th>
<th>Practice Member Representative</th>
<th>Signed authorisation of Constitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berrylands Surgery (H84053)</td>
<td>Surbiton Health Centre, Ewell Road</td>
<td>Dr James Benton</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Surbiton KT6 6EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brunswick Surgery (H84015)</td>
<td>Surbiton Health Centre, Ewell Road</td>
<td>Dr Usha Ganeshalingam</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Surbiton KT6 6EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canbury Medical Centre (H84010)</td>
<td>1 Elm Rd, Kingston upon Thames</td>
<td>Dr James Benton</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT2 6HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Surgery (H84030)</td>
<td>Surbiton Health Centre, Ewell Road</td>
<td>Dr Nasif Mansour</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Surbiton KT6 6EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chessington Park Surgery (H84050)</td>
<td>Merritt Gardens, Chessington</td>
<td>Dr Prasun Kumar</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT9 2GY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Churchill Medical Centre (H84027)</td>
<td>Clifton Rd, Kingston upon Thames</td>
<td>Dr Adel Kartas</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT2 6PG</td>
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<td></td>
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<tr>
<td>Claremont Medical Centre (H84619)</td>
<td>2 Glenbuck Rd, Surbiton</td>
<td>Dr Arun Kochhar</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT6 6BS</td>
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<tr>
<td>Fairhill Medical Practice (H84020)</td>
<td>14 Fairfield Street, Kingston upon Thames</td>
<td>Dr Sarah Foddy</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT1 2UJ</td>
<td></td>
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<tr>
<td>Groves Medical Centre (H84016)</td>
<td>171 Clarence Avenue, New Malden</td>
<td>Dr Retnasingham</td>
<td>✓</td>
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<tr>
<td></td>
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<tr>
<td>Holmwood Corner Surgery (H84042)</td>
<td>134 Malden Rd, New Malden</td>
<td>Dr Annette Pautz</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT3 6DR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hook Surgery (H84025)</td>
<td>Merritt Medical Centre, Merritt Gardens</td>
<td>Dr Atish Manek</td>
<td>✓</td>
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<tr>
<td></td>
<td>Chessington KT9 2GY</td>
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<td></td>
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<tr>
<td>Kingston Health Centre (H84061)</td>
<td>10 Skerne Rd, Kingston upon Thames</td>
<td>Dr Julie Beattie</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>KT2 5AD</td>
<td></td>
<td></td>
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<tr>
<td>Langley Medical Practice (H84062)</td>
<td>Surbiton Health Centre, Ewell Road</td>
<td>Dr Mark Storey</td>
<td>✓</td>
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<tr>
<td></td>
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<td>Practice Name</td>
<td>Address</td>
<td>GP Name</td>
<td>Location Code</td>
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<tr>
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</tr>
<tr>
<td>Manor Drive Medical Centre (H84635)</td>
<td>3 The Manor Drive Worcester Park KT4 7LG</td>
<td>Dr Jonathan Dougherty</td>
<td></td>
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<tr>
<td>Orchard Practice (H84034)</td>
<td>Orchard Gardens Chessington KT9 1AG</td>
<td>Dr Haythem Naseef</td>
<td></td>
</tr>
<tr>
<td>Red Lion Road Surgery Mediventure Limited (H84054)</td>
<td>1 Red Lion Rd, Surbiton KT6 7QG</td>
<td>Dr R K Agrawal</td>
<td></td>
</tr>
<tr>
<td>Roselawn Surgery (H84051)</td>
<td>149 Malden Road New Malden Surrey KT3 6AA</td>
<td>Dr Atin Goel</td>
<td></td>
</tr>
<tr>
<td>St Alban’s Medical Centre (H84033)</td>
<td>212 Richmond Road Kingston upon Thames Surrey KT2 5HF</td>
<td>Dr John Parrish</td>
<td></td>
</tr>
<tr>
<td>Sunray Surgery (H84618)</td>
<td>97 Warren Drive South Tolworth Surbiton KT5 9QD</td>
<td>Dr Gareth Hull</td>
<td></td>
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<tr>
<td>Village Surgery (H84629)</td>
<td>157 High Street New Malden KT3 4EU</td>
<td>Dr Nabil Al-Yaqubi</td>
<td></td>
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<tr>
<td>West Barnes Surgery (H85055)</td>
<td>229 West Barnes Lane New Malden Surrey KT3 6JD</td>
<td>Dr Sara Kitchen</td>
<td></td>
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</tbody>
</table>
### GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>Accountable Officer</td>
<td>An individual, defined by the Act, appointed by NHS England with responsibility for ensuring that the CCG complies with its obligations under the Act and exercises its functions in a way that provides good value for money;</td>
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<tr>
<td>Act</td>
<td>NHS Act 2006 as amended by the Health and Social Care Act 2012 and related regulations;</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group;</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>The qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance;</td>
</tr>
<tr>
<td>Constitution</td>
<td>This document that governs how the CCG will fulfil its statutory duties and make decisions;</td>
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<tr>
<td>Council of Members</td>
<td>The committee of the CCG appointed by the Members under the standing orders and the scheme of reservation and delegation;</td>
</tr>
<tr>
<td>Geography</td>
<td>The geographical area that the CCG has responsibility for, namely the boundaries of the Royal Borough of Kingston upon Thames, to include all patients registered with Members. GP practices based outside the RBK boundary can be Members provided a significant proportion of their registered population lives within the RBK boundary and they are contiguous (leave no gaps in population coverage) with the rest of the Membership.</td>
</tr>
<tr>
<td>Governing Body</td>
<td>The body appointed under the Act with the main function of ensuring that the CCG has made appropriate arrangements for ensuring that it complies with its obligations under the Act and generally accepted principles of good governance;</td>
</tr>
<tr>
<td>GP Electorate</td>
<td>All GP principals and salaried GPs employed by Member GP practices and locum GPs who are on the Kingston Performers’ List and who have been sponsored to vote by a KCCG Member practice (to confirm that the locum is sufficiently engaged with the Practice to have an interest in and contribution to make to the effectiveness of KCCG)</td>
</tr>
<tr>
<td>GPs</td>
<td>General practitioners;</td>
</tr>
<tr>
<td>Members</td>
<td>The individual practices who have entered into this Constitution, as evidenced by their signatures on the Register of Members; each will be a practice holding either a unique GMS, PMS or APMS contract with NHS England.</td>
</tr>
<tr>
<td>NHS England</td>
<td>The body established by the Act that is responsible for authorising CCGs;</td>
</tr>
<tr>
<td>NHS Constitution</td>
<td>The NHS Constitution: The NHS Belongs to us all (March 2012) DH Guidance Gateway number 132961;</td>
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<tr>
<td>Nolan Principles</td>
<td>The First Report of the Committee on Standards in Public Life (1995);</td>
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<td>PCTs</td>
<td>Primary Care Trusts;</td>
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<td>Register of Members</td>
<td>Appendix 1;</td>
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STANDING ORDERS

A. STATUTORY FRAMEWORK AND STATUS

Introduction

1. These standing orders have been drawn up to regulate the proceedings of the CCG so that CCG can fulfil its obligations, as set out in the Act. They are effective from the date the CCG is established.

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:
   - The arrangements for conducting the business of the CCG;
   - the appointment of Member representatives;
   - the procedure to be followed at meetings of the CCG, the Council of Members, the Governing Body and its committees or sub-committees;
   - the process to delegate powers;
   - the declaration of interests and standards of conduct.

3. These arrangements must comply, and be consistent where applicable, with requirements set out in the Act and take account as appropriate of any relevant guidance.

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

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

5. The Act provides the CCG with powers to delegate the CCG’s functions and those of the Governing Body to certain bodies and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session through its Council of
Members or by the full GP electorate. These decisions and also those delegated are contained in the CCG’s scheme of reservation and delegation.

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

Composition of membership

6. Paragraph 44 of the Constitution provides details of the eligibility for membership of the CCG.

7. Paragraphs 15 to 26 of the Constitution provide details of the governing structure used in the CCG’s decision-making processes.

8. Paragraphs 27 to 33 outline certain key roles and responsibilities within the CCG in relation to its Council of Members and its Governing Body, including the role of Member representatives on the Council of Members.

THE COUNCIL OF MEMBERS

9. Each practice within the geographic area defined in paragraph 8 of the constitution shall have the right to apply to be a Member.

10. The CCG shall provide necessary administrative support to the Council of Members.

11. The rights and responsibilities of Members are as agreed within the Kingston Inter Practice Agreement.

12. Where CCG practice objectives have been agreed, the Member is responsible for ensuring these are met, with support of the CCG.

Role of the Council of Members

13. The Council of Members will:

13.1 Represent its Member Practices

13.2 Set strategy with the assistance of the Governing Body and the operational management group taking account of appropriate information including activity and wider NHS objectives, the Health and Wellbeing strategy and the Joint Strategic Needs Assessment.

13.3 Provide a forum for discussion

13.4 Be fully and proactively informed by the Governing Body and operational management group of strategic decisions and of day to day decisions.
13.5 Hold the Governing Body to account for delivery of its instructions.

13.6 Delegates power to the Governing Body and operational management group to deliver its objectives.

13.7 Agree and ratify strategic, operational and financial plans developed by the CCG.

13.8 Ensure processes are in place for appropriate elections and polling on issues arising requiring a vote of the electorate as detailed in section 54.

13.9 Ensures that conflicts of interest within the CCG are dealt with appropriately.

13.10 Members shall hold each other to account for the delivery of their CCG objectives.

13.11 NHS England is responsible for performance management of practices against their primary care contract unless this role is delegated to the CCG where permitted in statute and agreed with the CCG.

13.12 The Council and Governing Body shall be responsible for addressing performance of the practice against CCG objectives and has a general duty to seek to improve the quality of primary care.

Key roles on the Council of Members
14. Paragraph 16 of the Constitution provides that the Members will exercise their constitutional rights and fulfil their statutory responsibilities in respect of the CCG through the Council of Members, and that each Member shall appoint a representative to the Council of Members.

15. Each Member will appoint one of its number to be its representative on the Council of Members at its own discretion. In the spirit of clinical commissioning the representative should be a clinician unless otherwise agreed with the Council of Members. Each Member may change its representative from time to time, on prior written notice to the Council of Members and the Governing Body.

16. That representative’s term of office will be determined by the relevant Member.

The role of COUNCIL OF MEMBERS PRACTICE REPRESENTATIVES
17. Each practice shall choose a member of the practice team to represent them.

18. In the spirit of the move to clinically-led commissioning, the representative should be a clinician where possible.

19. Where a practice does not feel this inappropriate, it may agree to a non-clinician representation with the Council of Members.

20. Representatives must be of sufficient seniority to be able to discuss practice issues at the Council of Members and to represent the practice on issues in which votes may be called.

21. In participating in the Council of Members, each Member representative shall:
22. Promote the success of the CCG for the benefit of the Membership as a whole;

22.1 Act within the powers set out in this Constitution and in the Inter-practice Agreement;

22.2 Exercise independent judgment and reasonable care, skill and diligence;

22.3 Declare any interest of his/her Member in any proposed transaction or arrangement being considered by the CCG;

22.4 Avoid conflicts of interests, and;

22.5 Declare any benefits received from third parties in the exercise of commissioning duties. This does not apply to benefits relating to other roles.

23. Attend at least 80% of meetings and appoint a proxy for meetings where they are not able to attend unless agreed otherwise with the Chair of the Council

24. The Representative shall:

24.1 Represent the views of the practice in matters being considered by the council and on wider commissioning issues.

24.2 Agree objectives for the practice with the Council and Governing Body.

24.3 Ensure that the appropriate practice members are aware of commissioning business including rights and responsibilities

24.4 Ensure that information produced by the CCG is discussed and decision taken on action where appropriate.

24.5 Be the initial contact for CCG personnel on practice matters relating to the CCG and commissioning.

25. A member of the practice holding a position on the Governing Body, should not be the practice representative unless agreed with Governing Body.

26. The roles of chair and vice chair of the Council of Members are subject to the following appointment process:

Nominations – by Members;

Eligibility – Membership of the CCG;

Appointment process – By secret ballot of representatives;

Term of office: To be elected annually
Eligibility for reappointment: Eligible for re-election annually, but with a maximum period of tenure of 3 years unless a formal change to this stipulation is agreed by the Council of Members.

Grounds for removal from office: Upon a vote of 75% or more of the Council of Members, in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers' list or by the GMC or in the event of proven gross misconduct, suspension shall be immediate. The Member shall have the right to involve the LMC in any discussions and decisions relating to this issue.

Notice period: Three months

Key Roles on the Governing Body

27. Paragraph 18 of the Constitution sets out the composition of the CCG’s Governing Body and paragraphs 27 to 33 of the Constitution identify 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.

28. The following may become members of the Governing Body:
   28.1 a Member of the CCG who is an individual;
   28.2 an individual appointed by virtue of Regulations in the Act;
   28.3 individuals who are Health Care Professionals; and
   28.4 individuals who are Lay Persons; and
   28.5 individuals who are otherwise specified in this Constitution.

29. The role of the Chair of the Governing Body, as listed in paragraph 18 of the Constitution, is described here in greater detail and is subject to the appointment process below.

30. **Role of Chair**

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the Chair of the Governing Body will have specific responsibility for:

- leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG’s constitution;
- building and developing the CCG’s Governing Body and its individual members;
- ensuring that the CCG has proper constitutional and governance arrangements in place;
• ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

• supporting the Accountable Officer in discharging the responsibilities of the organisation;

• contributing to the building of a shared vision of the aims, values and culture of the organisation; and

• leading and influencing clinical and organisational change to enable the CCG to deliver commissioning responsibilities.

The Chair will also have a key role in overseeing governance and particularly ensuring that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times. They will ensure that:

• public and patients’ views are heard and their expectations understood and, where appropriate, met;

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

• the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority/ies

Nominations – An invitation will be made to Governing Body members to apply for the posts of Chair and Vice Chair who have been considered eligible for these roles during the selection process.

Eligibility – the role of the Chair of the Governing Body may be filled by any member of the Governing Body. If the Chair is a GP or other healthcare professional, the Vice Chair should be a lay member who would take the Chair’s role for discussions and decisions involving conflict of interest for the Chair.

Appointment process – In the event of more than one candidate arising for either post, a secret ballot of the remaining voting members of the Governing Body will be held. In the event of equal numbers of votes being cast, the decision will be referred to the Council of Members. Thereafter the nominated candidate will proceed to the national assessment process.

Term of office: 3 years.

Eligibility for reappointment – The Chair and Vice Chair will be eligible for reappointment if they remain a member of the Governing Body

Grounds for removal from office: Where the Chair or Vice Chair is a GP, upon a vote of 75% or more of the Council of Members, in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers’ list or by the GMC or in the event of proven gross misconduct, suspension shall be immediate. The Member shall have the right to involve the LMC in any discussions and decisions relating to this issue.

Notice period: 3 months.
Where the Chair is a GP, the remaining GPs on the Governing Body shall elect a Deputy Chair – Clinical, who will deputise for the Chair when the Chair is not available or where the Chair declares a conflict of interest and where clinical leadership is required. The Deputy Chair – Clinical may assume the role of Interim Chair if the Chair is not available for an extended period to ensure clinical leadership of Kingston CCG is maintained.

31. The full roles of the six elected GP Members of the Governing Body, as summarised in paragraphs 27-33 of the Constitution are:

PRINCIPAL RESPONSIBILITIES

- Develop the vision and strategy for improving and delivering the health care of the population of Kingston in consultation with patients, the public, health and wellbeing Governing Body and other key local Stakeholders
- Develop a comprehensive understanding of the health and care needs of the population of Kingston, paying particular attention to health inequalities and the needs of excluded groups.
- Reduce inequalities in health within Kingston by ensuring that available resources are targeted at deprived areas and minority groups who have more difficulty in accessing services
- Secure, through effective commissioning and within the available resource allocation a range of safe and effective community, secondary and specialised services (as determined by national definition) which offer quality and value for money.
- Work closely with Kingston Borough Council to ensure integrated commissioning of health and social care
- Maintain a current and good understanding of the national and regional perspective and future strategy for the NHS and related areas of Health and Social Care.
- To bring a clinical leaders perspective to discussions and decision-making of the Kingston Clinical Commissioning Group
- To support the development of the Kingston Clinical Commissioning Group so that it is able to deliver on all of its commissioning objectives
- To take a key role in the design and implementation and champion quality, innovation, productivity and prevention (QIPP) schemes for Kingston
- To develop increased democratic accountability via the Health and Wellbeing Board

Leadership & Influencing

- Establish strong relationships and communication channels with constituent practices. Facilitate two way dialogue to bring constituent practice views into the work of the Governing Body and clearly communicate back Governing Body decisions
• Lead and influence frontline health professionals to achieve clinical and organisational change to deliver Kingston Clinical Commissioning Group's commissioning intentions

• Work with colleagues in constituent practices to develop commissioning understanding and skills to ensure succession planning within the clinical community.

• To support the Chair in leading local GPs and other key stakeholders in shaping and delivering the local QIPP and Operating Plans so as to ensure financial balance

• To play a leadership role and actively support the decommissioning of ineffective services or services that do not provide value for money

• To support the chair in providing clinical leadership for improving quality in primary care

• To ensure that local GPs and other relevant stakeholders are taking part in the planning and development of new local services

Supporting Operational Commissioning

• Take the lead for an agreed portfolio of operational delivery. Details to be agreed with the Chair and Accountable Officer, dependent upon skills, experience and interest.

Engagement

• Support the communication and engagement of key stakeholders – patients, public, politicians, Local Authority colleagues, clinicians, staff and local health providers

• Championing patient and public involvement and local community engagement through the active involvement in Health and Wellbeing Governing Body meetings and activities

Personal Development and Commitment

• Agree with the CCG Chair annual personal objectives for this role and actively participate in a regular appraisal process

• In discussion with the Chair and Accountable Officer undertake a programme of personal development to meet your individual learning needs in order to further develop commissioning knowledge, skills and expertise

• Participate in any development programmes commissioned by the Consortium

• To personally attend formal and informal Kingston Clinical Commissioning Group meetings and workshops

Elected GP members are subject to the following appointment process, which may be undertaken by an external body such as the LMC at the request of the electorate.:
Eligibility – All GPs who are on the Kingston Performers List at the time of the nomination and who are principals or sessional GPs. Where GPs operate as long term locums and are on the Performers List, they will be eligible if endorsed by a named Member practice in which they work.

Nominations – The body conducting the election will write to all the eligible electorate of which it is aware as stated above seeking nominations. If it is subsequently discovered that the current list of eligible members is incomplete as a result of the body receiving incomplete information it shall not invalidate this process or any other element of the process described herein.

Appointment process

Selection process:

- The purpose of selection is to identify the pool of potential candidates that have an acceptable level of knowledge, skill and experience to stand for election. The Job Description and Person Specification for the role will be used to make that assessment.

- Purpose is to create a pool of candidates with the capability, potential and willingness to create capacity (i.e. time) to fulfill the role

- Assessment will be made by a panel made up of senior managers from Kingston, external assessors with in-depth understanding of the clinical leadership role in commissioning and governance processes and an external GP leader with no local conflicts of interest

- Assessment will be made on the basis of the person specification taking into account both the written application and interview

- Candidates will be asked to complete an application form and attend for an hour interview

- The application form will seek evidence of the candidate’s knowledge, skills and experience using the person specification as the benchmark

- Candidates will also be asked to identify their priority areas for development

- Candidates will be asked to confirm their ability to fulfill the stated time commitment

- Candidates will be asked if they are willing to be considered for election as Chair of the Governing Body

- All candidates will be given the opportunity before interview to complete a 360 degree feedback process on their leadership capability, identifying strengths and development needs
• The assessment panel will decide whether an individual can be put forward for election

Election process:

• All GPs that are successful in the selection process may then put themselves forward for election

• Where six or fewer GPs are nominated, appointment shall be automatic. Where seven or more are nominated, an election shall be undertaken.

• The electorate is as described in Appendix 2.

• Candidates will be given 2 weeks for a ‘hustings period’ when they can promote themselves to the electorate

• The LMC will manage the election process which shall be by secret ballot.

Term of office – To be 2 or 3 years as agreed by the CoM to ensure continuity.

Eligibility for reappointment – Automatic for a second term, by agreement with the Council thereafter

Grounds for removal from office – Upon a vote of 75% of the Council of Members requesting the removal of an elected GP member, the electorate shall be polled both on removal of the member and for a replacement in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers’ list or by the GMC or in the event of proven gross misconduct, suspension shall be immediate. The member shall have the right to involve the LMC in any discussions and decisions relating to this issue.

Notice period: Three months.

32. The role of the registered nurse on the Governing Body, as listed in paragraph 18 of the Constitution, is subject to the following appointment process:

   Nominations – advertisement and application;

   Eligibility – according to national guidance in place at the time of recruitment;

   Appointment process - selection against job description and person specification;

   Term of office - To be 2 or 3 years as agreed by the CoM to ensure continuity

   Eligibility for reappointment – post to be advertised before end of term of office; postholder eligible for reappointment;
The role of the Managing Director is to:

- provide local leadership and direction to develop and implement local commissioning strategies and plans that progressively improve and transform health care for local people;
- together with the Accountable Officer and Chair, share responsibility for the continuous development of the CCG, including enabling increased involvement of the member practices and the professional development of employees.

The position of the Managing Director on the Governing Body as listed in paragraph 18 of the Constitution, is subject to the following appointment process: an individual will be recommended to NHS England as the Managing Director following their selection by the Governing Body against a job description, person specification and interview. The Managing Director becomes a voting member of the Governing Body once appointed to the CCG by NHS England.

The role of the secondary care specialist doctor on the Governing Body, as listed in paragraph 18 of the Constitution, is subject to the following appointment process:

Nominations – advertisement and application;

Eligibility – according to national guidance in place at the time of recruitment;

Appointment process - selection against job description and person specification;

Term of office – To be 2 or 3 years as agreed by the CoM to ensure continuity

Eligibility for reappointment – post to be advertised before end of term of office; postholder eligible for reappointment;

Grounds for removal from office – non performance against agreed objectives as assessed by Chair and Accountable Officer. Recommendation of Chair and Accountable Officer requires approval by Council of Members.

Notice period – 3 months.
Nominations – advertisement and application;
Eligibility – according to national guidance in place at the time of recruitment;
Appointment process - selection against job description and person specification;
Term of office - To be 2 or 3 years as agreed by the CoM to ensure continuity
Eligibility for reappointment – post to be advertised before end of term of office; postholder eligible for reappointment;
Grounds for removal from office – non performance against agreed objectives as assessed by Chair and Accountable Officer. Recommendation of Chair and Accountable Officer requires approval by Council of Members.;
Notice period – 3 months.

37. The Accountable Officer, as listed in paragraph 18 of the Constitution, is subject to the following appointment process:

Nominations – advertisement and application;
Eligibility – according to national guidance in place at the time of recruitment;
Appointment process - selection against job description and person specification;
Term of office – substantive appointment
Eligibility for reappointment – does not apply;
Grounds for removal from office – Kingston CCG employment policies and procedures apply;
Notice period – 3 months.

38. The Chief Financial Officer, as listed in paragraph 18 of the Constitution, is subject to the following appointment process:

Nominations – advertisement and application;
Eligibility – according to national guidance in place at the time of recruitment;
Appointment process – selection against job description and person specification;
Term of office – substantive appointment
Eligibility for reappointment – does not apply;
Grounds for removal from office – Kingston CCG employment policies and procedures apply. If the post is shared with another CCG then that CCG’s employment policies and procedures will also apply.

Notice period – 3 months.

The roles and responsibilities of each of these key roles are further defined in NHS England guidance.
C. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

Inaugural meeting of the Council of Members

39. At least 2 weeks prior to the inaugural meeting of the Council of Members, the Governing Body shall inform Members and potential Members of the venue and time for the meeting and the business to be conducted and shall invite Members to stand for the positions of chair and vice chair of the Council of Members with a clear closing date and time for nominations.

40. If only a single name is proposed for the position of chair, he/she shall be deemed appointed and shall chair the inaugural meeting.

41. In the event of there being more than one nominee for chair, a secret ballot shall be conducted during the first part of the inaugural meeting.

42. If only a single name is proposed for the position of vice chair, he/she shall be deemed appointed and shall chair the first part of the inaugural meeting to conduct the election of the chair if an election is deemed necessary pursuant to paragraph 21 above.

43. In the event of there being more than one nominee for the position of chair and vice chair, a secret ballot shall be conducted during a short part 1 of the inaugural meeting which shall be chaired by the Chair of the Governing Body purely to welcome Members and conduct the secret ballot to appoint the chair and vice chair of the Council of Members. Once the chair of the Council of Members is appointed, the Governing Body Chair shall hand over the chairing of the inaugural meeting to the newly appointed chair of the Council of Members, whose term shall commence from that point.

44. The purpose of the inaugural meeting shall be to appoint or ratify the appointment of the chair and vice chair of the Council of Members and to consider and ratify previous decisions and documentation developed by Kingston Commissioning Committee on behalf of the CCG.

45. Voting rights shall be as set out in paragraph 54 below.

Meetings of the Council of Members

46. Ordinary meetings of the CCG shall be held at least every two months at such times and places as the Council of Members may determine. In addition, special general meetings may
be requested by the Council of Members, the Governing Body or on a written request by 50% of Members.

47. A notice period of fourteen days shall be given for a special general meeting. Unless the Chair agrees to shorter time periods, the same constraints shall apply as for an ordinary meeting as in para 47 below.

48. The Council of Members shall hold an annual general meeting in public (the “Annual General Meeting”). The matters to be considered at the Annual General Meeting shall be set out in the notice calling it, but shall include:

48.1 Consideration (and if appropriate) approval of the CCG’s annual report, accounts, operating plan and commissioning strategy;

48.2 Consideration of a report describing all patient and public engagement activity, including public consultations undertaken by the CCG and the findings and actions taken by the CCG as a result, and;

48.3 Election of members of the Governing Body when vacancies arise.

49. Items of business to be transacted for inclusion on the agenda of any meeting need to be notified to the chair at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all Members and members of the Governing Body at least 5 working days before the date the meeting will take place.

50. Agendas and certain papers for the meetings of the Council of Members— including details about meeting dates, times and venues will be circulated to Members.

51. Members of the Governing Body shall be invited to attend each meeting of the Council of Members and be entitled to contribute to discussion but shall have no voting rights.

52. The chair of the Council of Members shall preside at meetings. If the chair is absent from the meeting, the vice chair or proxy, shall preside.

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

54. 50% of Members Representatives (or their proxies) shall constitute a quorum.

55. Generally it is expected that at meetings decisions will be reached by consensus. Should this not be possible then a vote of all Member representatives will be required, with each Member Representative having one vote and in the case of equality of votes, the chair shall have a casting vote. If 75% or more of the Council of Members present or represented by proxy supports a proposal, it shall be deemed to have been carried. If a decision of the Council of Members (75% or more) is that an issue is of such significance that the only appropriate decision is to refer the matter for vote by the entire GP Electorate, then the Council of Members shall refer a resolution to the GP Electorate for their vote, the process for which is set out below:

- The following will be eligible to vote – all GP Principals and salaried doctors working in Member practices who are on the Kingston Performers’ List and locums on the Kingston Performers’ List where a Member is prepared to endorse and take responsibility for them as acting in compliance with the Constitution and the Inter Practice agreement.

- The majority necessary to pass a resolution is 60% of the GP Electorate.

56. The election or removal of GP members of the Governing Body shall require a vote of the electorate.

57. The secretary shall record in the minutes the names of all those present at the meeting. Should a vote be taken the outcome of the vote, and any dissenting views, must also be recorded in the minutes of the meeting. The minutes of each meeting will be formally signed off by the chair of the meeting. A summary report of discussions held at all meetings shall be published on the CCGs website at www.kingstonccg.nhs.uk

Meetings of the Governing Body

58. The Governing Body shall meet bi-monthly.

59. Items of business to be transacted for inclusion on the agenda of any meeting need to be notified to the Chair at least 10 working days (i.e. excluding weekends and bank holidays)
before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Governing Body at least 5 working days before the date the meeting will take place.

60. Agendas and certain papers for the meetings— including details about meeting dates, times and venues - will be published on the CCG’s website at www.kingstonccg.nhs.uk and members of the press and public shall be entitled to ask questions, but may not contribute to discussion unless invited by the Chair. The Chair may determine that certain items need to be discussed in private (for example, staff disciplinary matters, confidential information, and other matters that are not in the public interest), in which case such items shall be discussed and decided in a private part of the meeting, from which the press and the public will be excluded.

61. The Chair of the Governing Body if present, shall preside at meetings. If the Chair is absent from the meeting, the Vice Chair, if any and if present, shall preside.

62. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If both the Chair and Vice Chair are absent, or are disqualified from participating, or there is no deputy a member of the Governing Body shall be chosen by the members present, or by a majority of them, and shall preside.

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

64. The quorum of the meeting of the Kingston CCG Board shall be six (6) persons at least two (2) of whom shall be practising clinicians, at least one Lay Member and one voting Director (either the Accountable Officer, the Chief Finance Officer or the Managing Director). No business shall be transacted at a meeting unless the following are present:

- Accountable Officer, the Chief Finance Officer or the Managing Director; and
- Chair or Vice Chair.

The only decision the Governing Body may take if its meeting is not quorate is to request a meeting of the Council of Members.

65. Generally it is expected that at meetings decisions will be reached by consensus. Should this not be possible then a vote of all members of the Governing Body will be required, with
each member having one vote and in the case of equality of votes, the chair shall have a casting vote.

66. The secretary shall record in the minutes the names of all those present at the meeting. Should a vote be taken the outcome of the vote, and any dissenting views, must also be recorded in the minutes of the meeting. The minutes of each meeting will be formally signed off by the Chair of the meeting. The minutes of all meetings and parts of meetings held in public shall be published on the CCGs website at www.kingstonccg.nhs.uk

Suspension of Standing Orders

67. 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 meeting of the Council of Members.

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

69. 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.
D. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

70. The CCG may appoint committees, sub-committees and joint committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of the Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are included in the Constitution.

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

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

Terms of Reference

73. Terms of reference shall have effect as if incorporated into the Constitution and shall be added to this document as an annex when approved by the Governing Body.

Delegation of Powers by Committees to Sub-committees

74. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Council of Members.

Approval of Appointments to Committees and Sub-Committees

75. The CCG shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those of the Governing Body. The CCG shall agree such travelling or other allowances as it considers appropriate.

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

76. 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.

F. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

CCG’s seal

77. 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:

- the Accountable Officer;
- the Chair of the Governing Body;
- the Chief Finance Officer;

Execution of a document by signature

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

- The Accountable Officer;
- the Chair of the Governing Body;
- the Chief Financial Officer;

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

Policy statements: general principles

79. 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 the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate minute and will be deemed where appropriate to be an integral part of the CCG’s standing orders.
ANNEX

TERMS OF REFERENCE FOR:

AUDIT COMMITTEE

REMUNERATION COMMITTEE

INTEGRATED GOVERNANCE COMMITTEE

FINANCE COMMITTEE

KINGSTON CCG GOVERNING BODY

PRIMARY CARE COMMISSIONING COMMITTEE

COMMITTEE FOR COLLABORATIVE DECISION MAKING
AUDIT COMMITTEE

Terms of Reference

1. Introduction

The Audit Committee (the Committee) is established in accordance with Kingston Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

It is recognised that the current arrangements reflect the operation of the Kingston CCG Audit Committee while it is in a ‘shadow’ phase prior to being recognised as a separate legal entity on 1st April 2013. It is recognised that the Audit Committee Terms of Reference are likely to change during this transition stage as further advice and understanding is developed on the operation of the CCG. During this transition stage the Audit Committee will review the draft Terms of reference on a regular basis.

2. Constitution

The Governing Body hereby resolves to establish a Committee of the Governing Body to be known as the Audit Committee. The committee is a sub committee of the Governing Body and has no executive powers, other than those specifically delegated in these Terms of Reference.

3. Membership

The Committee members shall be appointed by the Governing Body from amongst the members and shall consist of not less than three members. One of the lay members will be appointed Chair of the Committee by the Governing Body. The Chairman of the Governing Body shall not be a member of the Committee [but can be in attendance]. The Audit Committee membership should not include the Accountable Officer/Chief Finance Officer as part of the role of an audit committee is to review how these officers discharge their duties. However, the governing body’s Audit Committee can ask any members or officer to attend a meeting.

Members:
(Chair), Lay member
Lay Member
Lay Member
Governing Body GP
Governing Body GP

In Attendance:
Chief Finance Officer
External Audit
Internal Audit
Local Counter Fraud Specialist
GP representative

As required:
Accountable Officer
Chief Finance Officer
Managing Director, Kingston & Richmond CCGs
Local Director of Finance
Local Director of Corporate Affairs & Governance
Local Director of Quality
Local Director of Commissioning
Local Director of Primary Care & Planning

4. Attendance

The Chief Finance Officer and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year the Committee should meet privately with the External and Internal Auditors.

The Accountable Officer and others should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that person.

The Accountable Officer should be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

The Local Director of Finance will ensure that a Secretary to the Committee is available who will attend to take minutes of the meeting and provide appropriate support to the Chairman and Committee members.

Quorum
A quorum shall be two members, of which one must be a Lay Member and one must be a GP.

5. Support and papers

The Committee will be supported administratively by the Corporate Team.

This will include:

- Agreement of agenda with Chairman and attendees and collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas.

Papers will be issued one week ahead of the meeting of the Committee.

6. Frequency and notice of meetings

Meetings shall be held not less than five times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.
7. Authority

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice, to secure the attendance of outsiders with relevant experience and expertise, and to commission any reports or surveys it deems necessary to help it fulfill its obligations.

8. Remit and responsibilities

The duties of the committee will be driven by the priorities identified by the clinical commissioning group, and the associated risks. It will operate to a programme of business, agreed by the clinical commissioning group, which will be flexible to new and emerging priorities and risks.

It is important that the Committee does not take on any responsibilities which are not those of an Audit Committee. In particular, it is not the job of the Committee to establish and maintain processes for governance. This is clearly the responsibility of the Integrated Governance Committee and the Accountable Officer.

The key duties of an Audit Committee are as follows:

8.1 Governance, risk management and internal control

The committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the clinical commissioning group's activities that support the achievement of the clinical commissioning group's objectives.

Its work will dovetail with that of the Integrated Governance Committee to seek assurance that robust clinical quality is in place.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.
In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

8.2 *Internal audit*

The committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, accountable officer and clinical commissioning group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.
- An annual review of the effectiveness of internal audit.
- Consideration for those bodies carrying out services on behalf of the CCG and consider how best to obtain assurance from them as to the systems and controls in place to mitigate risks around the delivery of the service. This will include, but may not be limited to the commissioning support services organization.

8.3 *External audit*

The committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit
risks and assessment of the clinical commissioning group and associated impact on the audit fee.

- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

8.4 Other assurance functions

The audit committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning group.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

8.5 Counter fraud (NHS Protect)

The committee shall satisfy itself that the clinical commissioning group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also consider the major findings of the counter fraud work plan.

8.6 Management

The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The committee may also request specific reports from individual functions within the clinical commissioning group, as they may be appropriate to the overall arrangements.

8.7 Financial reporting

The audit committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical commissioning group's financial performance.

The committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the clinical commissioning group.

The audit committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group, focusing
particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

**Compliance with Standing Orders, Standing Financial Instructions and Scheme of Delegation**

The Committee will specifically review:

- tender waivers authorised by the CCG (these will be approved and reviewed in the first instance at the Finance Sub Committee)
- any debts proposed for write-off;
- any special payments or losses.

8.8 **Whistleblowing**

The committee shall review the adequacy and security of the organisation's arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting and other matters. The committee shall ensure such whistleblowing arrangements allow proportionate investigation of such matters and appropriate follow-up action in accordance with the Whistleblowing Policy.

9. **Relationship with the Governing Body**

The Committee will report to the Governing Body annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework and the completeness and embeddedness of risk management in the clinical commissioning group.

The minutes of Audit Committee meetings shall be formally recorded and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

The Chair of the Audit Committee shall report the actions and findings of the committee at every meeting of the governing body in public by means of the submission of audit committee minutes to the meeting of the governing body in public together with separate written reports and/or presentations as the committee sees fit or at the direction of the governing body.
The committee will report to the governing body annually on its work in support of the annual governance statement specifically commenting on the fitness for purpose of the assurance framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment as part of the authorisation process.

10. Conduct of the committee

The committee will conduct its business in accordance with national guidance, relevant codes of conduct and good governance practice including Nolan’s seven principles of public life (appendix).

The committee will review its own performance, membership and terms of reference. The governing body shall approve any resulting changes to the terms of reference or membership.

The committee will review its terms of reference at least annually.

11. Audit Committees in Common

The Audit Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Audit Committee ToR Addendum.
Audit Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
Remuneration Committee

Terms of Reference

1. **Aim and Purpose**
The Remuneration Committee (the Committee) is established in accordance with Kingston CCG’s Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s Constitution and Standing Orders.

The purpose of the Committee is to advise and assist the Governing Body in meeting their responsibilities to ensure appropriate allowances and terms of service for the Accountable Officer, Directors or any other senior manager remunerated under the Very Senior Manager (VSM) Pay Framework having proper regard to the organisation’s circumstances and performance and to the provisions of any national agreements and NHS England guidance where appropriate.

In accordance with the CCG’s constitution, the remuneration committee will also set and review the salaries, sessional rates, fees, allowances (including pension allowances) and expenses for employees and any other persons providing services to the CCG, taking into account national guidance, the management cost cap and, benchmarked information of other clinical commissioning groups.

2. **Authority**
The Committee will apply best practice to the decision making process. When considering remuneration, the Committee will:

- Comply with disclosure requirements regarding conflicts of interest and will adhere to the Kingston CCG Conflict of Interest Policy
- On occasion seek independent advice about remuneration for individuals
- Ensure that decisions are based on clear and transparent procedures.

The Committee will have the full authority to commission any reports or surveys it deems necessary to help fulfill its obligations.

3. **Duties**
The purpose of the Committee is to:

- Make recommendations to the Governing Body for appropriate remuneration and terms of service for the Accountable Officer, Chair and other executive officers including GPs and directors of the Governing Body including:
  - Any aspects of remuneration (including any performance related aspects/bonuses)
  - Payments for additional responsibilities
Provisions for other benefits
Conditions of service
Monitoring and evaluating performance
Arrangements for termination of employment and other contractual terms

- Ensure proper calculation and scrutiny of termination payments taking account of appropriate national guidance, advise on and oversee appropriate contractual arrangements for such staff
- Report in writing to the Governing Body the basis for its decisions for ratification

4. Membership and Quoracy
The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body members and must not have a Member Practice majority. Only members of the Remuneration Committee have the right to attend Remuneration Committee meetings:

- Chair of the Committee (Vice-Chair & Lay Member)
- Deputy Chair of the Committee (Audit & Finance Chair & Lay Member)
- Lay member (Patient & Public Engagement)
- Chair of the Governing Body

A quorum shall be two members, including at least one Lay Member

5. Persons in attendance:

- Managing Director (as and when required)
- Senior HR Manager will be responsible for supporting the Chair in the management of Remuneration Committee business and for drawing the Committee’s attention to best practice, national guidance and other relevant documents, as appropriate.
- Local Director of Finance to advise on any matters that have significant financial implications (as and when required).

Other parties may only attend at the request of the Committee and only to provide advice and information.

Staff will not be present for the discussion of matters relating to their own remuneration, performance or terms of service.
6. **Frequency and notice of meetings**
The committee will meet at least bi-annually. A notice period of at least 14 days shall be given for meetings of the Committee, with agenda and supporting papers circulated 7 days prior to the meeting.

However, if there is an urgent matter which needs decision within a shorter timescale, then it will be open for an emergency meeting to be held with not less than two members present. All papers relating to the urgent issue would be circulated to all members of the Committee.

7. **Reporting**
The Committee will submit its minutes to the Governing Body (Part 2). Recommendations made by the Committee to the Governing Body on performance related pay must be approved by NHS England.

8. **Conduct of the Committee**
The Remuneration Committee will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice as laid out in the Constitution.

9. **Administration**
The Business Manager will attend to take minutes, which will be approved by the Chair of the Committee before wider circulation to all members.

10. **Review**
These Terms of Reference will be reviewed on an annual basis. This will take into account any new national guidance and relevant codes of conduct / good governance practice. Any resulting changes to the terms of reference must be approved by the Governing Body.

11. **Remuneration Committees in Common**
The Remuneration Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Remuneration Committee ToR Addendum.
Remuneration Committee

Terms of Reference Addendum

Committees in Common

Introduction
1. These Terms of Reference are an addendum to the CCG’s Terms of Reference for its Remuneration Committee. The terms in this paper should be read in conjunction with the main Terms of Reference for the Remuneration Committee.

2. The CCG has an established Remuneration Committee. The SWL CCG Governing Bodies have instructed that their Remuneration Committees should meet using a Committees in Common arrangement where their business is common to two or more CCGs. These additional Terms of Reference set out the special membership, remit, responsibilities and reporting arrangements of a meeting using the Committees in Common arrangement and are incorporated into each Clinical Commissioning Group’s Constitution and Prime Financial Policies enabling them to meet as ‘Remuneration Committees in Common (RCiC)’.

Purpose
3. The purpose of each Remuneration Committee is set out in the CCG Scheme of Delegation and the Terms of Reference for the Remuneration Committee.

4. The RCiC may consider any matter delegated by the Governing Bodies to their Remuneration Committees excluding the remuneration of its lay members.

5. The RCiC may consider any matter that is of interest to two or more CCGs.

6. The RCiC have full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

Membership – CCG Remuneration Committee
7. At a RCiC meeting, the CCG Remuneration Committee will comprise of three individuals drawn from the CCG Remuneration Committee.

8. Where a member of the Remuneration Committee is unable to attend a meeting, the CCG may nominate a deputy, who is a member of the governing body.

Membership – Remuneration CiC (RCiC)
9. The RCiC membership is made up of two elements:
   - An independent convenor (non-voting) – This may be an externally appointed individual or a CCG lay member who is not a member of their CCG Remuneration Committee.
   - The participating CCG Remuneration Committees (Voting)

Meetings
10. The RCiC will adopt the Wandsworth CCG Standing Orders relating to the conduct of meetings, agendas and declaration of interest with the exception of the clauses in this addendum.

Meeting Chair
11. Each of the Remuneration Committees will invite the RCiC Convenor to chair their meeting.
**Frequency**
12. The participating CCG Remuneration Committee chairs will agree an annual schedule of meetings with the RCiC meeting secretary. The programme will be circulated to all RCiC members.

**Quoracy**
13. The RCiC will agree with the Remuneration Committee Chairs the member attendance at a planned meeting such that the following quoracy rules are met:
   - At least, two members from each CCG Remuneration Committee
   - At least, one CCG Remuneration Committee lay member

**Decision making**
14. When making decisions the RCiC will:
   - consider best practice
   - on occasion, seek independent advice regarding remuneration for individuals.
   - comply with relevant and current disclosure requirements for remuneration.

**For a decision to be taken:**
15. A decision made at a CIC meeting shall be binding on the constituent CCGs when the following criteria have been met:
   - The decision is within the bounds of the CIC delegated functions;
   - Each CCG Remuneration Committee has one vote;
   - A decision has been unanimously agreed.

**Voting**
16. Voting will be by consensus with the outcome clearly recorded in the minutes.
17. Should the participating Remuneration Committees have a differing view and decision, a vote will be taken with each CCG Remuneration Committee having one vote. A record will be made in the minutes and the item deferred to the following meeting with advice sought from the participating CCG Chairs.
18. Should consensus still not be achieved at the next meeting, the decision made will represent that of each of the individual Remuneration Committees. A record of the decisions will be added to the minutes and a notification made to each of the CCG Governing Bodies.

**In Attendance**
19. The RCiC Convenor will agree with the meeting secretary the attendance of other individuals required to enable the effective decision-making of the RCiC.
20. These will include:
   - At least one Alliance Director (Accountable Officer, Chief Finance Office, Director of Quality, Director of Operational Commissioning and LDU Managing Directors.)
   - At least one Head of Human Resources or equivalent
   - At least one Head of Governance or equivalent
   - RCiC Meeting Secretary
21. The RCiC Convenor may invite to attend other officers including:
   - Chief Finance Officer
22. Where individuals attend a RCiC meeting, this will be noted as “in-attendance” in the minutes.
Conflicts of Interest

23. At no time may a member or individual attend a meeting where there is conflict of interest or a potential conflict of interest. If this event occurs, the member or individual affected must be excluded from the meeting.

24. It is the responsibility of all Members and all individuals in attendance to declare any conflicts of interest pertaining to the agenda.

25. Conflicts of interest are recorded at the beginning of each meeting. The nature of the conflict of interest and the Convenor’s decision based on consideration of this information will be formally minuted.

26. If a conflict of interest arises during the meeting, then the Convenor may request members or those in attendance to withdraw at the appropriate discussion/voting point.

27. When more than 50% of the voting members at a RCiC meeting are required to withdraw from the meeting or part of it then the remaining Convenor will consider whether the meeting is quorate. Where the meeting is not quorate the discussion will be deferred until quorum can be convened.

28. Where a quorum cannot be convened from the membership of a RCiC, the Convenor may invite on the temporary basis one or more of the following so the group can progress the item of business:
   - A lay member of the Governing body who is not a current member of the RCiC
   - A lay member of a Governing Body of another CCG

   This is subject to one individual CCG member being present at the decision making for each of the participating CCGs.

29. For clarity - The Conflicts of Interest policies of Wandsworth CCG apply to the working of the RCiC.

Confidentiality

30. Due to the potential confidential nature of some issues discussed at the RCiC meetings, external members, used within the RCiC / or at Appeal Panel stage, will be asked to sign a Confidentiality Agreement prior to becoming a member of the RCiC.

Appeals Process

31. Where an Appeal is received relating to a decision made at a RCiC meeting, the appeal will be heard at a further RCiC meeting using CCG Lay Members who have not been involved in previous discussions and decision making.

32. External Lay CCG members may be used to participate, if considered necessary.

Reporting arrangements

33. The minutes of the RCiC will be written in such a manner that where a section only applies to specific CCGs, the section can be removed for the other CCGs. This will allow a single RCiC set of minutes to be converted to individual CCG Remuneration Committee minutes by the deletion on non-applicable sections.

34. The minutes of each Remuneration Committee will be reported to each of the participating Governing Bodies for information when agreed as accurate by RCiC. The individual CCG reporting arrangements to the Governing Body is set out in their Constitution.

35. The RCiC Convenor will, in addition, provide a written summary report to each Governing Body following each meeting of the RCiC business. This should highlight:
   - Issues
   - Decisions
   - Risks & Assurance
36. The RCiC will present an Annual Report to each Governing Body on the actions taken by the RCiC to comply with its Terms of Reference (This will be in the form of the remuneration section for each CCG Annual Report.)

**Administration**

37. Support for the CiC will be provided by the South West London STP Programme Office. Papers for each meeting will be sent to CiC members no later than one week prior to each meeting.

38. A full set of original papers will be supplied to the constituent CCG Corporate offices for filing and audit purposes.

**Review of Terms of Reference**

39. The RCiC will review its Terms of Reference annually at one of its meetings. Changes in the Terms of Reference need to be approved by each Governing Body and reflected in the appropriate Schedule in each CCG’s Constitution.
INTEGRATED GOVERNANCE COMMITTEE
TERMS OF REFERENCE

Integrated Governance is defined as: “Systems, processes and behaviours by which trusts lead, direct and control their functions in order to achieve their objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations”

1. Purpose
To oversee the development, implementation and monitoring of the CCG’s integrated governance arrangements by providing assurances on the systems and processes by which the organisation leads directs and controls its functions in order to achieve organisational objectives, safety and quality of services.

2. Constitution

2.1 The Integrated Governance Committee is a Committee of the Governing Body. It is accountable for controlling and overseeing a robust organisation-wide system of board assurance. The Committee will ensure that the CCG is fit for its purpose and operates within a strategic competency framework.

2.2 The Committee has, on behalf of the Governing Body, an overview of the CCG’s work in all areas. This includes ensuring the quality and safety of the services the organisation commissions.

2.3 The Committee has responsibility for ensuring an integrated approach to all areas of governance, including corporate, financial and clinical, through specific strategies and programmes of work.

3. Membership:

Voting members:
Chair: Deputy Chair, Clinical
Vice Chair & Lay Member
Lay Member, PPE
Director of Public Health, RBK
Caldicott Guardian
Governing Body GP
Secondary Care Specialist
Nurse Member
Local Director of Quality
Local Director of Commissioning

Non Voting Members
Quality manager
Healthwatch Member

3 The Health & Social Care Bill requires CCGs to secure continuous improvements in the quality and outcomes of the services which they commission.
Performance & Information Lead

As required
Audit Chair
Medicines Management
Child Safeguarding Designated Nurse
Lead Nurse Adult Safeguarding
Head of Mental Health Commissioning
PPE & Equality and Diversity Lead
Local Director of Primary Care & Planning
Local Director of Finance
Local Director of Corporate Affairs & Governance
Information Governance Lead

4. Declarations of Interest
At the beginning of each meeting all attendees will be asked to declare any potential declarations of interest.

A register of Interests will be maintained by the Business Support Team and updated on an annual basis.

5. Quorum
The meeting will be quorate when the Chair, or a deputising Chair is present, plus one Lay Member, one GP and one Executive Director. If the chair is not in attendance, there must be two GPs in attendance.

6. Frequency and Permanency
Meetings will be held every month alternating between a full agenda with reports from all subgroups and an agenda that focusses on specific issues or areas of concern as agreed by the chair.

7. Authority / Delegated powers
The Committee has a delegated responsibility for overseeing the governance of specific strategies and programmes of work, including approval and monitoring of policies and strategies relating to its sub-committees and related groups. This includes the following:

- Quality and Clinical Effectiveness
- Performance
- Risk Management
- Acute commissioning
- Out of Hospital commissioning
- Urgent Care & Systems resilience
- Mental Health commissioning
- Delivery Group
- Primary Care Quality and Development Group
- Informatics and Information Governance
- Clinical Governance relating to NICE, Research Governance
- Equality and Diversity
- Continuing Healthcare
- Better Care Programme
• Public Health
• Emergency planning (Category 2 responders)
• Safeguarding Children and Looked After Children
• Adult Safeguarding
• Finance

The Committee will specifically:

• Oversee the management of the Assurance Framework ensuring that it meets the needs of the CCG in being able to identify and reduce risk
• Reviewing the framework and making recommendations for action within the organisation to improve controls, seek assurances and reduce risk
• Reporting progress to reduce risk against identified outcomes six monthly to the Governing Body.
• Review and approve the annual operating plan, corporate objectives, and other strategic plans on behalf of the Governing Body.
• Ensure that the organisation is accountable to its population and enables people to have a greater say in decisions by developing a clear audit trail to demonstrate how patient and public views are heard and acted upon;
• Monitor and facilitate CCG compliance against external standards, good practice guidance and legislation and receive assurances of the organisation’s response to reports from external agencies relevant to integrated governance, e.g. Care Quality Commission, Audit Commission, Health and Safety Executive, NHS Litigation Authority;
• To ensure the effective monitoring of near misses, incidents, complaints, claims and serious incidents is undertaken and that appropriate management action has been taken promptly.
• Ensure that clinical governance, (including risk management, research governance, clinical audit, effectiveness and education and training) is integrated with corporate, financial and information governance.
• Approve and monitor the annual information governance work plan and submissions of Information Governance Toolkit.
• Approve and monitor the governance arrangements for the letting of contracts for the provision of services.
• Review and approve strategies and policies developed by the reporting sub-committees and related groups and make recommendations to the Governing Body for ratification, or pass to the Governing Body for approval.
• Consider practitioner performance issues related to patient safety (Part 2 of meeting).

8. Reporting
The Committee reports, and is accountable to, the Governing Body.

The Committee will require from the sub committees and related groups, demonstrable evidence of key issues, actions and progress, through summary reports and the most recent minutes of meetings.
The Committee Chair will establish links with the Chair of the Audit Committee to ensure that decisions are made by the appropriate committee and to promote an integrated approach to business and board assurance.

The Task & Finish Groups and the Information Governance Steering Group will report to the Integrated Governance Committee.

9. **Support and Papers:**
The lead for the Committee is the Head of Governance and Business Support and the work of the Committee is supported by the Governance Support Officer. Where possible, papers will be issued one week ahead of the meeting of the Committee.

10. **Openness**
Minutes of the Committee will be available via the CCG’s website and presented to the Governing Body during its proceedings, unless the Chair identifies the need for a Part 2 proceeding, which will remain confidential to the Committee.

11. **Integrated Governance Committees in Common**
The Integrated Governance Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Integrated Governance ToR Addendum.

12. **Review date**
The Committee will review these terms of reference on an annual basis.
Integrated Governance Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
TERMS OF REFERENCE
FINANCE COMMITTEE

Constitution/purpose:

1.1 The Finance Committee directly reports to the Governing Body. It is accountable for overseeing a robust organisation-wide system of financial management. The Committee will ensure that the finances of the CCG are scrutinised to ensure budgets are set and managed in an appropriate and timely manner. It will ensure that the Governing Body is fully aware of any financial risks which may materialise throughout the year. Another major role it will undertake will be to review the financial strategy of the Governing Body.

It will work alongside the Audit Committee to ensure financial probity in the organisation.

1.2 The Committee has, on behalf of the Governing Body, an overview of all aspects of finances (including capital spend and cash management), which will involve work relating to commissioning of health services.

1.3 In order to further enhance the system of robust monitoring, the Committee may, from time to time, invite budget managers to be in attendance at meetings to support the Lead Director with more detailed information. Those to be invited will be agreed in advance by Chairman of the Committee.

1.4 The Charitable Funds Committee is a sub committee of the Finance Committee

Membership:

Voting Members:
Lay Member, Vice Chair (Chair)
Lay Member, Audit Chair
Lay Member, PPE
Chief Finance Officer
Managing Director of Kingston & Richmond CCGs
Local Director of Finance
Chair of Kingston CCG Governing Body
GP, Kingston CCG Governing Body
GP Representative

Non-Voting Members
Head of Finance
CSU Representative

As required:
Director of Commissioning
Director of Primary Care
Deputies are permitted in special circumstances, with prior agreement from the Chair of the Committee. Members of the finance and commissioning teams may attend meetings of the Committee in support of a Director.

**Quorum**
The meeting will be quorate only when the Chair, or a deputising Chair, is present along with two other members, one of whom is a clinician and one a finance representative. The Deputising Chair will always be a Lay Member of the Committee. Other representatives will attend by invitation or request.

**Frequency and Permanency:**
The Committee shall meet once every month and at least a week prior to any public meeting of the Kingston CCG Governing Body.

The Committee will review its role and effectiveness once a year.

As a non statutory Committee of the Kingston CCG, the Governing Body can reorganise or disestablish the Committee at any time. The Committee will make such recommendations to the Governing Body as it sees fit.

**Authority / Delegated powers:**
The Committee has a lead responsibility for ensuring an integrated approach to finance and contracting, including review of all budgets and progress and updates in relation to contracting. This will fit in with the annual timescales for budget setting, business planning and commissioning and receipt of allocations.

**Objectives / duties:**
The overall purpose of the Committee is as described above.

The Committee will specifically:

- Review the process for setting budgets and allocation of any new funds available.
- Ensure that the financial risks of the Governing Body are discussed, and appropriately transferred to the Governing Body risk register.
- To approve on behalf of the CCG, the Governing Body Commissioning Intentions incorporating those of the Council of Members.
- To approve on behalf of the Governing Body, business plans associated with commissioning changes, including those presented by the Council of Members, taking account of any potential conflicts of interest before giving approval.
- Review the financial performance of the CCG, to ensure statutory financial duties are achieved.
- Ensure that VFM is being reviewed.
- Ensure a robust financial strategy is in place.
- Where appropriate refer issues to other committees of the Governing Body.
**Reporting:**
The Committee reports, and is accountable to, the Governing Body. Minutes of meetings will be recorded.
The Committee provides regular assurance reports to the Integrated Governance Committee.

**Support and Papers:**
The lead for the Committee is the Local Director of Finance and the work of the Committee is supported by the Corporate Team. Where possible, papers will be issued one week ahead of the meeting.

**Openness:**
The Minutes of Committee meetings will be available on the CCG website as part of the Governing Body agenda papers.

**Finance Committees in Common:**
The Finance Sub Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Finance Sub ToR Addendum.

**Date of review:**
The Committee will review its constitution annually or earlier if requested by the Governing Body.
Finance Sub Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
KINGSTON CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY
Terms of Reference

Purpose
The CCG Governing Body (the Board) is established in accordance with Kingston CCG’s Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Board and shall have affect as incorporated into the Constitution and Standing Orders.

Responsibilities
Kingston CCG will be responsible for commissioning the following services for patients registered with Kingston GP practices:

- Acute
- Mental Health
- Community
- Continuing Care
- Prescribing
- Primary Care Locally Commissioned Services
- Delegated Commissioning of primary medical service with NHS England

The following are excluded:

- Specialised Commissioning services which are commissioned by the London Specialised Commissioning Group
- Public Health services which are commissioned by the Royal Borough of Kingston

Membership and accountabilities
The core membership of the governing body of Kingston CCG is in line with national guidance and is composed of the following:

Voting members:

- 6 elected primary care members; one of whom will be nominated Chair of the Kingston CCG; one of whom will be Deputy Chair - Clinical.
- The Accountable Officer will be the named individual accountable for the delivery of the delegated responsibilities, and will be responsible for management of budgets and financial control.
- Chief Finance Officer
- Three lay members, one of whom will be Vice Chair of the CCG
- A doctor who is a secondary care specialist
- A registered nurse
- Managing Director for Kingston & Richmond CCGs
Non–Voting members

- Director of Public Health, Royal Borough of Kingston
- Kingston Healthwatch Chair
- Council of Members Chair
- Local Director of Finance

As required

- Local Director, Primary Care & Planning
- Local Director of Commissioning
- Local Director of Quality
- Local Director of Corporate Affairs & Governance

Other individuals may be invited to attend from time to time at the discretion of the Chair.

Quorum

The quorum of the meeting of the Kingston CCG Board shall be six (6) persons at least two (2) of whom shall be practising clinicians, at least one Lay Member and one voting Director (either the Accountable Officer, the Chief Finance Officer or the Managing Director). No business shall be transacted at a meeting unless the following are present:

- Accountable Officer, the Chief Finance Officer or the Managing Director; and
- Chair or Vice Chair.

Meeting arrangements

Kingston CCG meetings have adopted the principle that the meetings will be open to the public where decisions of a substantive nature are to be made, unless the nature of the discussion is such that a public discussion would be prejudicial to the public interest.

With this in mind the governing body of Kingston CCG will meet formally in public bi-monthly (ie 6 times per year).

The governing body will also meet in the intervening months, where there may be a formal business element to the meeting, as well a less formal seminar component. These meetings will not be in public. Any business elements will be minuted. Any substantive decisions will be reviewed and ratified at the next available meeting in public.

The agenda and supporting papers will be made available to all members electronically at least 5 working days before the meeting. Papers will be made available publicly.

Decision making

The Chair will work to achieve unanimity as the basis for decisions. If a unanimous decision cannot be reached, the Chair will put the matter to a vote, with decisions confirmed by a simple majority of those voting members present, subject to the meeting being quorate. If necessary the Chair will have the casting vote.
Kingston CCGs Constitution details circumstances in which decisions cannot be taken by the governing body and should be referred back to the Council of Members or the wider GP electorate. These are unlikely to relate to the areas of delegated responsibility associated with these Terms of Reference. If they do however, then the requirements of the Constitution will be adhered to.

**Declaration of Interests**

There must be transparency and clear accountability of the Governing Body. Members of the Governing Body must declare any new interest and/or conflicts of interest at the start of each meeting. Where matters of interest or conflicts may arise, the Chair will have the power to request members withdraw from discussion/voting until the matter is concluded if this is deemed appropriate.

As a minimum, members must make a Declaration of Interest annually to be included in the Register of Governing Body Interests which is published on Kingston CCGs website.

In accordance with the Kingston CCG’s Constitution and the Standards of Business Conduct and Conflicts of Interest Policy, any changes to interests declared must also be registered within 28 days of the relevant event.

**Reporting**

Kingston CCG will maintain minutes of all formal meetings and will maintain a log of decisions, actions and risks as part of the monitoring and accountability arrangements.

**Support**

The Governance & Business Lead will provide the main support to the operation of the Kingston CCG governing body.

**Review**

Kingston CCG will review these Terms of Reference annually.
1. Introduction

1.1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006, NHS England has delegated the exercise of the functions specified in Schedule 2 of the Delegation Agreements to these Terms of Reference to Kingston CCG.

1.2. The CCG has established the Kingston CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

1.3. The ongoing relationship the Primary Care Commissioning Committee will have with NHS England will be revised on an ongoing basis, though this will be outlined in Schedule 4 of the Delegation Agreement.

1.4. It is a committee comprising representatives of the following organisations:

- Kingston CCG
- NHS England
- Royal Borough of Kingston Council
- Local Medical Committee (LMC)
- Healthwatch

2. Statutory Framework

2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreements in accordance with section 13Z of the NHS Act.

2.2. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS England Board and the CCG.

2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);
e) Duty in relation to quality of primary medical services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2).

2.4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

2.5. The Committee is established as a Committee of the Kingston CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

2.6. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Kingston, under delegated authority from NHS England.

3.2. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Kingston CCG, which will sit alongside the Delegation Agreement and terms of reference.

3.3. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4. The role of the Committee shall be to carry out the functions relating to the commissioning of primary care services under section 83 of the NHS Act.

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

3.6. The Committee will also carry out the following activities:
   a) To plan, including needs assessment, primary care services in Kingston;
   b) To undertake reviews of primary care services in Kingston;
   c) To co-ordinate a common approach to the commissioning of primary care services generally;
   d) To manage the budget for commissioning of primary care services in Kingston.

3.7. The Committee is accountable for exercising the agreed delegated functions from NHS England; these functions operate at practice level and not at individual Primary Care Contractor level.

4. Geographical Coverage
4.1. The Committee will comprise of decisions relating to Primary Care in Kingston.

5. Membership
5.1. The Committee shall consist of:
   • Chair – Lay Member
   • Lay member (Vice Chair)
   • Managing Director
   • CCG Chair
   • CCG Local Director of Finance
   • Secondary Care consultant
   • General Practitioner (not within South West London)

Non Voting Members
   • NHS England (London Regional Team) Representative
   • Royal Borough of Kingston Public Health representative
   • HealthWatch Representative
   • LMC Representative
   • LPC Representative
   • Health & Wellbeing Board Representative
   • Governing Body GPs
   • Two Kingston CCG GP representatives (1 PMS, 1 GMS both practicing clinicians, selected from the Council of Members
   • Patient Representatives x2 (selected from Kingston Primary Care Patient Forum and Kingston Healthwatch)
- CCG Local Director of Primary Care

5.2. The Chair of the Committee shall be a CCG Lay Member and will be appointed at the first meeting of the Committee.

5.3. The Vice Chair of the Committee shall be a CCG Lay Member and will be appointed at the first meeting of the Committee.

5.4. The Committee may invite ad-hoc members to advise it on specific matters within its Terms of Reference from time to time as appropriate.

5.5. There will be an annual review of the Committee’s Membership and Terms of Reference to support it efficient functioning.

6. Conflicts of Interest
6.1. Conflicts of Interests will be managed in accordance with the CCG’s current policy; ‘Standards of Business Conduct and Managing Conflicts of Interest Policy’.

6.2. Any conflicted Members may be required to leave the meeting for the relevant discussions, as appropriate under direction by the Chair.

7. Meetings and Voting
7.1. The Committee will operate in accordance with the CCG’s Standing Orders. The Business Manager for Kingston CCG will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

7.2. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus by decision-making wherever possible.

7.3. The Chair shall determine if any conflicted member should leave the discussion or be excluded from the decision making process.

8. Quorum
8.1. The Committee will be quorate with 4 out of the 7 voting Members in attendance, with at least one Lay Member Present who is not the Chair (but can include Associate Lay Members), and the Chief Accountable Officer or Chief Finance Officer in attendance.

9. Frequency of meetings
9.1. The Committee shall meet at least quarterly in public with the inclusion of ad hoc seminars held in private for developmental purposes.
10. Meetings of the Committee

10.1. Meetings of the Committee shall:

a) be held in public, subject to the application of 31(b);

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

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

10.4. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties’ relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

10.6. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

10.7. The Committee will present its minutes to the London Area Team of NHS England and the governing body of Kingston CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 34 above.

10.8. The CCG will also comply with any reporting requirements set out in its Constitution.

11. Decisions

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

11.2. The decisions of the Committee shall be binding on NHS England and Kingston CCG.

11.3. The Committee will produce an executive summary report which will be presented to the London Area Team of NHS England and the governing body of Kingston of the CCG.

12. Reporting

12.1. The Committee will report to the CCG Governing Body on the decisions made within the bounds of its remit.
13. **Immediate and urgent decisions**

13.1. There may be instances when the Committee is required to make a decision in advance of the regular full committee meetings in light of unforeseen circumstances. Depending on the urgency of the matter such decisions may need to be immediate (i.e. to be made in 24 hours) or urgent (i.e. to be made in timeframes longer than 24 hours but in advance of the next scheduled meeting).

13.2. The Director of Primary Care will decide when an immediate or urgent decision is required and will initiate the decision making process.

13.3. In the instances where an immediate decision is needed the Director of Primary Care Development will arrange a meeting with the Chair or Vice Chair (if Chair is not available) and the CCG Accountable Officer to take the decision. Such decisions will only be taken in exceptional circumstances, such as the need to close a practice due to clinical reasons or contractor death. Any immediate decisions taken under this procedure will be presented at the next Committee meeting.

13.4. In the instances when the Director of Primary Care deems it necessary to request an urgent decision the Chair will be contacted. The Chair or Vice Chair (if Chair not available) may deem it necessary to call a meeting at short notice outside the regular full committee meetings as set out in paragraph 27 above.

14. **Review**

14.1. It is envisaged that these Terms of Reference will be reviewed bi-annually in Year 1 and then annually thereafter, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

15. **Primary Care Commissioning Committees in Common**

15.1. The Primary Care Commissioning may meet as a “Committees in Common” with other CCGs using additional terms as set out in the addendum.
Proposed Reporting Structure of the Primary Care Commissioning Committee

- South West London Transforming Primary Care Group
- MANAGEMENT TEAM
- Primary Care Transformation Group
- Kingston CCG Governing Body
  - PRIMARY CARE COMMISSIONING COMMITTEE
  - Primary Care Commissioning Operational Group
  - INTEGRATED GOVERNANCE COMMITTEE
  - Primary Care Clinical Quality Review Group
Roles and Responsibilities

Primary Care Commissioning Committee

- This Committee is the body to which NHS England will delegate the authority to exercise the primary care commissioning functions as detailed in the Terms of Reference and Delegation Agreement.

- The Membership of the Committee will include; Lay Members, Chair, Accountable Officer, Chief Finance Officer and CCG Directors. Non-Voting Members will include GP Clinical Leads and representation from HealthWatch, Local Authority, LMC and Health & Well Being Board.

- This meeting will be Chaired and Deputy Chaired by CCG Lay Members

Primary Care Clinical Quality Review Group

- The CQRG will review Primary Care Service commissioned under the remit of Kingston CCG which have been newly transferred under the delegated commissioning arrangements. The Providing an oversight of quality across primary care

- The Membership of this group is to be confirmed but should include CCG Quality Lead, Clinical Leads, and Locality Managers as a minimum

- This meeting will be Chaired by the CCG Clinical Lead for Quality

Primary Care Commissioning Operational Group

- This group will be the working group of the Primary Care Commissioning Committee providing support with the various task assigned to the Committee. This will include the Primary Care finance and contracting processes associated with taking on delegated responsibilities, such as the production on monthly and quarterly management reports at GP practice level to ensure robust financial management of these transferred budgets.

- This meeting will be Chaired by the Deputy Director of Primary Care Development for the CCG

Primary Care Transformation Group

- This group will provide strategic oversight of the Transforming Primary Care Strategy, ensuring that the vision and outcomes are realised. It is the primary vehicle through which the CCG will support General Practices to achieve the standards in the London Strategic Commissioning Framework, realise its ambitions for Out of Hospital Care and deliver on its responsibility for ensuring Primary Care Quality.

- As a minimum, this group will include representation from each GP Locality Lead, CCG Chair, Deputy Director and Director of Primary Care Development, Commissioning Director, Quality Team, Finance and Performance.

- This meeting will be co-chaired by the Director of Commissioning and Planning and the Director of Primary
Primary Care Commissioning Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
(The Committee for Collaborative Decision Making always operates using the Committees in Common arrangement with one or more other CCGs.)

Introduction

1. The six Clinical Commissioning Groups (CCGs) in South West London (Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth) have agreed the establishment of a “Committees in Common” (CiC) arrangement for the purpose of collaborative decision making, including the decisions for recommendations made by the South West London Sustainability and Transformation Partnership. The governing body of each of the CCGs has resolved to create a “Committee for Collaborative Decision Making” that will participate in a Committees in Common arrangement. The participant CCGs for a particular CIC meeting will be determined by the nature of issue delegated to the committee. The participants may range from one other CCG to all SWL CCGs and neighbouring CCGs.

Statutory Framework

2. Under paragraph 3(3) of Schedule 1A of the National Health Service Act 2006 (inserted by the Health and Social Care Act 2012) CCGs’ constitutions may provide for their functions to be exercised by any members or employees of the CCG. Each of the CCGs provides in its Constitution a mechanism that allows specified functions to be delegated to a designated committee, which may meet with identical Committees of other CCGs in a CiC arrangement. Where the decisions of the CiC are unanimously made, the decisions are binding on the constituent CCGs.

Role of CiC

3. The effective planning & commissioning of health care or organisational capacity sometimes requires decisions to be made for populations much larger than a single CCG. The six South West London CCGs wish to collaborate, and where appropriate with neighbouring CCGs to make collaborative organisational or commissioning decisions.

4. The role of the CiC is to make decisions on behalf of the constituent CCG Governing Bodies as set out below. Such decisions will be taken by individual committees of each Governing Body that have been instructed to meet in common.

(Each individual CCG Committee will make informal arrangements with its CCG Governing Body on considering the issues and the engagement of its CCG membership before the Committee makes a decision at a CiC meeting.)
Accountability for the Committee for Collaborative Decision Making:
5. The Committee for Collaborative Decision Making is accountable to the CCG Governing Body. The Committee operates in a Committees in Common arrangement with other CCGs but remains as the decision making committee for the delegated Collaborative Decision Making functions. (For clarity – The CIC does not make decisions for the CCG but the CCG’s Committee for Collaborative Decision Making does make decisions for the CCG.)

Functions Delegated to the Committee for Collaborative Decision Making:
6. The CiC enables the participating Committees to make the same decision for issues delegated by their Governing Bodies in relation to:
   - Any significant change in healthcare service that affects the population of more than one CCG;
   - Any significant commissioning strategy/plan that affects the population of more than one CCG;
   - Any CCG organisational development of more than one CCG.

7. The CiC will ensure that best commissioning practice is followed in making decisions including:
   - Evidence-based proposals
   - Effective stakeholder engagement
   - Appropriate consultation

Membership – CCG Committee for Collaborative Decision Making
8. The CCG Committee for Collaborative Decision Making will comprise of three individuals:
   - 1 Lay member of the Governing Body
   - 1 Clinical governing body member
   - 1 Managerial governing body member

9. Where a member of the Committee for Collaborative Decision Making is unable to attend a meeting, they may nominate as their deputy another member (of the same class) of the governing body.

Membership - CiC for Collaborative Decision Making
10. The CiC for Collaborative Decision Making will comprise of:
   - A non-voting CiC Convenor (Either an externally appointed individual or a lay member drawn from a CCGs Governing Body)
   - The SWL CCG Committees for Collaborative Decision Making who have chosen to participate in the CiC meeting.
   - Other CCG Committees for Collaborative Decision Making for whose populations the proposals may amount to a substantial change or development in services

Non-voting attendees:
11. The following individuals will be invited to attend a CiC meeting:
- Up to 3 NHS England Representatives as a commissioner of relevant services.
- 1 Healthwatch Patient Representative
- 1 Public Engagement Representative

12. There will be an annual review of the CiC’s membership to support its efficient functioning.

**Meetings - Procedure**

13. The CiC will adopt the Wandsworth CCG Standing Orders relating to the conduct of meetings, agendas and declaration of interest with the exception of the following clauses in this section.

14. The CCG Governing Bodies will decide when to delegate an issue for decision to its Committee for Collaborative Decision Making. (The number of CCG Governing Bodies, who make this delegation, will depend on the nature of the issue being delegated.)

15. The Committee for Collaborative Decision Making will only make decisions when it formally meets as a Committees in Common with other CCG Committees.

16. The Committee for Collaborative Decision Making meeting as a CiC will be held in public except where the CiC resolve to exclude the public on grounds of the confidential nature of the business to be discussed, in the interests of public order or because the CiC consider that it would otherwise not be in the public interest for the public to be admitted to all or part of a meeting.

17. The Committee for Collaborative Decision Making may hold private seminars with other similar committees but may not make decisions at these meetings.

18. When a CiC meeting is held, an agenda for the CCG Committee for Collaborative Decision Making will be prepared that is identical in content to the agendas for the other participating Committees.

19. A CIC meeting quorum has three components:
   a. All participating CCGs are present;
   b. Each Committee for Collaborative Decision Making has at least 2 members present; (An individual may be a member of more than one Committee.)
   c. One lay member is present.

20. The CIC may call additional experts to attend meetings on an ad hoc basis to inform discussions as appropriate.

21. The CIC will ensure the declaration and management of any conflicts of interest by ensuring the relevant CCG register is up to date. In addition, a verbal declaration should be made at the start of each meeting in relation to any conflict relevant to the discussion.

22. For a decision to be taken:
   - The decision is within the bounds of the CIC delegated functions;
   - Each CCG Committee has one vote;
   - A decision has been unanimously agreed.
23. The **unanimous decisions** made at a CIC meeting shall be binding on the constituent CCGs.

24. Where the CIC is unable to reach a unanimous decision then:
   - This will be recorded in the meeting minutes;
   - The CIC chair will convene a meeting of the CCG chairs to agree a process that will allow all the CCGs to vote for a decision.

25. The Committee for Collaborative Decision Making will undertake preparation work before a CIC meeting to minimise the risk of a decision not achieving consensus.

**Meetings - Frequency**

26. The CIC chair, with the chairs of the participating CCGs Committee for Collaborative Decision Making, will agree a programme of meetings to reach a decision on the delegated issue. This programme may be amended.

**Further Delegation of Functions**

27. The CIC meeting may delegate tasks to such individuals or sub-committees as it shall see fit, provided that:
   - any such delegations are consistent with the delegation of functions to the Committee for Collaborative Decision Making;
   - any delegated work undertaken is formally reported to a CIC meeting.

**Reporting**

28. The minutes of each CIC meeting will consist of individual sets of minutes for each CCG Committee with exactly the same content. The CIC will formally verify the minutes at their next meeting.

29. Each Committee will present the agreed minutes to its Governing Body, including the minutes of any sub-committees to which responsibilities are delegated.

30. The CIC Convenor will, in addition, provide a written summary report to each Governing Body following each meeting of the CIC business. This should highlight:
   - Issues
   - Decisions
   - Risks & Assurance

**Confidentiality**

31. Individuals attending CIC meeting shall respect confidentiality requirements as set out in the Wandsworth CCG Constitution or Standing Orders.
The CIC Convenor
32. Appointment of CIC Convenor
   The CCG Governing Body Chairs shall appoint a CIC Convenor by either:
   d. Advertising and selecting an external independent individual with excellent chairmanship skills or
e. Inviting a lay member of a CCG Governing Body

   The term of office for the CIC convenor is one calendar year from appointment with possible reselection.

33. The CIC Convenor is responsible for agenda setting, resolving differences, overseeing voting arrangements and maintaining order.
34. The Chairs of the participating Committee for Collaborative Decision will invite the CIC Convenor to be an independent chair of their
   Committee for Collaborative Decision Making for the meeting. (For clarity, the CIC Chair is not a member of the Committee of the
   Collaborative Decision Making and does not contribute to any vote.)
35. The CIC Convenor does not have a vote or a casting separate vote.
36. The chairs of the Committee for Collaborative Decision Making are the vice convenors of the CIC.

Role – CIC Vice Chair
37. A CiC vice convenor will act as the CiC convenor, when necessary.

Administration
38. Support for the CiC will be provided by the South West London STP Programme Office. Papers for each meeting will be sent to CiC
   members no later than one week prior to each meeting.
39. A full set of original papers will be supplied to the constituent CCG Corporate offices for filing and audit purposes.
1. **Schedule of Matters Reserved to the CCG and Scheme of Delegation**
   1.1 The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions will have effect as if incorporated in the Constitution.
   1.2 The CCG remains accountable for all of its functions, including those that it has delegated.

2. **Functions reserved to the Members**
   2.1 The following are reserved for the Members:
   - Amending the inter-practice agreement;
   - Request permission of NHS England to amend the Constitution;
   - Request to the NHSCB for a statutorily permissible change to the Geography of the CCG;
   - Request to the NHSCB for a statutorily permissible change to the name of the CCG;
   - Proposing de-selection of members of the Governing Body;
   - Merger with another Clinical Commissioning Group where statutorily permissible.

3. The CCG delegates all of its functions at paragraph 2.1 of this scheme of reservation and delegation to the Council of Members

4. **Functions delegated to the Governing Body**
   4.1 The CCG delegates its functions according to the following scheme of reservation and delegation.
1. **SCHEDULE OF MATTERS RESERVED TO THE CCG AND SCHEME OF DELEGATION**

1.1. The arrangements made by Kingston 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 Membership via the Council of Members remains accountable for all of the CCG’s functions, including those that it has delegated.

1.3. From March 2017, the South West London Alliance was formed between CCG’s (Merton, Wandsworth, Richmond and Kingston). The SWL Chief Officer is referred to as CO, SWL Chief Finance Officer is referred to as CFO. Kingston CCG and Richmond CCG form a Local Delivery Unit, with a joint Managing Director, referred to as MD, and a joint Local Director of Finance, referred to as Local DoF.

<table>
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<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>CO</th>
<th>CFO</th>
<th>MD</th>
<th>Local DoF</th>
<th>Committees and Sub-committees</th>
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<tbody>
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<td>REGULATION AND CONTROL</td>
<td>Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.</td>
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<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of applications to NHS England on any matter concerning changes to the CCG’s constitution, including terms of reference for the CCG’s Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking</td>
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<td>REGULATION AND CONTROL</td>
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<td>REGULATION AND CONTROL</td>
<td>Exercise or delegation of those functions of the CCG which have not been retained as reserved to the Membership via the Council of Members, delegated to the Governing Body or other committee or sub-committee or any member or employee</td>
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<td>REGULATION AND CONTROL</td>
<td>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 CCG’s Governing Body, committees and sub-committees of the CCG, or its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the Governing Body.</td>
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<td>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.</td>
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<td>REGULATION AND CONTROL</td>
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<td>Audit Committee</td>
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<td>REGULATION AND CONTROL</td>
<td>Prepare the CCG’s operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG’s constitution.</td>
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<td>REGULATION AND CONTROL</td>
<td>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.</td>
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<td>Prepare detailed financial policies that underpin the CCG’s prime financial policies.</td>
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<td>REGULATION AND CONTROL</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding requests.</td>
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<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal</td>
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<td>PRACTICE MEMBERS AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the CCG; and appointing clinical leaders to represent the CCG’s membership on the CCG’s Governing Body, for example through election (if desired).</td>
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<td>PRACTICE MEMBERS AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members</td>
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<td>MEMBERS OF THE GOVERNING BODY</td>
<td>to the Governing Body (subject to any regulatory requirements) and succession planning.</td>
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<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF</td>
<td>Approve arrangements for identifying the CCG’s proposed Chief Officer.</td>
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<td>THE GOVERNING BODY</td>
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<td>STRATEGY AND PLANNING</td>
<td>Agree the vision, values and overall strategic direction of the CCG.</td>
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<td>STRATEGY AND PLANNING</td>
<td>Approval of the CCG’s corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>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.</td>
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<td>STRATEGY AND PLANNING</td>
<td>Development and approval of healthcare service changes proposed as part of the current South West London Strategic Commissioning Plan</td>
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<td>Committee for Strategic Decision Making</td>
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<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the CCG’s annual report and annual accounts.</td>
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<td>Audit Committee</td>
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<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the CCG’s statutory financial duties.</td>
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<td>HUMAN RESOURCES</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.</td>
<td>Reserved or delegated to Governing Body</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>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.</td>
<td>Reserved or delegated to Governing Body</td>
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<td>HUMAN RESOURCES</td>
<td>Approve any other terms and conditions of services for the CCG’s employees</td>
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<td>HUMAN RESOURCES</td>
<td>Determine the terms and conditions of employment for all employees of the CCG</td>
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<td>HUMAN RESOURCES</td>
<td>Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.</td>
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<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees</td>
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Remuneration
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<td>and to other persons providing services to the CCG.</td>
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<td>HUMAN RESOURCES</td>
<td>Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.</td>
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<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the CCG’s statutory duties as an employer.</td>
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<td>HUMAN RESOURCES</td>
<td>Approve human resources policies for employees and for other persons working on behalf of the CCG</td>
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<td>Integrated Governance Committee</td>
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<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
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<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting NHS England in discharging its responsibilities in</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the CCG’s counter fraud and security management arrangements</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the CCG’s risk management arrangements.</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve proposals for action on litigation against or on behalf of the CCG.</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the CCG’s arrangements for business continuity and emergency planning.</td>
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<td>INFORMATION GOVERNANCE</td>
<td>Approve the CCG’s arrangements for handling complaints</td>
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<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
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<td>Integrated Governance Committee</td>
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<td>TENDERING AND CONTRACTING</td>
<td>Approval of the CCG’s contracts for any commissioning support</td>
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<td>TENDERING AND CONTRACTING</td>
<td>Approval of the CCG’s contracts for corporate support (for example finance provision).</td>
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<td>PARTNERSHIP WORKING</td>
<td>Approve decisions considered by joint committees established under section 75 of the 2006 Act</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>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.</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for coordinating the commissioning of services with other CCGs, NHS England, or with the local authority(ies), where appropriate</td>
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<td>COMMUNICATIONS</td>
<td>Approving arrangements for handling Freedom of Information requests.</td>
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<td>Determining arrangements for handling Freedom of Information requests.</td>
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Approval date: 27th March 2018
Review date: 31st March 2019
# KINGSTON CCG
## PRIME FINANCIAL POLICIES

Kingston CCG Policy Reference:

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Governing Body members, committee members and all staff working for, or on behalf of, the CCG</th>
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<tbody>
<tr>
<td>Brief Description (max 50 words)</td>
<td>This policy sets out the principles for financial management and control within Kingston CCG.</td>
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<td>Action Required</td>
<td>Following approval at the CCG Audit Committee this policy will be made available to all CCG employees.</td>
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1. INTRODUCTION

1.1. General

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

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

1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the Chief Finance Officer for the South West London Alliance, known as detailed financial policies. The group refers to these prime and detailed financial policies together as the clinical commissioning group’s financial policies.

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer for the South West London Alliance (hereafter known as Chief Finance Officer is responsible for approving all detailed financial policies).

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

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the chief finance officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group’s constitution, standing orders and scheme of reservation and delegation.

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

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body’s audit committee for referring action or ratification. All of the group’s members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.
1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of group’s members, employees, members of the governing body, members of the governing body’s committees and sub-committees, members of the group’s committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

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

1.3.3. The Accountable Officer and Chief Finance Officer may choose to delegate the responsibilities named in these Prime Financial Policies to the Managing Director for the CCG, the Local Director of Finance or a relevant senior officer.

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the group to commit the group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer for the South West London Alliance (or nominated officer) to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer for the South West London Alliance and scrutiny by the governing body’s audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the governing body for approval. As these prime financial policies are an integral part of the group’s constitution, any amendment will not come into force until the group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

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

2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.6.3(a) of the group’s constitution for further information).

2.2. The Accountable Officer for the South West London Alliance (hereafter known as the Accountable Officer has overall responsibility for the group’s systems of internal control).

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;

b) a system is in place for proper checking and reporting of all breaches of financial policies; and

c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.
3. AUDIT

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

3.1. In line with the terms of reference for the governing body’s audit committee, the person appointed by the group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

a) the group has a professional and technically competent internal audit function; and

b) the governing body’s audit committee approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND BRIBERY

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

4.1. The governing body’s audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter-fraud work. It shall also approve the counter-fraud work programme.

4.2. The governing body’s audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

4.3 The Bribery Act 2010, which repeals existing corruption legislation, has introduced the offences of offering and or receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. Under the Act, Bribery is defined as “Inducement for an action which is illegal unethical or a breach of trust. Inducements can take the form of gifts loans, fees rewards or other privileges”. Corruption is broadly defined as the offering or the acceptance of inducements, gifts or favours payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. To demonstrate the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency all staff are required to comply with the requirements of the Risk Management Policy and the Prime Financial Policies. For a more detailed explanation see the Kingston Anti-Bribery Policy. Should members of staff wish to report any concerns or allegations they should contact their
Local Counter Fraud Specialist. Further details, including contact details, are included in the Detailed Financial Policies.

5. **EXPENDITURE CONTROL**

5.1. The group is required by statutory provisions\(^4\) 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.

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

5.3. The Chief Finance Officer (or nominated officer) will:

   a) provide reports in the form required by NHS England;

   b) 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;

   c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. **ALLOTMENTS\(^5\)**

6.1. The Chief Finance Officer (or nominated 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 group’s entitlement to funds;

   b) prior to the start of each financial year submit to the governing body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

   c) regularly update the governing body on significant changes to the initial allocation and the uses of such funds.

7. **COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING**

   **POLICY** – Kingston CCG will produce and publish an annual commissioning plan\(^6\) that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets.

7.1. The Accountable Officer (or nominated officer) will compile and submit to the governing body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

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\(^4\) See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

\(^5\) See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the governing body.

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

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

7.5. The governing body will approve consultation arrangements for the group’s commissioning plan.

8. **ANNUAL ACCOUNTS AND REPORTS**

**POLICY –** NHS Kingston 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.

8.1. The Chief Finance Officer will ensure the group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the governing body;

b) prepares the accounts according to the timetable approved by the governing body;

c) complies with statutory requirements and relevant directions for the publication of annual report;

d) considers the external auditor’s management letter and fully address all issues within agreed timescales; and

e) publishes the external auditor’s management letter on the group’s website at www.kingstonccg.nhs.uk.

9. **INFORMATION TECHNOLOGY**

**POLICY –** Kingston CCG will ensure the accuracy and security of the group’s computerised financial data.

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

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

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8 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.
b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

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

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

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

b) manage the group’s banking arrangements and advise the group on the provision of banking services and operation of accounts;

c) prepare detailed instructions on the operation of bank accounts.

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9 See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act
11.2. The governing body’s audit committee shall approve the banking arrangements.

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

**POLICY** – Kingston 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 group or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

12.1. The Chief Financial Officer (or nominated officer) is responsible for:

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

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

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

d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

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

13.1. The governing body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the group’s standing orders;

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10 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
b) the Public Contracts Regulation 2006, any successor legislation and any other applicable
   law; and

c) take into account as appropriate any applicable NHS England or the Independent
   Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b)
   above.

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

14. COMMISSIONING

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

14.1. The group will coordinate its work with NHS England, Local Delivery Unit partners, SWL
   alliance partner, other clinical commissioning groups, local providers of services, local
   authority(ies), including through Health & Wellbeing Boards, patients and their carers and the
   voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The Accountable Officer will establish arrangements to ensure that regular reports are
   provided to the governing body detailing actual and forecast expenditure and activity for each
   contract.

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

15. RISK MANAGEMENT AND INSURANCE

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

15.1. The Accountable Officer shall ensure that the group has a programme of risk management, in
   accordance with assurance framework requirements, which must be approved and monitored
   by the governing body.

15.2. The programme of risk management shall include:

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

   b) engendering amongst 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.

15.3 Insurance: Risk Pooling Schemes administered by the NHSLA

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

16. PAYROLL

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

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

a) is supported by appropriate (i.e. contracted) terms and conditions;

b) has adequate internal controls and audit review processes;

c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

17. NON-PAY EXPENDITURE

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

17.1. The governing body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers

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

17.3. The Chief Finance Officer will:

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

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

c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.
18. **CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

**POLICY** – Kingston CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the group’s fixed assets

18.1. The Accountable Officer will

   a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

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

   c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

   d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. **RETENTION OF RECORDS**

**POLICY** – Kingston 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

19.1. The Accountable Officer shall:

   a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;

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

   c) publish and maintain a Freedom of Information Publication Scheme.

20. **TRUST FUNDS AND TRUSTEES**

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

20.1. The Chief Finance Officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.
21.   CONFLICTS OF INTERESTS

| POLICY – Kingston CCG will put arrangements in place to ensure that actual and perceived conflicts are minimised to mitigate against the risks of fraud and bribery occurring |

21.1 Conflict of Interest refers to situations in which personal interests (which may include financial and/or business interests) may compromise, or have the appearance of, or potential for, compromising professional judgment and integrity and, in doing so, the best interests of the CCG’s patients. Whilst recognising that conflicts of interests may not be avoidable, our policy is to manage them in a transparent way.

Kingston CCG has taken considerable efforts to ensure that actual and perceived conflicts are minimised to mitigate against the risks of fraud and bribery occurring.

Declarations of interest forms are sent out annually to all Governing Body Members and transferred on to the CCG register. The Register is available at all public meetings and members are asked to declare any interests at the start of each internal meeting. The register is published on the CCG website.

Our full approach is covered in our Code of Conduct: Managing Conflicts of Interest where GP practices are potential providers of CCG-commissioned services, Constitution and Procurement Guide.
NOT USED
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.
NHS CONSTITUTION

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

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

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

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

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

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

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

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