



Kingston Clinical Commissioning Group

KINGSTON CLINICAL COMMISSIONING GROUP

CONSTITUTION

May 2012

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Kingston Clinical Commissioning Group

Draft Constitution

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 Act 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. The NHS Commissioning Board 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. In preparation for the Act coming into force, the Members are coming together to form a consortium known as the Interim Kingston Clinical Commissioning Group ('the pre-authorized CCG') with a view to it applying for and receiving statutory authorisation, whereupon it will be known as Kingston Clinical Commissioning Group (“the authorised CCG”). Where the term 'CCG' or KCCG is used in this Constitution and in the conduct of the preauthorised CCG, it refers to the group of Members in its state as a pre-authorized CCG and as an authorised CCG.
5. The Members have agreed through a separate inter-practice agreement to work together as the pre-authorized CCG in accordance with this Constitution and to act as commissioners to assist Kingston Primary Care Trusts (“the PCTs”) to fulfill their commissioning duties through delegated powers until the pre-authorized CCG is authorised and receives statutory authority to act independently. The Members intend that the pre-authorized CCG will become a fully authorised statutory public clinical commissioning group in due course (“the authorised CCG”).
6. This Constitution sets out how the pre-authorized CCG will work with the PCTs and how the authorised CCG shall fulfill 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 the NHS Commissioning Board up to April 2012.

AMENDMENT AND VARIATION OF THIS CONSTITUTION

7. The Members will review the effectiveness of this Constitution before they are established as a fully authorised statutory public clinical commissioning group and shall amend it as necessary to improve its effectiveness and to reflect Department of Health policy and legal requirements, and any requirements of authorisation stipulated by the NHS Commissioning Board and NHSCB Authority.
8. Once the CCG is authorised this Constitution will only be capable of being varied in the following two circumstances:
 - 8.1. where the CCG applies to the NHS Commissioning Board and that application is granted; and
 - 8.2. where in the circumstances set out in the legislation the NHS Commissioning Board varies the CCG’s constitution other than on application by the CCG.

GEOGRAPHICAL AREA

9. 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.

COMMENCEMENT AND DURATION

10. This Constitution shall commence on the date the first Members sign it at Appendix 1 (the “Register of Members”) and shall continue in force:
 - 10.1. for the pre-authorised CCG, until it is terminated by the last of the Members of it, or otherwise in accordance with this Constitution, or until authorisation is achieved and;
 - 10.2. for the authorised CCG,when the CCG is dissolved by the NHS Commissioning Board.

MISSION

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

Our task is to:

- 11.1. help you stay as healthy as possible
 - 11.2. support you in looking after yourself when you are well and when you are not
 - 11.3. 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
 - 11.4. listen to you, involve you and be influenced by you
 - 11.5. work with you to continuously improve:
 - 11.5.1. the health and wellbeing of people in Kingston
 - 11.5.2. the support that’s available to help people look after themselves
 - 11.5.3. the quality of local health services
 - 11.6. work with you to reduce inequalities in health across Kingston
 - 11.7. become recognised and respected as the leader of the health care system in Kingston
12. The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

VALUES

13. The values that lie at the heart of the CCG’s work, re-stated for the population served are:
 - 13.1. healthier lives for people in Kingston
 - 13.2. getting the best possible health improvement and health care for people in Kingston
 - 13.3. health services for local people, shaped by local people
 - 13.4. you being able to say, I’m heard, I’m healthier, I’m cared for

14. 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

15. The functions that the authorised CCG is responsible for exercising are set out in the Act. In summary they are:

- 15.1. Commissioning certain health services (where the NHS Commissioning Board 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;
- 15.2. Commissioning emergency care for anyone present in the CCG's area;
- 15.3. Determining the remuneration and travelling or other allowances of members of the Governing Body;
- 15.4. 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

16. 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:

- 16.1. a Council of Members, which comprises a representative appointed by each Member;
- 16.2. the Governing Body;
- 16.3. employees, and;
- 16.4. committees of the Governing Body, namely an audit committee, a remuneration committee and an integrated governance and performance committee, which has a finance sub-committee.

17. 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.

18. 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.

19. The Governing Body shall comprise:
 - 19.1. six GPs (one of whom will be the Chair or the Vice Chair);
 - 19.2. one registered nurse;
 - 19.3. the director of public health;
 - 19.4. one secondary care specialist doctor;
 - 19.5. two lay members (one of whom shall lead on audit, remuneration and managing conflicts of interests, and the other shall lead on patient and public participation); One of the lay members shall be the Chair or Vice Chair
 - 19.6. the Accountable Officer, and;
 - 19.7. the Chief Financial Officer.
20. Their method of appointment, terms of office and roles shall be as set out in Appendix 3 (Standing Orders).
21. The Governing Body shall appoint an Operational Management Group to manage the day to day operations of the CCG, which shall include the procurement of management support and other matters set out in paragraphs 14 above and 31 and 32 below.
22. 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 and an Integrated Governance Committee which shall have a Finance Subcommittee. The functions and remit of these committees will be set out in their terms of reference and roles as in Annex 3. The Governing Body shall establish other Committees as necessary.
23. The extent of the authority to act of the bodies set out at paragraph 22 above depends on the powers delegated to them by the CCG, as set out in the CCG's scheme of reservation and delegation, and for committees and sub-committees, their terms of reference.
24. The CCG's scheme of reservation and delegation sets out:
 - 24.1. those decisions that are reserved for the Membership as a whole;
 - 24.2. those decisions that are the responsibilities of the Governing Body (and its committees), the CCG's committees and sub-committees, individual members and employees.
 - 24.3. Those decisions that are reserved for the GP Electorate
25. The CCG remains accountable for all of its functions, including those that it has delegated.
26. In discharging their delegated responsibilities the Governing Body and its committees must:
 - 26.1. comply with principles of good governance;
 - 26.2. operate in accordance with the CCG's scheme of reservation and delegation;
 - 26.3. comply with the CCG's standing orders;
 - 26.4. where appropriate, ensure that Members have had the opportunity to contribute to the CCG's decision making process through the Council of Members.
27. 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

Each Member practice will appoint a Member Representative..

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.

The role of the practice representatives is to:

- Represent the views of the practice in matters being considered by the Council and on wider commissioning issues.
- Agree objectives for the practice with the Council and Governing Body.
- Ensure that the appropriate practice members are aware of commissioning business including rights and responsibilities
- Ensure that information produced by the CCG is discussed and decisions and actions taken where appropriate.
- Be the initial contact for CCG personnel on practice matters relating to the CCG and commissioning.

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

28. 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 Annex 3. All Kingston Clinical Commissioning Group Governing Body Members will be expected to:
29. 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.
30. ensure that the CCG Governing Body sets and meets challenging objectives for improving its performance across the range of its functions.
31. ensure that financial controls and systems of risk management are robust and that the CCG delivers within these
32. be responsible for the clinical leadership of commissioning in Kingston for a specified aspect of acute, mental health, community, or children's services, or public health or medicines management (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 the NHS Commissioning Board 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. The CCG has joint appointments with The Royal Borough of Kingston upon Thames: its Accountable Officer and Director of Public Health, and these are supported by memoranda of understanding between the CCG and the local authority.

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 52 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 the NHS Commissioning Board of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS Commissioning Board 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 public reference group, which shall be open to any resident of the Geography who is a member of HealthWatch; the Accountable Officer and another member of the Governing Body meeting with the public reference group four times each year to hear concerns, discuss plans and reflect on strategy, and; ensuring lay representation on all 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 the NHS Commissioning Board 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 the NHS Commissioning Board for the financial year;
 - 37.18. take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource in a financial year, to ensure the CCGT does not exceed an amount specified by the NHS Commissioning Board;
 - 37.19. publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS Commissioning Board;
 - 37.20. comply with all relevant regulations, directions issued by the Secretary of State for Health or the NHS Commissioning Board and have regard to guidance issued by the NHS Commissioning Board 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 the NHS Commissioning Board 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 the NHS Commissioning Board, 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) – set 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) – set 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 within the Geography as outlined in paragraph 9 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 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 the NHS Commissioning Board to ensure it fulfills its contractual responsibilities.
51. If the practice is subsequently directed by the NHS Commissioning Board 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
52. If :
- 52.1. having followed the process at paragraphs 50 and 51 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;
 - 52.2. 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 the /NHS Commissioning Board seeking expulsion of the Member.
53. 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

54. 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. This policy will be available on the CCG's website at www.kingstonccg.nhs.uk and is appended to this Constitution at Appendix 6.
55. 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.

EMPLOYMENT, 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.

-----*Main body ends*-----

APPENDIX 1

KINGSTON CLINICAL COMMISSIONING GROUP - REGISTER OF MEMBERS

Practice Name	Practice Address	Practice Member Representative Print name and Sign	Date Signed
Berrylands Surgery	Howard Road Surbiton Surrey KT5 8SA		
Brackendale Surgery	15 Brackendale 25 Gloucester Road Kingston upon Thames Surrey KT1 3RL		
Brunswick Surgery	Oakhill Health Centre Oakhill Road Surbiton Surrey KT6 6EN		
Canbury Medical Centre	1 Elm Road Kingston upon Thames Surrey KT2 6HR		
Central Surgery	Oakhill Health Centre Oakhill Road Surb Surrey KT6 6EN		
Chessington Park Surgery	Merritt Medical Centre Merritt Gardens Chessington Surrey KT9 2GY		

KINGSTON CLINICAL COMMISSIONING GROUP - REGISTER OF MEMBERS

Churchill Medical Centre	Clifton Road Kingston upon Thames Surrey KT2 6PG		
Claremont Medical Centre	2a Glenbuck Road Surbiton Surrey KT6 6BS		
Fairhill Medical Practice	81 Kingston Hill Kingston upon Thames Surrey KT2 7PX		
Gosbury Hill Health Centre	Orchard Gardens Chessington Surrey KT9 1AG		
Grays Medical Practice	Orchard Gardens Chessington Surrey KT9 1AG		
Groves Medical Centre	171 Clarence Road New Malden Surrey KT3 3TX		

KINGSTON CLINICAL COMMISSIONING GROUP - REGISTER OF MEMBERS

Hook Surgery	Merritt Gardens Chessington Surrey KT9 2GY		
Kingsdowne Surgery	34 Kingsdowne Road Surbiton Surrey KT6 6LA		
Langley Medical Practice	Oakhill Road Surbiton Surrey KT6 6EN		
Manor Drive Health Centre	3 Manor Drive Worcester Park Surrey KT4 7LG		
Maypole Surgery	8 Hook Road Surbiton Surrey KT6 5BH		
New Malden Health Centre	2-6 Blagdon Road New Malden Surrey KT3 4AD		
Orchard Practice	Orchard Gardens Chessington Surrey KT9 1AG		

KINGSTON CLINICAL COMMISSIONING GROUP - REGISTER OF MEMBERS

Red Lion Road Surgery	1a Red Lion Road Tolworth Surrey KT6 7QG		
Richmond Road Medical Centre	95 Richmond Road Kingston upon Thames Surrey KT2 5BT		
Roselawn Surgery	149 Malden Road New Malden Surrey KT3 6AA		
St Albans Medical Centre	212 Richmond Road Kingston upon Thames Surrey KT2 5HF		
Sunray Surgery	97 Warren Drive South Tolworth Surrey KT5 9QD		
The Holmwood Corner Surgery	134 Malden Road New Malden Surrey KT3 6DR		
The Village Surgery	157 High Street New Malden Surrey KT3 4BH		

KINGSTON CLINICAL COMMISSIONING GROUP - REGISTER OF MEMBERS

Tudor Drive Surgery	192 Tudor Drive Kingston upon Thames Surrey KT2 5QH		
West Barnes Surgery	229 West Barnes Lane New Malden Surrey KT3 6JD		

APPENDIX 2

GLOSSARY

Term	Meaning
Accountable Officer	An individual, defined by the Act, appointed by the NHS Commissioning Board 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;
Act	NHS Act 2006 as amended by the Health and Social Care Act 2012 and related regulations;
CCG	Clinical Commissioning Group;
Chief Financial Officer	The qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance;
Constitution	This document that governs how the CCG will fulfill its statutory duties and make decisions;
Council of Members	The committee of the CCG appointed by the Members under the standing orders and the scheme of reservation and delegation;
Geography	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.
Governing Body	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;
GP Electorate	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)
GPs	General practitioners;
Members	The individual practices who have entered into this Constitution, as evidenced by their signatures on the Register of Members;
NHS Commissioning Board	The body established by the Act that is responsible for authorising CCGs ;
NHS Constitution	The NHS Constitution : The NHS Belongs to us all (March 2012) DH Guidance Gateway number 132961;
Nolan Principles	The First Report of the Committee on Standards in Public Life (1995);
PCTs	Primary Care Trusts;
Register of Members	Appendix 1;

APPENDIX 3

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 fulfill 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.

9. The Council of Members

THE COUNCIL OF MEMBERS

10. Each practice within the geographic area defined in paragraph 9 of the constitution shall have the right to apply to be a Member.
11. The CCG shall provide necessary administrative support to the Council of Members.
12. The rights and responsibilities of Members are as agreed within the Kingston Inter Practice Agreement.
13. 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

14. The Council of Members will:
 - 14.1 Represent its Member Practices
 - 14.2 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.
 - 14.3 Provide a forum for discussion
 - 14.4 Be fully and proactively informed by the Governing Body and Operational Management Group of strategic decisions and of day to day decisions.
 - 14.5 Hold the Governing Body to account for delivery of its instructions.
 - 14.6 Delegates power to the Governing Body and Operational Management Group to deliver its objectives
 - 14.7 Agree and ratify strategic, operational and financial plans developed by the CCG.
 - 14.8 Ensure processes are in place for appropriate elections and polling on issues arising requiring a vote of the electorate as detailed in section 53.
 - 14.9 Ensures that conflicts of interest within the CCG are dealt with appropriately.

- 14.10 Members shall hold each other to account for the delivery of their CCG objectives
- 14.11 The NHS Commissioning Board 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.
- 14.12 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

15. Paragraph 16 of the Constitution provides that the Members will exercise their constitutional rights and fulfill 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.
16. 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.
17. That representative's term of office will be determined by the relevant Member.

The role of COUNCIL OF MEMBERS PRACTICE REPRESENTATIVES

18. Each practice shall choose a member of the practice team to represent them.
19. In the spirit of the move to clinically-led commissioning, the representative should be a clinician where possible.
20. Where a practice does not feel this inappropriate, it may agree to a non-clinician representation with the Council of Members.
21. 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.
22. In participating in the Council of Members, each Member representative shall:
- 22.1 Promote the success of the CCG for the benefit of the Membership as a whole;
- 22.2 Act within the powers set out in this Constitution and in the Inter-practice Agreement;
- 22.3 Exercise independent judgment and reasonable care, skill and diligence;
- 22.4 Declare any interest of his/her Member in any proposed transaction or arrangement being considered by the CCG;
- 22.5 Avoid conflicts of interests, and;
- 22.6 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 19 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 role of the Chair of the Governing Body, as listed in paragraph 19 of the Constitution, described here in greater detail and is subject to the appointment process below.

29. 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 the NHS Commissioning Board; 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 Deputy 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.

30. 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-

31. The role of the registered nurse on the Governing Body, as listed in paragraph 19 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.

32. The role of the Joint Director of Public Health on the Governing Body, as listed in paragraph 19 of the Constitution, is subject to the following appointment process. This is a co-opted position filled by the local Director of Public Health. It does not require an appointment process or associated arrangements.

33. The role of the secondary care specialist doctor on the Governing Body, as listed in paragraph 19 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.

34. The roles of the two lay members on the Governing Body, as listed in paragraph 19 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.

35. The Accountable Officer, as listed in paragraph 19 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 – NHS Kingston / KCCG employment policies and procedures apply;

Notice period – 3 months.

36. The Chief Financial Officer, as listed in paragraph 19 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 – NHS Kingston / KCCG 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 Commissioning Board guidance.

C. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

Inaugural meeting of the Council of Members

37. 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.
38. If only a single name is proposed for the position of chair, he/she shall be deemed appointed and shall chair the inaugural meeting.
39. 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.
40. 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.
41. 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 he 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.

42. 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.
43. Voting rights shall be as set out in paragraph 52 below.

Subsequent meetings of the Council of Members

44. 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. .
45. 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.
46. 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:
 - 46.1 Consideration (and if appropriate) approval of the CCG’s annual report, accounts, operating plan and commissioning strategy;
 - 46.2 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;
 - 46.3 Election of members of the Governing Body when vacancies arise.
47. 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.
48. Agendas and certain papers for the meetings of the Council of Members– including details about meeting dates, times and venues - will be published on the CCG’s website at [www.\[insert CCG’s website\]](http://www.[insert CCG’s website]) . Members of the press and public shall be entitled to ask questions where meetings are held in public, but may not contribute to discussion unless invited by the chair. The chair may determine that certain items need to be discussed in private, 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.

49. 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.
50. 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.
51. 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.
52. 50% of Members Representatives (or their proxies) shall constitute a quorum.
53. 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.
54. The election or removal of GP members of the Governing Body shall require a vote of the electorate.
55. 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

Meetings of the Governing Body

56. The Governing Body shall meet monthly.
57. 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.

58. 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.\[insert CCG’s website\]](#) 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.
59. 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.
60. 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.
61. 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.
62. Nine members of the Governing Body, at least five of whom are practising clinicians shall (or their proxies) shall constitute a quorum. The only decision the Governing Body may take if its meeting is not quorate is to request a meeting of the Council of Members.
63. 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.
64. 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

65. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting of the Council of Members.
66. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

67. 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

Appointment of committees and sub-committees

68. The CCG may appoint committees and sub-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.
69. 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 and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
70. The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

Terms of Reference

71. 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

72. 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

73. The CCG shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those 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

74. 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

75. 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 Financial Officer;

Execution of a document by signature

76. 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

77. 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 – Draft - to be approved by the Governing Body

REMUNERATION COMMITTEE - to be included once approved by the Governing Body

INTEGRATED GOVERNANCE COMMITTEE AND ITS FINANCE SUB-COMMITTEE - Drafts - to be approved by the Governing Body

KINGSTON CCG GOVERNING BODY AS A COMMISSIONING COMMITTEE OF THE NHS KINGSTON BOARD (TO 31/3/13)

AUDIT COMMITTEE
Draft Terms of Reference v0.2

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.

For 2012/13 the governing body of KCCG has delegated commissioning responsibilities from NHS Kingston via a Delegation Delivery Agreement. In this period it will operate as a shadow clinical commissioning group. However all governance arrangements should operate as if KCCG were an established legal entity, which it will be from April 2013.

A "Handover and Closure" programme has been established across NHS SW London to oversee the transfer of responsibilities from PCTs to new bodies, including CCGs. Governance of these processes are being assured via the NHS SWL Joint Audit Committee, and these should be matched and reflected locally via the KCCG Audit Committee.

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 non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these Terms of Reference.

3. Membership and attendance

The Committee members shall be appointed by the Governing Body from amongst the lay members and shall consist of not less than three members. One of the 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.

Members:

Paul Gallagher (Chair), Lay member
David Knowles, Lay Member

In Attendance:

Naeem Iqbal, Governing Body GP
Junaid Syed, Governing Body GP
David Smith, Director of Health and Social Services
Chief Finance Officer
Nick Atkinson, Associate Director Internal Audit, RSM Tenon

Colin Edwards, Local Counter Fraud Specialist, RSM Tenon
Jo Dandridge, Business Manager (Minutes)

By invitation:

Jill Pearse, Head of Governance and Business Support

4. Quorum

A quorum shall be two members.

5. Support and papers

The Committee will be supported administratively by the Head of Governance and Business Support and the Business Support Team, co-ordinated by the Business Manager. 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 fulfil 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 Audit Committee does not take on any responsibilities which are not those of an Audit Committee. In particular, it is not the job of the Audit Committee to establish and maintain processes for governance. This is clearly the responsibility of executive directors and the Accountable Officer

The key duties of an audit committee are as follows:

4.1 *Integrated 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 the NHS Counter Fraud and Security Management Service.

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.

4.2 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.

4.3 *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.

4.4 *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).

4.5 *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 approve the counter fraud work programme.

4.6 *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.

4.7 *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.

4.8 *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.

Relationship with the Governing Body

The Committee will report to the Governing Body annually on its work in support of the Statement on Internal Control, 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.

5. 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. Any resulting changes to the terms of reference or membership shall be approved by the governing body.

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

Draft v0.2 25 May 2012

The Nolan Principles
The Seven Principles of Public Life

The Seven Principles of Public Life, known as the Nolan Principles, were defined by the [Committee for Standards in Public Life](#) . They are:

- **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.
- **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.
- **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.
- **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.
- **Openness** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
- **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.
- **Leadership** Holders of public office should promote and support these principles by leadership and example.

INTEGRATED GOVERNANCE COMMITTEE

DRAFT TERMS OF REFERENCE V0.2

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

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 clinical², through specific strategies and programmes of work

3. Membership:

Chair: Jonathan Hildebrand (DPH, Joint Associate Medical Director);

Phil Moore (GP, Deputy Chair - Clinical of CCG Governing Body, Joint Associate Medical Director);

David Knowles (Vice Chair & Lay Member KCCG Governing Body);

Naz Jivani (GP, Interim Chair of KCCG Governing Body);

David Smith (Accountable Officer)

Junaid Syed (GP KCCG Governing Body – Risk lead);

¹ Department of Health (2006) Integrated Governance, A handbook for executives and non-executives in healthcare organisations.

² The Health & Social Care Bill requires CCGs to secure continuous improvements in the quality and outcomes of the services which they commission.

Pete Smith (GP, KCCG Governing Body);

Julia Billington (Nurse Practitioner KCCG Governing Body);

Michael Chester (Secondary Care Specialist, KCCG Governing Body);

Hardev Virdee (Interim Director of Financial Strategy, NHS South West London)

AN Other (Healthwatch Member) – to be confirmed

Paul Gallagher (Chair of KCCG Audit Committee, Lay Member KCCG Governing Body)

Tonia Michaelides (Head of Commissioning & Delivery)

Brian Roberts, (Information Manager)

Jill Pearse (Head of Governance)

Yarlini Roberts (Finance Manager)

4. **Quorum**

The meeting will be quorate when the Chair, or a deputising Chair, is present and at least 6 members in total which must include one Lay member and two GP members of the Committee

5. **Frequency and Permanency**

The committee is permanent and shall meet monthly and normally at least a week before the Governing Body meeting in public.

6. **Authority / Delegated powers**

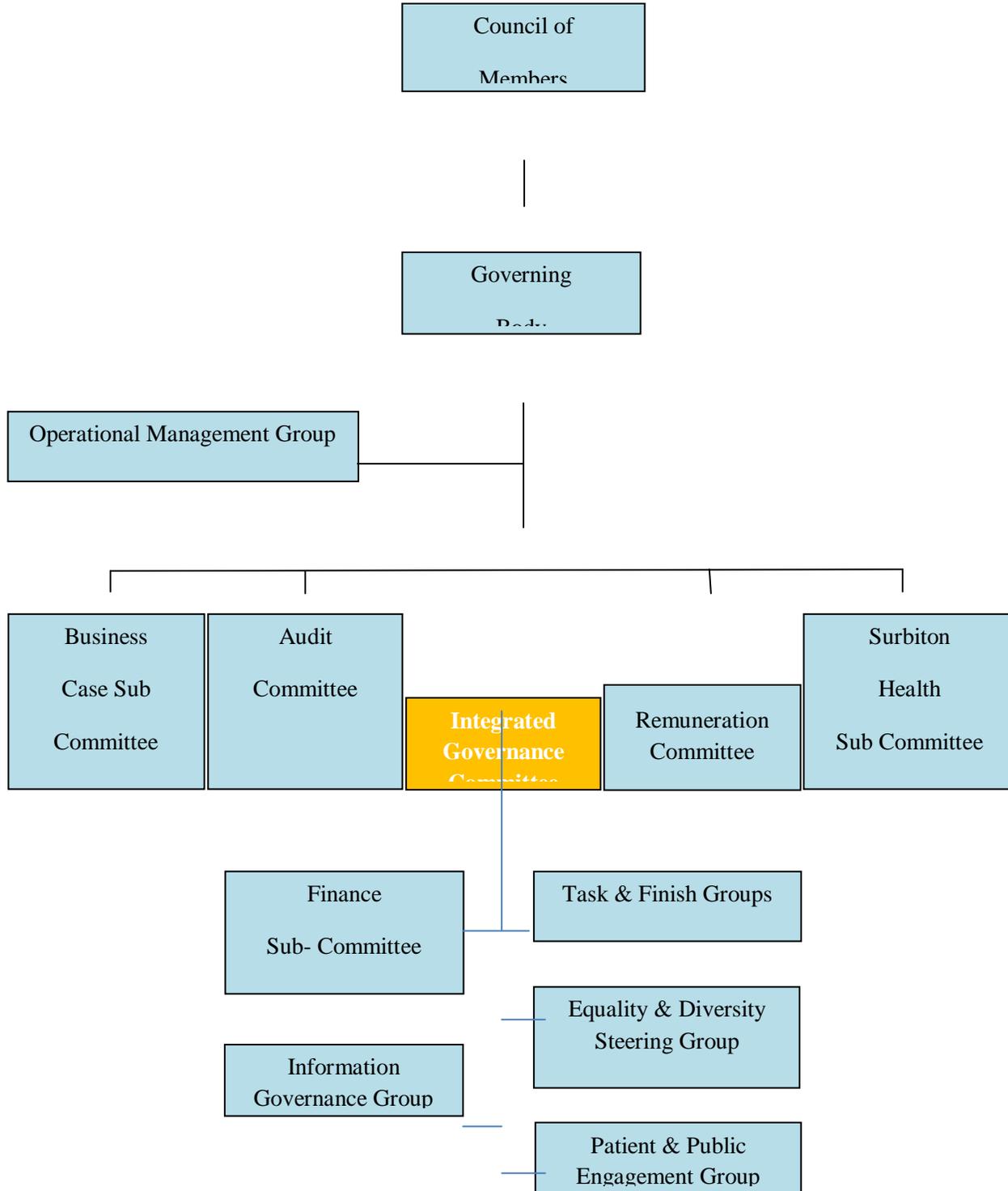
The Committee has a delegated responsibility for overseeing the governance of specific strategies and programmes of work, including approval and monitoring of policies and strategies relating to its sub-committees and related groups. These are:

- Executive Performance and Risk Management
- Quality and Clinical Effectiveness
- Use of Information and Information Governance
- Clinical Governance relating to NICE, Research Governance
- Patient and Public Engagement
- Patient safety
- Patient experience
- Equality and Diversity
- Incidents, Complaints and PALs
- Infection control
- Emergency planning (Category 2 responders)
- Health and Safety
- Education, training and development
- Staffing and staff management
- Clinical Audit and research
- Children's and 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..
- Approve and monitor strategies to ensure CCG compliance with the duties of partnership and patient and public engagement and accountability.
- Approve and monitor the CCG's risk management strategy and health and safety strategy, ensuring all significant risks and health and safety issues are identified, managed and monitored through the risk register.
- 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).

7. 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 Chairs of the Audit Committee, Business Case Sub Committee, and Surbiton Health Sub Committee to ensure that decisions are made by the appropriate committee and to promote an integrated approach to business and board assurance

The Finance Sub-Committee, the Task & Finish Groups and the Information Governance Group will report to the Integrated Governance Committee

8. 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 Business Manager.

Where possible, papers will be issued one week ahead of the meeting of the Committee.

9. 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.

10. Review date

The Committee will review its constitution in four months' time. (September 2012)

TERMS OF REFERENCE

10 FINANCE SUB COMMITTEE

Constitution/purpose:

1.1 The Finance Sub Committee (the Committee) is a Sub- Committee of the Integrated Governance Committee for the Kingston CCG 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 and reports to the Integrated Governance 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.

Membership:

Lay Member Chair

One other Lay Member

Accountable Officer

Chief Finance Officer

Chair of Kingston CCG Governing Body

GP, Kingston CCG Governing Body

GP Representative (not CCG Governing Body)

Associate Director, Finance

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
- Work closely with the development of the Estates Strategy
- 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 Integrated Governance Committee.

Minutes of meetings will be recorded and included as an appendix to the Integrated Governance Committee minutes.

Support and Papers:

The lead for the Committee is the AD, Finance and the work of the Committee is supported by the Business Support Team. Where possible, papers will be issued one week ahead of the meeting.

Openness:

The Minutes of Committee meetings will be available via the CCG website and presented to the Governing Body through the Integrated Governance Committee minutes.

The Committee will review its constitution annually or earlier if requested by the Governing Body.

**TERMS OF REFERENCE FOR THE INTERIM KINGSTON CLINICAL COMMISSIONING GROUP AS A
COMMITTEE OF THE NHS KINGSTON BOARD.
TERMS OF REFERENCE 2012/13**

Draft v5

Purpose

From April 2012 the Governing Body of the Interim Kingston Clinical Commissioning Group (IKCCG) will fulfill the responsibilities of a commissioning committee of the NHS Kingston Board as previously carried out by Kingston Commissioning Committee.

For the period April 2012 to March 2013 inclusive the delegated responsibilities associated with these arrangements will be defined in a Delegation Delivery Agreement. In its daily conduct prior to reauthorisation the IKCCG will be referred to as 'the Clinical Commissioning Group', 'CCG' or as 'Kingston Clinical Commissioning Group', 'KCCG'

In this capacity the Interim KCCG will operate within the PCT's policies, and the legislative framework, including the Equality Act, Freedom of Information Act and information governance requirements.

Delegated responsibilities

The IKCCG will be responsible for commissioning the following services for patients registered with Kingston GP practices:

- Acute
- Mental Health
- Community
- Continuing Care
- Prescribing
- Primary Care enhanced services

The following are excluded:

- Primary Care Contracts which will be commissioned in future by the NHS Commissioning Board
- Specialised Commissioning services which are commissioned by the Specialised Commissioning Group
- Public Health services which will be commissioned in the future by the Royal Borough of Kingston

Membership and accountabilities

The core membership of the Governing Body of IKCCG is as stated in paragraph 18.:

In addition:

The NHS Kingston Head of Commissioning and Delivery will be a permanent non-voting member during 2012/13.

Healthwatch Kingston will provide up to 2 permanent non-voting members during 2012/13.

Other non voting members may be co-opted from time to time at the discretion of the Chair.

In order to ensure that there is a managed transition, and to reflect the fact that statutory accountability remains with NHS South West London Joint Boards, it is recognised that during 2012/13 NHS Kingston may wish to nominate Director(s) to attend regularly.

Quorum

The quorum will be 9 members of which at least 5 will be practicing clinicians.

Meeting arrangements

As a committee of the PCT Board there is no requirement for meetings to be held in public. However given the scale of responsibilities which are delegated, the principle to be adopted is 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 the IKCCG will meet formally in public bi-monthly.

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.

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.

The IKCCG Constitution is expected to detail 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

IKCCG will keep a register of member's interests and interests relevant to items under discussion will be declared at each meeting as required.

Relationship with PEC

The Board of NHS Kingston has formally delegated the statutory responsibilities of the Professional Executive Committee (PEC) to the Interim Kingston Clinical Commissioning Group.

Reporting to the PCT Board

KCCG will maintain minutes of all formal meetings and these will be reported to the PCT Board at the public SWL Joint Boards meetings. IKCCG will maintain a log of decisions, actions and risks which will be shared with the South West London Chief Executive as part of the monitoring and accountability arrangements.

Arrangements for monitoring developmental progress and delivery

Development of IKCCG and delivery of the Delegation Agreement for 2012/13 will be reviewed regularly with the nominated Cluster Directors, in line with agreed performance management arrangements

Support

The Business Manager and team, Kingston Borough Team, NHS South West London, will provide the main support to the operation of the IKCCG Governing Body.

Other staff in the Borough Team, proposed integrated commissioning functions, CSO and external support will also provide assistance in specific areas.

Review

IKCCG will review these Terms of Reference annually if they are not superseded by future commissioning arrangements and responsibilities taken on by KCCG, particularly through the establishment and authorisation process during 2012/13.

Appendix 1 Delegated commissioning budgets

The delegated commissioning budget for 2012/13 is £m covering

- Acute
- Mental Health
- Community
- Continuing Care
- Prescribing
- Primary Care enhanced services

The following budgets are excluded:

- Primary Care Contracts which will be commissioned in future by the NHS Commissioning Board
- Specialised Commissioning services (which are commissioned by the Specialised Commissioning Group)
- Public Health services which will be commissioned in the future by the Royal Borough of Kingston

The precise values above will be confirmed once the NHS South West London Joint Boards has agreed the budgets for 2012/13 and provider contracts have been signed. The handling of a number of technical adjustments will be agreed between the Accountable Officer and PCT's Director of Finance.

Appendix 2

PEC Statutory Functions

PEC Statutory Functions (as defined by the 2007 Regulations)

- **Regulation and Control**
- **Strategy, Plans and Budgets**
- **Financial and performance reporting Arrangements**

In summary:

- (i) Assist the PCT in developing its policies and strategic direction.
- (ii) Assist the PCT in the exercise of its functions, including in relation to the provision, or securing the provision, of healthcare and related services by the trust.
- (iii) Develop and monitor appropriate clinical governance and quality standards for the PCT.
- (iv) Represent the PCT in its dealings with persons outside the PCT as directed by the PCT
- (v) Exercise on behalf of the PCT functions delegated to the committee.

APPENDIX 4

SCHEME OF RESERVATION AND DELEGATION

1. **Schedule of Matters Reserved to the CCG and Scheme of Delegation**

1.1 The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions 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 the NHS Commissioning Board 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 delegate 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 All other functions are delegated to the Governing Body.

5. **Functions delegated to the committees and sub-committees of the Governing Body**

5.1 The Governing Body delegates the following functions to the following committees:-

SCHEME OF RESERVATION & DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CCG AND SCHEME OF DELEGATION

- 1.1. The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the CCG's constitution.
- 1.2. The Membership via the Council of Members remains accountable for all of the CCG's functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	x				
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	x				
REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved to the Membership via the Council		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
	of Members, delegated to the Governing Body or other committee or sub-committee or any member or employee					
REGULATION AND CONTROL	<p>Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ CCG's Governing Body ○ committees and sub-committees of the CCG, or ○ its members or employees <p>and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ Governing Body's committees and sub-committees, ○ members of the Governing Body, ○ an individual who is member of the CCG but not the Governing Body or a specified person <p>for inclusion in the CCG's constitution.</p>	x				
REGULATION AND CONTROL	Approval of the CCG's overarching scheme of reservation and delegation.	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
REGULATION AND CONTROL	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.		x			
REGULATION AND CONTROL	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.		x			
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's prime financial policies.				x	
REGULATION AND CONTROL	Approve detailed financial policies.		x			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		x			
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for <ul style="list-style-type: none"> ○ 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). 	x				
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	x				
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the CCG's proposed Accountable Officer.	x				
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
STRATEGY AND PLANNING	Approval of the CCG's operating structure.	x				
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.	x				
STRATEGY AND PLANNING	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	x				
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.	x				
ANNUAL REPORTS AND ACCOUNTS	Approval of the CCG's annual report and annual accounts.	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.	x				
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.					Remuneration
HUMAN RESOURCES	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.			x		
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.			x		
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG			x		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			x		
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			x		
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.		x			
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.			x		
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG			x		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		x			
QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		x			
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.			x		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements			x		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.		x			
OPERATIONAL AND RISK MANAGEMENT	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).		x			
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG		x			
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.		x			
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
INFORMATION GOVERNANCE	Approve the CCG's arrangements for handling complaints.		x			
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		x			
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support.			x		
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision).			x		
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		x			
COMMISSIONING AND	Approval of the arrangements for discharging the CCG's statutory duties		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	AO	CFO	Committees and Sub-committees
CONTRACTING FOR CLINICAL SERVICES	associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.					
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate		x			
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests. Determining arrangements for handling Freedom of Information requests.		x			

APPENDIX 5

PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's audit committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Financial 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).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the group's constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the group's systems of internal control.
- 2.3. The Chief Financial Officer will ensure that:
 - a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. **AUDIT**

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

3.1. In line with the terms of reference for the Governing Body’s audit committee the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the Governing Body, Accountable Officer and Chief Financial 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 Financial Officer will ensure that:

- a) the group has a professional and technically competent internal audit function; and
- b) the Governing Body approves any changes to the provision or delivery of assurance services to the group.

4. **FRAUD AND CORRUPTION**

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

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

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

5. **EXPENDITURE CONTROL**

5.1. The group is required by statutory provisions³ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

³ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

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 Financial Officer will:

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

6. ALLOTMENTS⁴

6.1. The group's Chief Financial Officer will:

- a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds;
- b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan⁵ 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 will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

⁴ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁵ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

- 7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body .This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the group’s accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5. The Governing Body will approve consultation arrangements for the group’s commissioning plan⁶.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁷, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

- 8.1. The Chief Financial Officer will ensure the group:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the audit committee;
 - b) prepares the accounts according to the timetable approved by the audit committee;
 - 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](http://www.Kingstonccg.nhs.uk)

9. INFORMATION TECHNOLOGY

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

- 9.1. The Chief Financial 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;

⁶ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ 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 Financial Officer may consider necessary are being carried out.

9.2. In addition the Chief Financial 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 – the group will run an accounting system that creates management and financial accounts

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Financial Officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁸, best practice and represent best value for money;

⁸ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

- b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.2. The audit committee shall approve the banking arrangements.

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions⁹
- ensure its power to make grants and loans is used to discharge its functions effectively¹⁰

12.1. The Chief Financial Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

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

⁹ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

¹⁰ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

- 13.1. The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Financial Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the group's Finance Committee.
- 13.2. The Chief Financial Officer 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;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the 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, the group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

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

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

15.1. The group will agree the assurance framework and risk management strategy.

15.2. The assurance framework will be developed by:

- The Governing Body agreeing the principal objectives at strategic level with involvement of the Operational Management Group and Council of Members.
- Identifying the risks to the achievement of these objectives and recording these within the Assurance Framework;
- Identifying the key controls intended to manage these risks
- Evaluating the assurances available to cover these objectives and risks together with any gaps;
- Putting in place action plans to address any gaps that have been identified; and
- Monitoring the implementation of the action plans

This work will be supported and coordinated by the Head of Governance and Business Support

15.3. The Accountable Officer has an overall responsibility for risk management

15.4. The integrated governance committee will 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.

15.5. The risk register will be reviewed monthly by the Operational Management Group

16. PAYROLL

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

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

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

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

17. NON-PAY EXPENDITURE

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

17.1. The Finance Committee 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 Financial Officer will:

- a) advise the Finance 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 – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the group's fixed assets

18.1. The Accountable Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial 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 Financial Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX 6

MANAGING CONFLICTS OF INTEREST

Conflicts of Interests

1. The CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
2. Where an individual has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
3. A conflict of interest will include:
 - a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
 - where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

Declaring and Registering Interests

5. The CCG will maintain one or more registers of the interests of:
 - the members of the CCG;
 - the members of the Governing Body;
 - the members of its Council of Members and the committees or sub-committees of the Governing Body; and
 - its employees.
6. The registers will be published on the CCG's website at [www.\[insert website address\]](http://www.[insert website address]).
7. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.
8. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.
9. The Governing Body will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.

Managing Conflicts of Interest: general

10. Individual members of the CCG, the Governing Body, Council of Members, the committees or sub-committees of the Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.
11. The lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.
12. Arrangements for the management of conflicts of interest are to be determined by the lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:
 - when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
13. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG.
14. Where an individual member, employee or person providing services to the CCG is aware of an interest which:
 - has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
15. The chair of the meeting will then determine how this should be managed and inform the member of their decision.
16. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with the arrangements in the following paragraphs, which must be recorded in the minutes of the meeting.
17. Where the chair of any meeting of the CCG, including the Council of Members, or the Governing Body and its committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting.
18. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.
19. Any declarations of interests, and arrangements agreed in any meeting of the CCG, Council of Members or the Governing Body or its committees or sub-committees, will be recorded in the minutes.

20. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the lay member of the Governing Body responsible for overseeing the management of conflicts of interest on the action to be taken.
21. This may include:
- requiring another of the CCG's committees or sub-committees, the Governing Body or its committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the CCG can progress the item of business:
 - a member of the CCG who is an individual; an individual appointed by a member to act on its behalf in the dealings between it and the CCG;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a Governing Body of another CCG.
- These arrangements must be recorded in the minutes.
22. In any transaction undertaken in support of the CCG's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the lay member of the Governing Body responsible for overseeing the management of conflicts of interest of the transaction.
23. The lay member of the Governing Body responsible for overseeing the management of conflicts of interest will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

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

24. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.
25. Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of this Constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

Transparency in Procuring Services

26. The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
27. The CCG will publish a procurement strategy approved by its Governing Body which will ensure that:

- all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services, and;
- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

Copies of this procurement strategy will be available on the CCG's website at www.kingstonccg.nhs.uk

APPENDIX 7

NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:
 - a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
 - b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
 - c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

APPENDIX 8

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