NHS
Wigan Borough
Clinical Commissioning Group

Governance Handbook

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Contents

1. Vision, Mission, Values and Aims

1.1 Vision

WBCCG will ensure the delivery of excellent health outcomes for the population it serves in the borough of Wigan, maintaining clinical excellence and value for money.

1.2 Mission

1.2.1 This will be achieved through effective commissioning; achieving the maximum improvements possible in the health of patients served by its member GP practices and of all Wigan Borough residents; maintaining excellent clinical performance; delivering value for money and providing clinical leadership and member engagement.

1.2.2 WBCCG will promote continuous quality improvement, good governance, financial stability and proper stewardship of public resources. This will enable the CCG to pursue its goals, meet its statutory duties and improve health outcomes and the quality of care.

1.3 Values

1.3.1 **Good corporate governance** - WBCCG is committed to ensuring that it is effective at understanding the business, can articulate and oversee the delivery of a strong strategic vision, deliver an improved patient experience and is able to demonstrate financial control.

1.3.2 **Respect and dignity** - We value each person as an individual, respect their aspirations, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

1.3.3 **Commitment to quality of care** - We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

1.3.4 **Compassion** - We respond with humanity and kindness to each person and give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked.

1.3.5 **Improving lives** - We strive to improve health and wellbeing and people's experiences of the NHS. We value excellence and professionalism wherever we find it.

1.3.6 **Working together for patients** - We put patients first in everything we do, by reaching out to all. We put the needs of patients and communities before organisational boundaries.

1.3.7 **Everyone counts** - We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken. We recognise that we all have a part to play in making ourselves and our communities healthier. We recognise that there are health inequalities and will work towards creating health equality.

1.3.8 **Wide clinical engagement** - We believe that all clinicians have a part to play in the design and delivery of health services. We will ensure that the experience and knowledge of all clinicians, and best evidence, is used to drive our organisation and decision making.

1.3.9 **Led by front line healthcare professionals** - We will use the experience and knowledge of GPs and other primary care professionals to ensure that the values of the consulting room are embedded within the leadership and operation of the CCG.

1.3.10 **Services close to patients** - Patients want services as close to home as possible. We will listen to patients and strive to commission more community / primary care focused services.

1.4 Aims

1.4.1 The aims of WBCCG are:

- focussing on improving health outcomes for both the patients of WBCCG member Practices and all of the people living in Wigan Borough;
- developing the role of the SDFs and maintaining the bottom up approach to commissioning through its SDFs;
- commitment to building and nurturing a strong partnership across the local health and social care system with a commitment to working with other health commissioners;
- to be committed to building and nurturing a strong partnership directly with the patients of its member practices and with the people living in Wigan Borough and their advocates;
- to be committed to developing integrated commissioning and service provision;
- to be committed to delivering a balanced and sustainable budget;
- to be responsive, flexible and adaptable to the changing national and local agenda.

1.4.2 WBCCG will adhere to the Nolan principles of standards in public life as detailed in Appendix F. Further to the Nolan Principles of standards in public life, WBCCG also makes a commitment to:

- Inclusivity: of clinicians and patients, local residents, stakeholders and partners.

- Subsidiarity: by delegation to SDFs;

- SDF: by commitment to reflecting the SDF requirements;

- Accessibility: by listening to and responding to the SDF.

1.5 Principles of Good Governance

1.5.1 In accordance with section 14L(2)(b) of the 2006 Act, "WBCCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

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

b.) The Good Governance Standard for Public Services;

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

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

e.) the Equality Act 2010.

2. Functions and General Duties

2.1 Functions

2.1.1 The functions that WBCCG is responsible for exercising are set out in the 2006 Act, as amended by the 2012 Act. An outline of these functions appears in the Department of Health's Functions of CCGs: a working document. They relate to:

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

- all people registered with member GP practices, and
- people who are usually resident within the area and are not registered with a member of any CCG;

b.) commissioning emergency care for anyone present in WBCCG's area;

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

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

2.1.2 In discharging its functions WBCCG will:

a.) act[1], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service[2]** and with the objectives and requirements placed on NHS England through the mandate[3] published by the Secretary of State before the start of each financial year by:

- ensuring that governance processes and structures are embedded providing organisational coherence;

- delegating responsibility from the governing body through a documented scheme of delegation, to clinically-led governance committees and sub-committees;

- publishing an annual Integrated Commissioning Plan detailing the CCGs strategic priorities, objectives, measurable targets and outcomes and programmes of delivery;

1 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
2 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
3 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

- reviewing the Assurance Framework to ensure that this reflects the organisation's strategic priorities within the Integrated Commissioning Plan, identifies risks and mitigation plans

- verifying resilient processes are in place.

b.) meet the public sector equality duty[4] by:

- embedding governance for equality diversity and human rights which sits within the corporate governance committee of WBCCG's governing body;

- appointing a senior clinical lead and governing body member to have responsibility for equality & diversity, supported by an operational lead;

- ensuring that the requirements of the Public Sector Equality Duty as set out in Section 149 of the Equality Act 2010 are met. The Equality Act protects people from discrimination, harassment and victimisation on the basis of certain 'protected characteristics';

- publishing information in accordance with the Public Sector Equality Duty and Specific Duties;

- publishing an Equality & Diversity Strategy and Action Plan that supports implementation of the Equality Objectives.

- implementing the NHS EDS (Equality Delivery System) annual self-assessment across the goals and objectives, to support compliance with the Public Sector Equality Duty;

- acting in accordance with the Human Rights Convention, and therefore taking into account these responsibilities within daily working practice.

c) work in partnership with its local authority to develop joint strategic needs assessments[5] and joint health and wellbeing strategies[6] by:

- having clinical executive membership on the Health & Wellbeing Board, contributing to priority setting and agreed outcomes for improving the health and well-being of the people of the borough;

- using the Public Health Advisory Service provided by Wigan Council to provide intelligence, including needs assessments as required. CCG staff will be expected to provide access to data and individuals to facilitate needs assessment;

4 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act
5 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act
6 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

2.2 General Duties - in discharging its functions WBCCG will:

2.2.1 Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[7] by:

a) charging the Accountable Officer with the responsibility for development; implementation and monitoring of a public and patient engagement strategy. In doing so the Accountable Officer will ensure:

- the strategy is developed in liaison with the public, their representatives and local representative groups;

- that monitoring arrangements for the delivery of the strategy are in place and meet its objectives;

- that an annual public engagement report to the AGM is published describing all the consultations and other engagement that WBCCG has undertaken, and the findings and actions resulting.

b) executing the three key objectives of communications and engagement:

- build continuous engagement with all stakeholders including the public, patients, GPs and carers to influence the shaping of services and improve the health of people in Wigan;

- develop awareness of and confidence in WBCCG as a responsive commissioning organisation;

- create a culture that promotes open stakeholder communication and engagement within and outside the CCG.

2.2.2 Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and **have regard to the NHS Constitution[8]** by:

a) reflecting the values of the NHS Constitution and embedding the principles, values, rights and pledges of the NHS Constitution in all that they undertake and reviewing progress at governing body level;

b) ensuring the NHS Constitution is widely promoted through the website, amongst members and in other promotional activity;

c) ensuring that services providers are fully compliant with the commitments set out in the NHS Constitution;

7 See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
8 See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

d) receiving regular reporting at the corporate governance committee regarding the organisations performance with regard to the NHS Constitution and that the governing body receives an annual review;

e) ensuring that performance management is fully aligned with the requirements of the NHS Constitution and the process is reported within its Annual Report.

2.2.3 Act effectively, efficiently and economically[9] by:

a) ensuring compliance with the CCG Standing Orders and Scheme of Reservation and Delegation.

b) delegating responsibility for oversight of this duty to the audit committee and the finance and performance committee as outlined within the CCG governance framework.

c) responding to Internal and External Audit reports and reviews.

d) providing monthly reports on the financial position to the CCG governing body.

2.2.4 Act with a view to securing continuous improvement to the quality of services[10] by:

a) appointing a clinical executive governing body member with responsibility for quality, quality improvement and safety;

b) appointing a governing body Nurse and Secondary Care Clinician;

c) appointing the clinical governance committee with clear terms of reference with regard to continuous quality improvement;

d) adopting good practice and supporting service providers in also adopting good practice;

e) developing policies and procedures to meet its responsibilities for quality assurance and contract management of providers of health care;

f) embedding the Quality Strategy and action plan which will assist in ensuring quality delivery and continuous quality improvement across the local health economy;

g) ensuring regular reporting through the governance framework, monitoring progress and quality improvement;

h) establishing, monitoring and acting upon an early warning system which identifies poor performance and high risk areas in CCG commissioned services;

9 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
10 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

i) fostering patient feedback from a variety of sources and using this to contribute to service quality improvement;

j) ensuring continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults;

k) implementing the Information Governance toolkit;

l) ensuring arrangements are in place for the reporting of delivery of this duty through the governing body and the committees of the governing body.

2.2.5 Assist and support NHS England in relation to the Board's duty to improve the quality of primary medical services[11] by:

a) delegating the responsibility for securing continuous improvement for the quality of its services to the clinical governance committee;

b) embedding the quality strategy and action plan which will assist in ensuring quality delivery and continuous quality improvement across the local health economy;

c) ensure regular reporting through the governance framework, monitoring progress and quality improvement;

d) Work with the Greater Manchester Health and Social Care Partnership and NHS England to deliver improved quality in primary care.

2.2.6 Have regard to the need to **reduce inequalities**[12] by:

a) delegating this responsibility to the Accountable Officer who will specify the policy which sets out how WBCCG intends to discharge its duty;

b) using the national reviews and reports for tackling inequalities as a strategic resource;

c) ensuring that the commissioning strategy and the health and wellbeing strategy drive the key priorities for reducing inequalities locally;

d) monitoring progress on delivery through WBCCG's reporting mechanisms and at meetings of the governing body.

2.2.7 **Promote the involvement of patients, their carers and representatives** in decisions about their healthcare[13] by:

a) executing the three key objectives of communications and engagement:

11 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
12 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
13 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

- build continuous engagement with all stakeholders including the public, patients, GPs and carers to influence the shaping of services and improve the health of people in Wigan;

- develop awareness of and confidence in WBCCG as a responsive commissioning organisation;

- create a culture that promotes open stakeholder communication and engagement within and outside the CCG.

b) fostering patient feedback from a variety of sources and using this to contribute to service quality improvement;

c) being proactive in involving patients carers and representatives.

2.2.8 Act with a view to **enabling patients to make choices**[14] by:

a) charging the Accountable Officer with the responsibility to ensure that there are appropriate arrangements in place to ensure that relevant guidance related to choice is implemented by providers and to monitor local referrers' compliance with choice guidance;

b) requiring the governing body to routinely monitor the take-up of choice and the satisfaction of patients through their feedback, with regard to the availability of choices and information to support choices;

c) requiring the governing body to ensure the promotion and publication of information on the performance and quality of providers to support patients' choices.

2.2.9 **Obtain appropriate advice**[15] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) ensuring that the CCG governing body is collectively representative of Primary Medical Services providers across the Wigan Borough.

b) delegating responsibilities to committees and sub-committees, facilitating a broader membership and engagement, providing advice from a range of professionals who have expertise in healthcare and public health;

c) establishing a clinical congress across the borough made up of clinicians from our providers;

d) participating in the activities of clinical senates and networks;

e) engaging other professionals as appropriate when undertaking service review or redesign;

f) engaging in a collaboration within the local health system including but not limited to:

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

- the Local Medical Committee;
- other local representative committees;
- Wigan Metropolitan Borough Council;
- Healthwatch;
- local health and social care providers;
- the voluntary sector;
- other clinicians and allied health professionals.

g) establishing SDF executive groups to support the operating infrastructure between the CCG governing body and practices, encouraging practice participation, the sharing of good practice and widening participation across the CCG.

2.2.10 Promote innovation[16] by:

a) being committed to innovative ways of commissioning and being keen to adopt new practice and technologies to ensure the population of our borough has access to the most up to date evidence based healthcare;

b) working collaboratively with neighbouring CCGs to be part of a system to research and apply innovative approaches to healthcare delivery;

c) becoming a member of area networks promoting innovation as appropriate;

d) encouraging ideas and innovation at SDF level.

2.2.11 Promote research and the use of research[17] by:

a) promoting research and having systems and processes in place to promote patients' recruitment and participation in health research, whilst ensuring that research activity is fully incorporated into arrangements relating to treatment costs and contracts;

b) considering and demonstrating how providers are research responsive and how they will give patients access to research evidence / opportunity to participate when contracting with them.

2.2.12 Have regard to the need to **promote education and training**[18] 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

16 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
17 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
18 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[19] by:

a) delegating responsibility via the governing body to appropriate committees or individuals, ensuring that progress is monitored and reviewed, as appropriate, by the governing body;

b) working in partnership with the Local Education & Training Boards (LETB's) to ensure that the system for the planning, commissioning and delivering education and training is able to respond to service commissioning priorities;

c) implementing good practice training and development programmes within the CCG;

d) monitoring contracted providers with regard to their training and development schemes and records.

2.2.13 Act with a view to **promoting integration** of both health services with other health services and health services with health related and social care services where WBCCG considers that this would improve the quality of services or reduce inequalities[20] by:

a) charging the Accountable Officer with responsibility for ensuring that there are appropriate arrangements in place to ensure that the CCG is able to effectively:

- identify and promote opportunities for integration;

- develop strategies and plans to implement integration of health and social care services with appropriate partners.

b) requiring the governing body within its Quality Strategy and its Equality Strategy to approve actions to further integration where it believes these would improve the quality and efficiency of services or reduce inequalities.

2.2.14 In discharging these duties the CCG may wish to outsource some support functions to a commissioning support unit and in doing so the governing body will seek assurance with regard to the organisation's performance. There will be an expectation that the standards established within this constitution will be reflected by the service provider. It will be incumbent on the CCG to establish these arrangements within a service level agreement and to monitor those arrangements regularly through governing body reporting and acting upon any deviation to remedy in a timely manner.

2.3 General Financial Duties – WBCCG will perform its functions so as to:

19 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
20 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

2.3.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year.[21]

2.3.2 Ensure its use of resources does not exceed the amount specified by NHS England for the financial year.[22]

These duties are delegated to the governing body of the CCG and will be monitored through the committees of the governing body as follows:

a) the Finance and Performance committee will establish, implement and monitor the CCG's arrangements around finance, contracting & performance, including quality, efficiency and cost improvement initiatives.

b) the audit committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk management across the whole of the CCG's activities (both clinical and non-clinical) that supports the achievement of the CCG's objectives.

The Chief Finance Officer will:

- provide monthly reports to the governing body and its committees;

- ensure money drawn from the Department of Health against the financing requirement arising from the resource limit is required for approved expenditure only, and is drawn down only at the time of need; and

- be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its Annual Revenue Limits.

2.3.3 The governing body will take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure WBCCG does not exceed an amount specified by NHS England[23] by the same process described in 5.3.2 above.

2.3.4 WBCCG will publish an explanation of how any payment was made in respect of quality made to it by NHS England[24]

2.3.5 The Chief Finance Officer will provide regular reports to the governing body and its committees, which will include the details on the payments made in respect of quality. These documents will be published as part of the routine publishing of governing body papers.

2.4 Other Relevant Regulations, Directions and Documents

2.4.1 WBCCG will:

21 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
22 See section 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
23 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
24 See section 223K of the 2006 Act, inserted by section 27 of the 2012 Act

a) comply with all relevant regulations;
b) comply with directions issued by the Secretary of State for Health or NHS England; and
c) take account, as appropriate, of documents issued by NHS England.

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

3. Roles and Responsibilities

3.1 Service Delivery Footprint(s) (SDFs) Executives and representatives

3.1.1 SDF Executives and their representatives represent their member practice's views and act on behalf of the practices in matters relating to the CCG and the Governing body. The role of each SDF representative is detailed in the Accountability Agreement.

3.1.2 Each of the SDF executive groups has elected clinical executive(s) who will represent the SDF on the governing body.

3.2 Other GP and Primary Care Health Professionals

3.2.1 In addition to the SDF representatives identified in section 3.1 above, WBCCG has identified a number of other clinical leadership roles open to the clinicians of member practices to support the work of WBCCG and / or represent WBCCG on a CCG level rather than represent their own individual practices / SDF. These are documented in the clinical structure.

3.3 All Members of WBCCG's Governing body

3.3.1 Guidance on the roles of members of the CCG's governing body is set out in a separate document.[25] In summary, each member of the governing body will share corporate responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution.

3.4 The Chair of the Governing body

3.4.1 The Chair of the Governing body is responsible for:

a) convening and conducting all meetings in good order;

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

c) building and developing WBCCG's governing body and its individual members;

d) ensuring that WBCCG has proper constitutional and governance arrangements in place, building a shared vision of the aims, values and culture of the organisation, ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times;

25 Draft CCG Governing Body Members – Roles Attributes and Skills, NHS Commission Board Authority, March 2012

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

f) supporting the Accountable Officer in discharging the responsibilities of the organisation;

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

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

i) ensuring that WBCCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from Wigan Council.

3.4.2 Where the Chair of the governing body is also the senior clinical voice of WBCCG they will take the lead in interactions with stakeholders, including NHS England.

3.5 The Deputy Chair of the Governing body

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

3.5.2 The lay member to lead on patient and public participation matters (see also 7.10 below) will undertake the role of deputy Chair.

3.6 Role of the Accountable Officer

3.6.1 The Accountable Officer of WBCCG is a member of the governing body.

3.6.2 This role of Accountable Officer has been summarised in a national document[26] as:

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

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

c) working closely with the Chair of the governing body, the Accountable Officer will ensure that proper constitutional, governance and

26 See the latest version of the NHS Commissioning Board Authority's CCG governing body members: Role outlines, attributes and skills

development arrangements are put in place to assure the members (through the governing body) of the CCG's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

3.7 Role of the Chief Finance Officer

3.7.1 The Chief Finance Officer is a member of the governing body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems.

This role of Chief Finance Officer has been summarised in a national document[27] as:

a) being the governing body's professional expert on finance and ensuring, through systems and processes, the regularity and propriety of expenditure is fully discharged;
b) making appropriate arrangements to support, monitor and report on WBCCG's finances;

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

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

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

3.8 Role of the Secondary Care Specialist Doctor

3.8.1 The Secondary Care Specialist Doctor is a member of the Governing Body and is responsible for providing strategic advice and support to the CCG in the following areas:

a) assurance regarding the quality of medical care from all commissioned providers

b) strategic advice regarding the redesign and / or procurement of clinical services from service providers to meet identified CCG commissioning needs

c) be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service re-design, clinical pathways and system reform.

27 See the latest version of the NHS Commissioning Board Authority's CCG governing body members: Role outlines, attributes and skills

3.9 Role of the Registered Nurse

3.9.1 The Registered Nurse is a member of the Governing Body and is responsible for providing a broader view on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care. The role holder will provide strategic advice and support to the CCG:

a) on quality, safety and effectiveness

b) on how safe, high-quality clinical services are commissioned locally on behalf of local people in accordance with national and local quality standards

c) on nursing matters and other aspects of the Governing Body's activities.

3.10 Role of the Lay Member for Patient and Public Participation (see also 3.5 Deputy Chair)

3.10.1 The Lay Member for Patient and Public Participation is a member of the Governing Body and:

a) provides a voice and focus for Wigan patients ensuring that public expectations are being met and that the CCG acts in the best interests of the population

b) ensures that the interests of patients and the community remain at the heart of the Governing Body's discussions.

3.11 Role of the Lay Member for Audit and Remuneration

3.11.1 The Lay Member for Audit and Remuneration is a member of the Governing Body and:

a) is the Chair of the Audit Committee

b) provides oversight and experience in reviewing the CCG's system of internal control and holds management to account in respect of the delivery of corporate objectives and statutory duties

3.12 Role of the Lay Member for Governance and Conflicts of Interest

3.12.1 A member of the Governing Body with responsibility for:

- Ensuring through scrutiny and oversight that the appropriate governance processes are being discharged effectively

- Chairing the Corporate Governance Committee

- Fulfilling the role of conflicts of interest guardian for the CCG thereby supporting rigorous application of conflict of interest principles and policies

3.13 Role of the SDF Clinical Executives

3.13.1 The seven Clinical Executives are members of the Governing Body and each chairs one of the SDF executive groups. They have specific responsibility for:

a) ensuring that the influence and clinical knowledge of member practices as commissioners inform the Governing Body discussions and decisions

b) contributing to the development of the primary care and other healthcare strategies, service design and transformation

c) consulting with member practices on the commissioning decisions of the Governing Body

d) be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value; and

e) be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances

3.14 Joint Appointments with other Organisations

3.14.1 WBCCG will have joint appointments with other organisations and these will be established subject to agreement by the governing body.

3.14.2 These appointments, their roles and management arrangements will be detailed by a Memorandum of Understanding between the organisations, who are party to the joint appointment.

4 Scheme of Reservation & Delegation

1. Schedule of Matters Reserved to the CCG And Scheme Of Delegation

1.1. The arrangements made by WBCCG as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in WBCCG's constitution.

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

Delegated Authority

If the Accountable Officer is absent powers delegated to them may be exercised by the nominated officer(s) acting in their absence after taking appropriate financial advice, two directors will be required to ratify any decisions within the Accountable Officer's thresholds.

Delegated Matters

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Audit Arrangements		
a) Advise the governing body on Internal and External Audit Services and appointment of providers, ensuring that the CCG has a technically competent Internal Audit Function	Audit Committee	Chief Finance Officer
b) Monitor and review the effectiveness of the internal audit function.	Audit Committee	Chief Finance Officer
c) Review, appraise and report in accordance with Government Internal Audit Standards and best practice.	Audit Committee	Head of Internal Audit
d) Provide an independent and objective view on internal control and probity.	Audit Committee	Internal Audit / External Audit
e) Ensure cost-effective audit service	Audit Committee	Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
f) Implement recommendations	Chief Finance Officer	Relevant Officers
g) Review annual plan and report from Internal Audit	Audit Committee	Chief Finance Officer
h) Review and sign the Annual Governance Statement and Letter of Representation	Accountable Officer	
2. Bank/OPG Accounts/Cash (Excluding Charitable Fund (Funds Held on Trust) Accounts)		
a) Operation:		
•Managing banking arrangements and operation of bank accounts (Governing body approves arrangements)	Chief Finance Officer	Deputy Director of Finance
•Opening bank accounts	Chief Finance Officer	Deputy Director of Finance
•Approve and apply arrangements for the electronic transfer of funds	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
•Authorisation of:		
-RFT schedules	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
-BACS schedules	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
-Automated cheque schedules	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
-Manual cheques	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
b) Petty Cash and income – put in place secure systems for ensuring proper recording, invoicing and collection of all monies, and ensuring the safe handling of all cash	Chief Finance Officer	Deputy Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Approving and reviewing fees and charges other than those nationally defined	Chief Finance Officer	Deputy Chief Finance Officer
3. Commissioning and Contracts		
a) Produce an annual financial plan that explains how the CCG proposes to discharge its financial duties	Finance and Performance Committee	Chief Finance Officer
b) Approval of Annual Financial Plan	Governing Body	
c) Governance and management of CCG budget within scope of Section 75 arrangements	Integrated Commissioning Committee	Chief Finance Officer
d) Negotiation of contracts	Finance and Performance Committee	Chief Finance Officer
e) Quantifying and monitoring out of area treatments	Chief Finance Officer	Deputy Chief Finance Officer
f) Reporting actual and forecast income	Finance and Performance Committee	Chief Finance Officer
g) Costing Contracts	Finance and Performance Committee	Chief Finance Officer
h) Reference costing / Payment by Results	Finance and Performance Committee	Chief Finance Officer
i) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding	Finance and Performance Committee	Chief Finance Officer
j) Ensure CCG enters into suitable contracts for the provision of NHS services.	Finance and Performance Committee	Chief Finance Officer
• Devise and maintain systems of control for Contract Variations with	Chief Finance Officer	Deputy Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
main provider contracts		
k) Ensure arrangements for the provision of services by providers have regard for quality and cost effectiveness.	Finance and Performance Committee	Chief Finance Officer
l) Sound system of financial monitoring to ensure effective accounting of expenditure under contracts. Including suitable audit trail but maintaining patient confidentiality.	Finance and Performance Committee	Chief Finance Officer
m) Production of Regular reports for actual and forecast expenditure for each contract	Finance and Performance Committee	Chief Finance Officer
n) Produce an annual commissioning plan and commissioning strategy that explains how the CCG proposes to discharge its statutory duties	Accountable Officer	Senior Leadership team
o) Ensure arrangements for the provision of services by providers have regard for quality and effectiveness.	Clinical Governance Committee	Director of Nursing and Quality
p) make collective decisions on the review, planning and procurement of primary care services in the borough of Wigan, under delegated authority from NHS England	Primary Care Commissioning Committee	Chief Officer
4. Complaints (Patients & Relatives)		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Accountable Officer	Assistant Director of Governance
b) Responsibility for ensuring complaints relating to a division / department are investigated thoroughly.	Accountable Officer	Assistant Director of Governance
5. Confidential Information		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Review of the CCGs compliance with the Caldicott report on protecting patients' confidentiality in the NHS	Accountable Officer	Director of Nursing and Quality
b) Freedom of Information Act compliance code	Accountable Officer	Assistant Director of Governance
6. Data Protection Act		
a) Review of CCG's compliance	Accountable Officer	Senior Assistant Director of Primary Care
Declaration of Interest		
a) Maintaining a register of interests	Accountable Officer	Assistant Director of Governance
b) Declaring relevant and material interest	All staff	Assistant Director of Governance
Financial Planning / Budgetary Responsibility		
a) Budget Setting: •Submit budgets to the governing body	Finance and Performance Committee	Chief Finance Officer
b) Budget Monitoring: •Devise and maintain systems of budgetary control.	Chief Finance Officer	Deputy Chief Finance Officer
• Monitor performance against budget and report to the governing body and NHS England in the required format	Finance and Performance Committee	Chief Finance Officer
• Delegate budgets to budget holders	Accountable Officer	Chief Finance Officer
• Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget.	Chief Finance Officer	Deputy Chief Finance Officer
• Submit in accordance with the requirements for financial	Chief Finance Officer	Deputy Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
monitoring returns		
• Identify and implement cost improvements and income generation activities in line with the Business Plan	Finance and Performance Committee	All budget holders
• Work with budget managers and Senior management across the Health economy to identify, cost and deliver QIPP schemes	Finance and Performance Committee	Chief Finance Officer
c) Annual Accounts and Year end:		
•Produce Annual Accounts in accordance with statutory obligations by the deadlines set by the NHS England	Chief Finance Officer	Deputy Chief Finance Officer
•Review and approve the CCGs Annual reports and accounts	Audit Committee	
•Receive the annual management letter from the External Auditor	Audit Committee	
•Produce the CCGs Annual Report	Accountable Officer	Assistant Director of Governance/ Deputy Chief Finance Officer
•Receive the CCGs Annual report and Accounts	Governing body	
•Publish the External Auditors management letter on the website	Chief Finance Officer	
d) Budget Responsibilities Ensure that:		
•no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Finance and Performance Committee	Finance and Performance Committee	Chief Finance Officer
•approved budget is not used for any other than specified purpose	Finance and Performance Committee	Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
subject to rules of virement;		
• no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within available resources and manpower establishment.	Finance and Performance Committee	Chief Finance Officer
e) Authorisation of Virement:		
It is not possible for any officer to vire from non-recurring headings to recurring budgets or from capital to revenue / revenue to capital. Virement between different budget holders requires the agreement of both parties.	Chief Finance Officer	Between agreed budgets • Directorate Manager <£10,000 • Directorate Director <£50,000
F) Cash draw down Ensuring that cash drawn down is used for approved expenditure and is drawn down at the time of need	Chief Finance Officer	Deputy Chief Finance Officer
9. Financial Procedures and Systems		
a) Ensure that the CCG has a financial system that will enable it to produce all relevant financial information	Chief Finance Officer	Deputy Chief Finance Officer
b) Maintenance & Update Financial Procedures Responsibilities:-.		
•Ensure that adequate records are maintained to explain transactions and financial position.	Chief Finance Officer	Deputy Chief Finance Officer
•Ensure that appropriate statutory records are maintained.	Chief Finance Officer	Deputy Chief Finance Officer
• Designing and maintaining com	Chief Finance Officer	Deputy Chief Finance Officer
•Reviewing breaches of policy	Chief Finance	Deputy Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
•Ensure that all managers have access to the up to date policies and training on them to allow them to carry out their role effectively	Officer Chief Finance Officer	Deputy Chief Finance Officer
10. Fire precautions		
a) Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact.	Accountable Officer	Head of Health & Safety
11. Fraud		
a) Monitor and ensure compliance with Secretary of State Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Audit Committee	Local Counter Fraud Specialist
b) Notify Counter Fraud and Security Management Service and External Audit of all suspected frauds	Chief Finance Officer	Local Counter Fraud Specialist
c) Receive an Annual Plan and Annual Report from the LCFS and agree on recommended actions	Audit Committee	
12. Health and Safety		
a) Review of all statutory compliance with legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Accountable Officer	Head of Health & Safety
13. Hospitality/Gifts		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Develop and maintain a policy on Gifts and Hospitality	Accountable Officer	Chief Finance Officer
b) Communicating the policy to staff	Accountable Officer	
c) Keeping of hospitality register	Accountable Officer	Corporate Services
d) Declaring relevant and material interest	All staff	
14. Information Management & Technology		
a) Developing systems in accordance with the CCG's IM&T Strategy.	Accountable Officer	Senior Assistant Director of Primary Care
b) Implementing new systems, ensuring they are developed in a controlled manner and thoroughly tested.	Accountable Officer	Senior Assistant Director of Primary Care
c) Seeking third party assurances regarding financial systems operated externally.	Chief Finance Officer	Deputy Chief Finance Officer
d) Ensure that contracts for computer services for financial applications define responsibility re security, privacy, accuracy, completeness and timeliness of data during processing and storage.	Chief Finance Officer	Deputy Chief Finance Officer
e) Ensure that risks from use of IT are identified and considered and that disaster recovery plans are in place.	Accountable Officer	Senior Assistant Director of Primary Care
15. Legal Proceedings		
a) Engagement of Solicitors / Legal Advisors	Accountable Officer	
b) Approve and sign all documents which will be necessary in legal proceedings, i.e. executed as a	Accountable Officer	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
deed.		
c) Sign any agreement or document not requested to be executed as a deed.	Accountable Officer	
16. Losses, Write-off & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing Counter Fraud Management Services of frauds	Accountable Officer	Chief Finance Officer
b) A register of all of the payments should be maintained by the Finance Department and made available for inspection	Chief Finance Officer	Deputy Chief Finance Officer
c) A report of all of the above payments should be presented to the Audit Committee for approval	Audit Committee	Chief Finance Officer
17. Meetings		
a) Calling meetings of the governing body	Chairman	
b) Chair all governing body meetings and associated responsibilities	Chairman	
18. Non Pay Expenditure		
a) Maintenance of a list of managers authorised to place requisitions/orders and accept goods	Chief Finance Officer	Deputy Chief Finance Officer
b) Obtain the best value for money when requisitioning goods / services	Budget holder	
c) Non-Pay Expenditure for which no specific budget has been set	Accountable	Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a)	Officer	
d) Develop and maintain systems for the payment of accounts	Chief Finance Officer	Deputy Chief Finance Officer
e) Prompt payment of accounts	Chief Finance Officer	Deputy Chief Finance Officer
19. Personnel & Pay		
a) Put in place an effective payroll system	Chief Finance Officer	Deputy Chief Finance Officer
b) Set out comprehensive procedures for the effective processing of payroll	Chief Finance Officer	Deputy Chief Finance Officer
c) Nomination of officers to enter into contracts of employment regarding staff, agency staff or consultancy service contacts	Accountable Officer	Assistant Director- Human Resources & OD
d) Develop Human resource policies and strategies for approval by the governing body including training, industrial relations.	Directors	Assistant Director- Human Resources & OD
e) Authority to fill funded post on the establishment with permanent staff.	Directors	Associate Directors
f) All requests for re-grading shall be dealt with in accordance with CCG Procedure	Directors	Assistant Director- Human Resources & OD
g) Establishments •Additional staff to the agreed establishment with specifically allocated finance.	Accountable Officer	Directors
•Additional staff to the agreed establishment without specifically	Accountable	Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
allocated finance.	Officer	
•Self-financing changes to an establishment	Accountable Officer	Directors
h) Pay		
•Presentation of proposals to the governing body for the setting of remuneration and conditions of service for those staff not covered by the Agenda for Change.	Remuneration Committee	Assistant Director- Human Resources & OD/ Deputy Chief Finance Officer
i) Maintain lists of those with authority to complete standing data forms effecting pay, new starters, variations and leavers, SVLs, authorise overtime, approve expense claims	Chief Finance Officer	Deputy Chief Finance Officer
j) Annual Leave (Note entitlement may be taken in hours)		
•Approval of annual leave	Director	Refer to Annual Leave Policy
•Annual leave - approval of carry forward (up to maximum of 5 days)	Director	Refer to Annual Leave Policy
•Annual leave – approval of carry forward over 5 days (to occur in exceptional circumstances only)	Director	Refer to Annual Leave Policy
k) Put in place a policy for all other leave including special leave, sick leave, leave without pay, medical leave of absence, time off in lieu, maternity leave, study leave, removal expenses	Accountable Officer	Assistant Director- Human Resources & OD
l) Disciplinary and Grievance Procedure – put in place a disciplinary and grievance procedure	Accountable Officer	Assistant Director- Human Resources & OD
m) Agree a policy for travel and subsistence expenses	Chief Finance Office	Deputy Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
n) Authorise redundancy proposals	Governing body	Accountable Officer
o) Ensure that all employees are issued with a Contract of employment in a form approved by the governing body and which complies with employment legislation.	Accountable Officer	Assistant Director- Human Resources & OD
p) Engagement of staff not on the establishment (agency and consultants)	Accountable Officer	Assistant Director- Human Resources & OD
20. Quotation, Tendering & Contract Procedures		
a) Services - Ensuring best value for money is demonstrated for all services provided under contract or in-house	Accountable Officer	
b) Nominate officers to oversee and manage the contract	Accountable Officer	
c) External procurement advice to be sought through CCG's procurement provider	See intranet for details	
d) Competitive Tenders:		
•Set Authorisation Limits	Accountable Officer	Relevant Director
•Maintain a register to show each set of competitive tender invitations despatched	Accountable Officer	Relevant Director
•Receipt and custody of tenders prior to opening	Accountable Officer	Relevant Director
•Opening Tenders	Accountable Officer	Relevant Director
•Decide if late tenders should be considered	Accountable Officer	Relevant Director
•Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote.	Accountable Officer	Relevant Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
e) Quotations – set authorisation limits and procedure for requesting, monitoring and agreeing quotes	Accountable Officer	Deputy Chief Finance Officer
f) Waiving the requirement to request – set a policy for waiving tenders and quotes and tenders	Chief Finance Officer	Deputy Chief Finance Officer
g) Approve waiving of quotes and tender	Audit Committee	
21. Records		
a) Review compliance with the Records Management Code of Practice	Accountable Officer	Assistant Director of Governance
b) Put in place systems to ensure effective responses to Freedom of Information request	Accountable Officer	Assistant Director of Governance
c) Ensuring the form and adequacy of the financial records of all departments	Chief Finance Officer	Deputy Chief Finance Officer
22. Reporting of Incidents to the Police		
• Where a criminal offence is suspected •criminal offence of a violent nature •arson or theft •other	Accountable Officer	Manager/ Head of Department/ Service Lead
• Where a fraud is involved (reporting to the Directorate of Counter Fraud Services)	Chief Finance Officer	Local Counter Fraud Specialist
• Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.	Chief Finance Officer	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
23. Risk Management		
a) Ensuring the CCG has a Risk Management and Business Continuity Strategy and a programme of risk management	Accountable Officer	Assistant Director of Governance
b) Annual approval of business continuity and risk management strategy	Accountable Officer	Assistant Director of Governance
c) Developing systems for the management of risk.	Accountable Officer	Assistant Director of Governance
d) Developing incident and accident reporting systems	Accountable Officer	Assistant Director of Governance
e) Compliance with the reporting of incidents and accidents	Accountable Officer	Assistant Director of Governance
24. Procurement of Goods and Services		
a) Procurement of non-NHS goods	Accountable Officer	Relevant Director
b) Procurement of non-NHS services	Accountable Officer	Relevant Director
c) Procurement of services	Accountable Officer	Relevant Director
d) External procurement advise to be sort through CCG's procurement provider	See CCG intranet for details	

Proposed Financial Limits (Subject to funding available in budget)

Includes:-

1.	**CHARITABLE FUNDS**		
	Not applicable to CCG as we do not administer Charitable Funds		
2.	**GIFTS AND HOSPITALITY**	£25	
3.	**LITIGATION CLAIMS**		
	Governing body	Over £1,000,000	Medical Negligence and other litigation payments made on the advice of NHSLA
	Accountable Officer (ratified by governing body)	£50,001 - £1,000,000	
	Chief Finance Officer	Up to £50,000	
4.	**LOSSES AND SPECIAL PAYMENTS**		
	Governing body	£250,000 and above	Losses Fruitless payments (including abandoned capital schemes)
	Accountable Officer/ Chief Finance Officer – to be ratified by Audit Committee	£5,000 up to £250,000	Other Losses Losses of cash due to theft, fraud, overpayment and others
	Chief Finance Officer - to be ratified by Audit Committee	£5,000	Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable causes (e.g. fraud, theft, arson etc.)

5.	**PETTY CASH DISPURSEMENTS (authority to pay)**		
	Relevant Director	Over £50	Sundry Exchequer Items, Patients' Monies
	Petty Cash Imprest Holder	Upto £50	
6.	**REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENTS**		
6.1	Non Pay costs and agency staff except those listed below as having separate arrangements:-		All costs charged to administration in the CCG accounts
	Governing body	Over £150,000 and competitively tendered	Non pay costs, and agency staff except those listed as having separate arrangements below
	Accountable Officer	Over £150,000	Before approval of expenditure, consideration must also be given to quotation and tender limits as below.
	Chief Finance Officer	£50,000 to £150,000	
	Deputy Director of Finance	Up to £50,000	
	Directors	Up to £50,000	
	Senior Assistant Directors	Up to £30,000	
	Assistant Directors	Up to £10,000	
	Other budget holders	Up to £2,000	

N.B. Authorised Officers above can make arrangements to increase an individual budget holder limit if the £2,000 limit is restrictive considering the types of invoices requiring authorisation.
This must be agreed by the relevant Director.
These limits do not apply if a contract has been agreed for the supply of goods or services. Where a contract has been signed in accordance with these limits, the budget holder can sign invoices up to the value of the contract.

6.2	Other Non-Healthcare Payments (specific exclusions)		The only services covered by this exclusion are:
	Accountable Officer/Chief Finance Officer	Over £1,000,000	NHS Property Services, CHP Charges for void/surplus estates costs as a result of PCT disaggregation.
	Accountable Officer/Chief Finance Officer	Over £1,000,000	SLA with Commissioning Support Services provider as required.
6.3	Healthcare Contracts (NHS and non-NHS), and Grants for Services		
	Accountable Officer	£1,000,000 and above	Contracts with NHS and Non-NHS Organisations on NHS Standard Contract, Grants, or Payments under S256, S75 Arrangements
	Chief Finance Officer	Up to £1,000,000	Note: NHS Standard Contracts are not required for annual services of less than £100,000
6.4	Healthcare Contract Variations		In year adjustments to NHS Contracts with providers for NHS and non NHS Services
	Accountable Officer	Over £150,000	
	Chief Finance Officer	Over £150,000	
	Deputy Chief Finance Officer	Up to £100,000	
	Other Directors	Up to £100,000	
	Senior Assistant Directors	Up to £50,000	
	Assistant Directors	Up to £20,000	

6.5	Healthcare Goods and Services and Payments (non Contract)		All other costs charged to programme in the CCG accounts
	Governing Body	Over £100,000 and competitively tendered	
	Accountable Officer	Over £100,000	Before approval of expenditure, consideration must also be given to quotation and tender limits as below.
	Chief Finance Officer	£50,000 to £100,000	
	Deputy Chief Finance Officer	Up to £50,000	
	Other Directors	Up to £50,000	
	Senior Assistant Directors	Up to £30,000	
	Assistant Directors	Up to £10,000	
	Other Budget Holders	Up to £2,000	
	These limits do not apply if a contract has been agreed for the supply of goods or services. Where a contract has been signed in accordance with these limits, the budget holder can sign invoices up to the value of the contract.		
6.6	Removal Expenses		
	Governing body	Over £8,000	
	Relevant Director	Up to £8,000	

7.	**QUOTATIONS AND TENDERS**		
	Head of Department/ Service Leads as appropriate	Up to £20,000 to £50,000	Quotations: Obtaining **a minimum of 3 written quotations** for goods/services
	Two officers as per the approved signatory list (Accountable Officer/ Chief Finance Officer)	(in compliance with EC Directives as appropriate updated January 2016)	Competitive Tenders: Obtaining **a minimum of 3 written competitive tenders** for goods/services.
	EU Limits		
		Goods and non schedule 3 services	£181,302 or more
		Works	£4,551,413 or more
		Schedule 3 services (including Healthcare)	£615,278 or more

Section 5

Wigan Place Based Strategic Commissioning Function
Integrated Commissioning Committee
Terms of Reference

1. Introduction

1.1. Wigan Borough CCG and Wigan Council have agreed to the establishment of a Place Based Strategic Commissioning Function (SCF) for the borough. The intention of the SCF is to maximise the deployment of the health and care budget in the place to improve population health outcomes and secure quality and integrated services for the benefit of Wigan Borough residents.

1.2. The Integrated Commissioning Committee (ICC) is the decision making body for the SCF. The ICC is a committee of the Governing body of the CCG and it is supported by a dedicated team of council and CCG officers; itself drawing on the expertise of shared enabling capacity from teams such as integrated finance, business intelligence, programme management, communications and engagement and others that support the commissioning function.

1.3. The ICC does not replace the statutory responsibility of Wigan Borough CCG and Wigan Council, which continue to exist as independent statutory agencies. However, both organisations wish to ensure the ICC is recognised as the place where decisions are made jointly and in partnership about the deployment of the total budget for the place.

2. Responsibility for a Pooled and Aligned Budget

2.1. In framing the work of the ICC, the total budget is identified as falling in to one of three categories:

2.1.1. A pooled budget – formal agreement provided for under Section 75 of the NHS Act 2006 and subject to the decision making governance of a Section 75 agreement. The CCG will act as lead commissioner in relation to the pooled budget.

2.1.2. An aligned budget - all other related health and social care services (that are not categorised as in-view budgets) that are not currently legally possible to pool or that the locality is not yet in a position to pool. The recommended utilisation of the aligned funds is to be agreed by the ICC. The ICC will take decisions on behalf of the CCG in relation to CCG aligned budgets and the relevant Council member or officer present at the meeting will have the delegated authority to take decisions in relation to Council aligned budgets. These decisions are subject to the Council's

Standing Orders and Constitution. Any decision made by a Council member or officer will be recorded in the ICC minutes but also recorded separately as a Council decision. For the avoidance of doubt the budget delegated by NHS England for Primary care commissioning, is not an aligned budget, but an In View budget.

2.1.3. Budgets that are In View – Covers all other revenue budgeted resource of the Council and CCG that does not fall within any other the other areas. These budgets in the main and over time are likely to be those that are not immediately connected health and care but recognisably make a contribution to population health gain in the wider sense (for example around economic growth).For the avoidance of doubt, the ICC does not have authority over spend of in-view budgets but may make recommendations to the relevant Partner. The Partners are not required to consult with the ICC before making decisions in relation to the In View budgets.

2.2. Notwithstanding the formality of pooled budget arrangements, the spirit of the ICC dictates that a shared view and ambition, reflective of the objectives of the agreed Locality Plan, should drive consideration of the whole budget for the place. All parties to the ICC recognise the opportunity of deploying a larger pool of funding, potentially across multi-year investment programmes, to drive the locality plan ambitiously to secure a substantial improvement in population health and service outcomes.

2.3. The ICC needs to influence and understand the impact of, decisions made by other commissioners of health and care services including NHS England and the GM Joint Commissioning Board for the people of Wigan Borough.

3. Membership

3.1. The voting membership is to be drawn from both Wigan Borough CCG and Wigan Council as follows:

3.1.1. The Chair of the CCG and the Leader of the Council

3.1.2. Four clinical executives of the CCG as follows:

3.1.2.1. Unplanned Care Lead
3.1.2.2. Out of Hospitals Care Lead
3.1.2.3. Prevention and Wellness Lead
3.1.2.4. Children, Young Persons and Maternity Lead

3.1.3. Four political leads of the Council as follows:

3.1.3.1. Portfolio Holder for Adult Social Care
3.1.3.2. Portfolio Holder for Children and Families
3.1.3.3. Portfolio Holder for Resources, Finance and Transformation
3.1.3.4. Portfolio Holder for Planning and Environment

3.2. The following officers shall attend as non-voting members :-

3.2.1. Director of Adult Social Care
3.2.2. Director of Children's Services
3.2.3. Director of Public Health
3.2.4. The Accountable Officer of the CCG
3.2.5. Chief Executive of the Council
3.2.6. Joint Finance Director of the CCG and Council

3.3. The ICC reserves the right to extend the invite to other officers of the CCG, Council and other external parties as needed. A representation for service users can also be invited.

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3.4. The Chair of the Committee will rotate on a monthly basis between the Chair of the CCG and the Leader of the Council

3.5. Any member can nominate an alternate to attend a meeting on their behalf, provided that 7 days' notice is given to the Chair.

3.6. Any voting member can nominate a proxy to attend a meeting and vote on their behalf. A nominated proxy must vote in accordance with the instructions given by the member who has nominated them. The nominated proxy must be a voting member of the ICC and 7 days' notice must be given to the Chair.

4. Voting

4.1. Any resolution must be approved by the CCG voting members and the Council voting members. Each organisation shares one vote.

4.2. In order for a resolution to be passed, both votes must be in favour.

4.3. Decisions must only be taken after appropriate debate has taken place within the ICC forum and when members are satisfied that sufficient feedback has been sought from the public and/or service users, which may involve either engagement or consultation on the issues, or a presentation on the views of service users at the meeting as the Chair of the committee considers appropriate.

4.4. In the event that a decision is supported by the representatives of only one organisation the issue shall be adjourned, and the Chair of the CCG and

Leader of the Council shall meet to discuss how the disagreement may be resolved, and shall bring the matter back to the next meeting of the ICC. If not resolved at that meeting, the resolution shall be deemed to have been defeated

4.5. In the event that an urgent decision is required, the Chair of the last meeting shall meet with the Chief Officers of each organisation and provided that consultation with members has taken place, a decision can be taken. If the decision in question is a matter for the Council, the same can be taken by the relevant portfolio holder.

5. Agenda Setting

5.1. The agenda will be agreed by the Joint Chairs of the ICC through an agenda setting meeting and forward plan managed by the SCF Team. The agenda will include details of any decisions to be made by the relevant Council member or officer in relation to aligned budgets.

5.2. The agenda will be circulated one week in advance of the meeting to both Senior Leadership Teams.

5.3. The meeting and papers for the meeting will be made publicly available. The meeting will reserve the right to hold a “part 2” in private in the event of commercially sensitive information.

5.4. The ICC will be serviced by the SCF Team.

6. Frequency of meetings

6.1. The ICC will ordinarily meet bi- monthly.

6.2. The ICC reserves the right to schedule additional meetings, as required by the Chair of the last meeting, if required to deal with urgent business.

7. Remit and responsibilities of the committee

7.1. Develop, refine, and adhere to the SCF Operating Model of the Place Based Strategic Commissioning Function.

7.2. Develop and endorse the Joint Commissioning Intentions in partnership with providers in the Wigan Borough.

7.3. The ICC will support the new partnership structures in the borough including the Population Health Strategy Board, the Secondary Care Transformation Board and emerging infrastructure around Wigan’s Accountable Care

Organisation to ensure the priorities set out within the Locality Plan are delivered.

7.4. The scope of the pooled budget will be decided by the Council and the CCG. The ICC will then make decisions within the constraints of the budget set by the Council and the CCG and operate as the formal decision making authority of the Section 75 pooled budget.

7.5. Ensure a single commissioning perspective of the deployment of the budget that is aligned and in view. The scope of the aligned budgets and in-view budgets will be decided by the Council and the CCG and the ICC will operate within the set parameters.

7.6. The ICC will make commissioning decisions as required and any other decisions necessary to implement the same, subject to any delegation to Council officers or members within the strategic commissioning function. The ICC will make decisions regarding the management of commissioning contracts and report back to the CCG and Council.

7.7. Matters that require consideration by the ICC which are in the scope of the PCCC, (other than reports from the PCCC), must be carefully analysed in advance to identify any conflicts of interests.

7.8. Have a shared understanding of the health and social care system wide outcomes and quality assurance framework for Wigan Borough, and will support system providers for delivery against these.

7.9. The ICC has responsibility for addressing performance and quality issues within the health and social care system and therefore has the right to take corrective action as required, up to and including the re-commissioning or decommissioning of services.

7.10. To create the conditions that allows the emergence of an integrated and binding alliance of providers in accordance with the Locality Plan ambition to move towards a single accountable care system/organisation.

7.11. To ensure the partnership system of the Borough (as described in the Locality Plan) operates as effectively as possible

7.12. To co-ordinate the development propositions that secure investment into the transformation of the Wigan Borough in support of the Locality Plan.

7.13. To set strategic development of health and social care, including primary care services, within Wigan.

7.14. The ICC must ensure that appropriate consultation and engagement with service users or their representatives has taken place. This will involve close scrutiny of all papers that have been developed for consideration by the ICC, to identify the level of service user engagement. The ICC will send any papers that have not adequately demonstrated service user engagement back to the appropriate officer group for further work. The ICC may develop a list that identifies relevant patient groups that may be consulted. The list will be kept by the Secretary to the ICC.

8. Authority of the Committee

8.1. The ICC operates as a committee of the CCG where both the CCG and Council discharge its statutory function. Decisions made at the ICC are final and are not subject to further ratification by the Council Cabinet or Governing Body of the CCG.

8.2. It is noted and recognised that some statutory functions cannot be delegated to the ICC, including for example the CCG Audit Committee and Remuneration Committee. These committees must continue to report to the CCG Governing Body and as such will continue to meet quarterly in line with expectations from internal audit.

9. Conduct of the committee

9.1. The committee will conduct its business in accordance with Operating Principles for the SCF agreed at its establishment.

9.1.1. Good quality communication with residents and staff
9.1.2. Clear plan with milestones
9.1.3. Positivity to make a difference
9.1.4. Open and Honest
9.1.5. Solution focused
9.1.6. Collaborative with providers
9.1.7. Innovative
9.1.8. People Focused

9.2. Furthermore the ICC will conduct its business in line with the Nolan Principles (The Seven Principles of Public Life).

9.2.1. Selflessness
9.2.2. Integrity
9.2.3. Objectivity
9.2.4. Accountability
9.2.5. Openness

9.2.6. Honesty
9.2.7. Leadership

9.3. The ICC will review its Terms of Reference, membership and performance annually.

9.4. Save where inconsistent with these terms of reference the Committee shall operate in accordance with the standing orders of the CCG.

10. Dispute Resolution

10.1. In the event a dispute should arise within the ICC that cannot be resolved informally within the ICC itself, the following processes will be adopted:

10.1.1. For disputes that are within the scope of Section 75, the ICC will refer to the Section 75 dispute resolution procedures;
10.1.2. For disputes that fall within the scope of areas classed as in view or aligned, the ICC will refer to the dispute resolution process for the responsible sovereign body.

11. Supporting Group

11.1. The work of the ICC is supported by an Officer led Operational Group which will meet monthly and ensure all necessary papers are developed by the ICC. The membership of the Officer led Operational Group is to be appointed by the ICC

11.2. The CCG shall provide the administrative support for the Committee, including secretarial support and shall liaise with the Council to ensure that any records of decisions are fit for purpose for the Council. The CCG will be responsible for preparing and circulating draft minutes following each meeting of the ICC, with draft minutes being approved at the next meeting of the ICC.

11.3. The CCG will circulate the draft minutes to the Governing Body, subject to any redactions for confidentiality e.g. conflicts of interests etc.

12. Review of these Terms of Reference

12.1. The CCG and Council will jointly undertake a 6 month review of these Terms of Reference.

Section 6

Terms of Reference
Clinical Governance Committee

1 Introduction

1.1 The Clinical Governance Committee ('the Committee') is established in accordance with the NHS Wigan Borough Clinical Commissioning Group ('the CCG') Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference set out the membership, remit and responsibilities and the reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution.

2 Purpose

2.1 The Committee ensures that the principles of clinical governance and quality are integral to the CCGs internal monitoring arrangements for all commissioned services.

2.2 The Committee oversees the development and implementation of the CCGs Strategy for Quality and the Quality Assurance and Improvement Frameworks. The Committee will seek assurance that, local people have equitable access to clinically effective, safe care with a positive experience of services and that, the CCG is fulfilling its statutory duties.

3. Accountability (Delegated Authority)

3.1 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information that it may require from any member, officer or employee, who are directed to co-operate with any request made by the Committee.

3.2 The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice, and to secure the attendance of other individuals with relevant experience and expertise if it considers this to be necessary.

4 Membership

4.1 Core Membership:

- Director of Nursing and Quality (Chairperson)
- Clinical Lead - Governing Body Member (Chair: Medicines Management Group)
- Clinical Lead - Governing Body Member
- Director of Clinical Services
- Director of Commissioned Services
- GP Locality Clinical Representative (Non-Governing Body Member)
- Secondary Care Consultant - Governing Body Member

4.2 Open Membership

- Chairperson, Wigan Borough CCG
- Chief Officer, Wigan Council / Wigan Borough CCG

4.3 Other officers or employees may be invited by the Committee to attend the meetings as / when required.

4.4 The membership will be reviewed annually or, as / when any significant changes occur as required by the purpose of the Committee.

4.5 In the event of a member of the Committee being unable to attend all or part of the meeting, he or she shall send a named deputy to attend the meeting and represent them. Deputies will have the decision-making and voting rights of the person he or she is representing.

4.6 The members of the Committee shall be appointed by a majority vote of members of the Governing Body.

5 Emergency Powers and Urgent Decisions

5.1 The Committee will delegate responsibility for emergency powers and urgent decisions to the Chair and Vice Chair of the Committee

5.2 In the event of an urgent decision being required, this shall be taken by the Chair or the Vice Chair of the Committee; who must consult at least one other member of the committee prior to taking the decision.

5.3 Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the

grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

6 Standards of Business Conduct and Conflicts of Interest

6.1 All individuals attending a meeting, as a member or in attendance, must declare any potential conflicts of interest in accordance with the CCGs Conflicts of Interest Policy. It will be for the Committee Chair to decide how potential conflicts of interest are managed, including asking the individual to withdraw from the meeting in some cases where issues are discussed or decisions taken in line with the Policy.

7 Administrative Support

7.1 Administrative support shall be provided to the Committee by the CCG Corporate Office. The assigned meeting administrator shall attend to take minutes of the meetings and provide appropriate support to the Committee Chair and Committee members.

7.2 The minutes of the Clinical Governance Committee will be formally signed off by the Committee, at the next meeting.

8 Quorum

8.1 A quorum shall be three members, which must include the Committee Chair, or Vice Chair and at least one Clinical Representative.

8.2 In the event of the Committee Chair being unable to attend all or part of the meeting, he or she will nominate the vice chair, to chair that meeting.

9 Frequency and Notice of Meetings

9.1 The Committee shall meet no less than four (4) times per annum.

9.2 The dates of the meetings will be set out at the beginning of each year.

9.3 When the meetings are held, the Administrator (or a nominated deputy) will call a meeting of the Committee by issuing notice. Notice of any meeting must indicate; *the proposed date, time and venue.*

9.4 The date must be no less 5 working days after the date of the notice, unless an exception meeting is required to discuss an urgent issue, in which case as much notice as reasonably practicable in the circumstances should be given.

9.5 An agenda of the items to be discussed at the meeting and any supporting papers will be made accessible via the CCG SharePoint. Exceptions to this will made for members who are unable for technical reasons only to access this service, in these individual cases the agenda will continue be forwarded via email.

9.6 Notice of a meeting must be given to each member in writing (usually via email). Failure to effectively serve notice on all members does not affect the validity of the meeting, or of any business conducted.

10 Remit and Responsibilities of the Committee

The purpose of the Committee is to:

10.1 Provide assurance to the Governing Body with regard to the Internal Controls of the Organisation, closely linking with the work undertaken through the Corporate Governance Committee.

10.2 Demonstrate that there is an effective and consistent process in respect of commissioning for quality. Ensuring that; any areas of risk, concern and underperformance are identified at the earliest opportunity and acted upon to gain the required assurance on the quality of commissioned services.

10.3 Ensure that the quality agenda drives improvements in productivity and prevention through innovation and provides assurance that patient safety is paramount in all commissioning and decommissioning decisions.

10.4 Promote and assure clinical quality so that patients receive clinically effective, safe care with a positive experience of the services commissioned by the CCG.

11 Aims and Objectives

The Committee will aim to:

11.1 Provide assurance to the CCG Governing Body on the Clinical Governance arrangements related to specific areas of responsibility and accountability.

Objectives, the Committee will:

11.2 Ensure that the Strategy for Quality is developed and implemented so as to support the CCGs Commissioning Strategy. In doing so, the Committee will seek assurance that commissioning incorporates and upholds the tenets of Clinical Governance (*safety, effectiveness; and experience)* and complies with the legislation, regulation and national guidance.

11.3 Provide assurance to the Governing Body that quality assurance and clinical governance mechanisms are integral to monitoring commissioned services to ensure better outcomes for patients.

11.4 Ensure that the quality agenda leads to improvements in productivity and prevention through innovation and provide assurance that patient safety is paramount in decision making.

11.5 Ensure oversight of the processes concerning the investigation of Serious Incidents, Never Events; the management of risk and subsequent compliance, informing the Governing Body of any escalation or sensitive issues.

11.6 Ensure investigation recommendations, including organisational learning process are actioned to in order to reduce the risk of recurrence within commissioned services.

11.7 Oversee the development and monitoring of quality indicators and metrics within commissioned services and seek assurance of implementation through the quality monitoring process.

11.8 Oversee the development and monitoring of CQUIN schemes and other incentive schemes to promote quality improvement in commissioned services.

11.9 Oversee the Safeguarding arrangements for both Vulnerable Adults and Children to assure that the CCG‘s statutory responsibilities for safeguarding are met, and that the CCG fulfills its role as a member of the Wigan Local Safeguarding Boards.

11.10 Receive assurance reports in relation to safeguarding children and vulnerable adults that identify areas of compliance, themes and trends, and recommend areas for change through the commissioning process.

11.11 Receive assurance reports in relation to key providers, Acute, Community, Mental Health and Independent Sector Providers that identify areas of risk, compliance, themes and trends, and recommend areas for change through the commissioning process.

11.12 Receive assurance reports in relation to NHS Continuing Healthcare that identify that all activity is undertaken in accordance with the National Framework for NHS Continuing Healthcare 2007 (revised 2012).

11.13 Receive reports relating to Health Care Associated Infections (HCAIs) to provide the Committee with assurance that all commissioned services are compliant with statutory regulations.

11.14 Receive reports relating to patient experience, complaints and surveys that identify themes and trends and recommend areas for change through the commissioning process.

11.15 Review and provide a commissioner response to the Providers Annual Quality Reports.

11.16 Advise the Governing Body on actions required following national enquiries, national and local reviews undertaken by external agencies (e.g. Care Quality Commission) in relation to commissioned services and oversee the performance management of recommendations implementation.

11.17 Ensure a clear escalation process, including trigger points, is in place to enable appropriate engagement of external bodies (e.g. CQC; NHS England, NHS Improvement) on areas of concern in commissioned services.

11.18 Seek assurance on the performance of commissioned services with regard to regulatory requirements in relation to quality and safety e.g. CQC, NICE guidance.

11.19 Promote research and development within commissioned services and seek assurance of robust research governance that is in accordance with the Research Governance Framework.

11.20 Review reports from Commissioner / Provider visits, ensuring recommendations and appropriate actions have been acted upon.

11.21 Review and approve CCG Strategies; clinical policies and protocols on behalf of the Governing Body.

12 Reporting

12.1 The Committee will receive Chairpersons reports and updates from the following reporting groups:

- Medicines Management Group
- Wigan Safeguarding Children's Board
- Wigan Safeguarding Adults Board
- Healthier Wigan Partnership
- Wigan Borough CCG Quality Safety and Safeguarding Groups (QSSGs)
    - *Acute Services*
    - *Community Services*
    - *Mental Health Services*

13 Relationship with the Governing Body

13.1 The accountability and reporting arrangements are outlined within the CCG Governance Framework.

13.2 Following each meeting of the Committee, the Chairperson will complete a report to the Governing Body detailing the assurances gained and will draw to the attention of the Governing Body any issues that require disclosure, or require executive action.

13.3 The report will also be presented to the Audit Committee to provide assurance that the systems and processes of clinical governance are in place across the directly commissioned and managed services.

14 Policy and Best Practice

14.1 The Committee will apply best practice in its decision making processes, covering a clear equitable and ethical basis to the business being considered.

15 Conduct of the Committee

15.1 The Committee will conduct its business in accordance with national guidance and Nolan’s seven principles of public life.

15.2 Annually the Committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the governing body.

Section 7

Terms of Reference
Finance & Performance Committee

Purpose

1.1. The Finance and Performance Committee (the committee) is established in accordance with Wigan Borough Clinical Commissioning Group's constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

1.2. The Committee will provide assurance to the Governing Body with regard to finance, contracts and performance, including Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Programmes (CIP). 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.

Membership

1.3. The Committee shall be appointed by the CCG Governing Body. The Committee will consist of a core membership of:

- Chair – The Chair will be a GP CCG Governing Body member,
- but will not be the Chair of the CCG Governing Body;
- GP Governing Body member (Vice Chair);
- One Locality Clinical representative;
- One Governing Body Lay Member representative;
- Director of Clinical Services (in particular for decisions relating to
- Co-commissioning of Primary Care);
- Chief Finance Officer (CFO) or nominated deputy; and
- Director of Commissioning or nominated deputy.

1.4. The members are expected to attend a minimum of 75% of the meetings per year.

1.5. Open Membership

- CCG Chair; and
- Accountable Officer

An open member can attend any meeting but does not affect quoracy if not in attendance.

1.7. Also in attendance as required will be:

- Deputy Chief Finance Officer;
- Commissioning representative(s); and
- Assistant Directors responsible for the delivery of financial and
- QIPP plans.

1.8. GP portfolio leads may be required to attend as appropriate to their portfolio responsibilities. These are:

- Planned Care;
- Unplanned Care;
- Mental Health;
- Out of Hospital care;
- Children's and Maternity;
- Wellbeing; and
- Enablers (Digital, Estates and Workforce).

1.9. Other staff will be invited to attend as appropriate to the topic under discussion.

Quorum/Voting

1.10.The Committee will be responsible for making decisions about the Co Commissioning of Primary Care.

1.11. To avoid potential conflicts of interest, any decisions on Co Commissioning of Primary Care must exclude any GP members.

1.12.The following table summarises the position on Quoracy**:**

Decision About:	**Members eligible for decision making**	**Quoracy**
Co Commissioning of Primary care	Accountable Officer or deputy; Chief Finance Officer or deputy; Director of Clinical	Any 3 of the eligible members or nominated representative. The Lay Member will act

	Services; Lay Representative (who will act as Chair for such decisions)	as Chair.
All other CCG business decisions	All members	Chairman or in his absence the designated Representative; Chief Finance Officer or nominated representative; Accountable Officer or nominated representative; A Locality Clinical representative

1.13. It is expected that the Committee's decisions will be reached by consensus. If a vote is necessary the core and open members are eligible to vote. The majority of those members attending including the Committee Chair is necessary to confirm a decision. The Chair can exercise a second or casting vote.

Chair's Action

1.14.When an urgent decision is required outside the meeting the Chair may make a decision after conferring with at least two other members one who must be the Chief Finance Officer or their deputy.

1.15.When Chair's Action has been taken then it must be ratified by the next quorate meeting pf the group.

Frequency and notice of meetings

1.16.The Committee will meet Bi-monthly. When the meetings are held the Secretary or nominated officer shall call a meeting of the Committee by issuing notice. Notice of any meeting must indicate:

- The proposed date and time, which must be at least 7 days after
- the date of the notice, except where a meeting to discuss an
- urgent issue is required (in which case as much notice as
- reasonably practicable in the circumstances should be given);
- Where it is to take place;
- An agenda of the items to be discussed at the meeting and any
- supporting papers; and
- Notice of a meeting must be given to each member in writing.

- Failure to effectively serve notice on all members does not affect
- the validity of the meeting, or of any business conducted at it.

Remit and Responsibilities of the Committee

1.17 The Committee will provide the CCG Governing Body assurance with regard to finance, contracting and performance. To do this the Committee will carry out the following:

- Agree the Finance and Performance and CCG planning timetable;
- Overview the annual planning process to ensure the delivery by CCG of the following milestones:
  - Commissioning Intentions;
  - Financial Plan;
  - Contracts with NHS and Non-NHS partners;
  - Greater Manchester CCG contract Group;
  - Annual Budget Booklet; and
  - QIPP and CIP plans.
- Overview the annual planning cycle for performance targets (e.g. Integrated Performance Measures);
- Agree the contracting strategy;
- Overview the annual contract negotiations;
- Review the annual budgets;
- Review the monthly Finance Report, QIPP Report and Performance Management Report;
- Review any CCG or stakeholder estate issues;
- Review and monitor QIPP, service reviews and business cases;
- Report quarterly to the CCG Governing Body on any outcomes from discussions taking place at the Finance Committee;
- Link with the CCG Audit Committee to ensure that the CCG produce a timely and accurate annual report in accordance with reporting requirements;
- Review the financial implications of integrated system (HWP); and
- Review the pooled budgets financial performance in respect of CCG contributions.

1.18. All relevant information from NHS England Local Area Team will be fed back to members of the committee to ensure that the committee operates effectively and in line with up to date guidance.

1.19.The Committee shall request and review reports and assurances from directors and managers on finance, contracting and performance management issues. They may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

1.20. Key to ensuring the effective management of the organisation is risk management. Risk management will focus on the corporate level, linking to the Governing Body Assurance Framework (GBAF) and compliance with legislative and regulatory requirements and will also run through the delineated responsibilities of the CCG committees by providing assurances to the Board through the reporting structures outlines with the governance framework.

Relationship with the Governing Body/Integrated Commissioning Committee (ICC)

1.21.The group will report to the CCG Governing Body by way of a Chair's report. Regular monthly reports in relation to finance, performance and QIPP will be submitted to the governing body meeting.

1.22.The report will detail the assurances gained and will draw to the attention of the Governing Body to any issues that require disclosure, or require executive action. Issues of greater significance will be reported to the governing body as one off reports.

1.23.From 1st April 2019 the ICC will be a formal part of the locality governance arrangement, where appropriate reference will be made to this group and they will receive the Chair's report for information.

Conduct of the Committee

1.24.The Committee will conduct its business in accordance with national guidance and Nolan's seven principles of public life. Annually the committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

Section 8

Terms of Reference
Corporate Governance Committee

1. Introduction

1.1 The Corporate Governance Committee (the committee) is established in accordance with Wigan Borough Clinical Commissioning Group's (WBCCG) constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into WBCCG's constitution and standing orders.

1.2 In accordance with section 14L(2)(b) of the 2006 NHS Act WBCCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

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

b.) The Good Governance Standard for Public Services;

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

1.3 The committee will provide assurance to WBCCG's Governing Body with regard to corporate governance activities in the appropriate areas of accountability referred to in section 5 below.

1.4 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 has close links with WBCCG's Clinical Governance Committee as that committee also has oversight of clinical risks facing WBCCG and its providers.

2. Membership

2.1. Core Membership

The Committee is appointed by WBCCG Governing Body. The Committee will consist of:

- Chairperson - Governing Body Lay Member for Governance and Conflicts of Interest;

- Two other Lay/GP Members of the Governing Body, one of whom shall be appointed Deputy Chair in the absence of the Chair;
- Director of Nursing and Quality;
- Deputy Chief Finance Officer

2.2. Open Membership

- WBCCG Chair
- WBCCG Accountable Officer
- WBCCG Chief Finance Officer

3. Quorum

3.1. A minimum of 50% of members of the Committee must be present for the meeting to be deemed quorate, including Chair and/or Deputy Chair. All Committee members should attend a minimum of 75% of meetings annually. Fully briefed deputies with relevant decision making authority shall be permitted, where necessary, with agreement of the Chair. Open members are free to attend when available or as required given the agenda.

4. Frequency and notice of meetings

4.1. The committee shall meet four times per year. When the meetings are to be held the nominated officer (Assistant Director, Governance) shall call a meeting of the committee by issuing notice. Notice of any meeting must indicate:

- The proposed date and time, which must be at least 7 days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given);
- Where it is to take place;
- An agenda of the items to be discussed at the meeting and any supporting papers; and
- Notice of a meeting must be given to each member in writing. Failure to effectively serve notice on all members does not affect the validity of the meeting, or of any business conducted at it.

5. Remit and responsibilities of the committee

5.1. The Committee will provide assurance to WBCCG Governing Body with regard to all corporate governance issues in the appropriate areas of accountability. This will include ensuring that appropriate standards of governance are in place for the following business areas:

- Risk Management
- Complaints
- Litigation
- Conflicts of Interest

- Equality and Diversity
- Health, Safety and Welfare (including fire and security)
- Human Resources and Training
- Communications, Public and Patient Engagement
- Non Clinical Incidents
- Information Governance
- Information Management & Technology
- Emergency Preparedness, Resilience & Response
- Sustainability Development
- HM Coroner Reports
- Health Ombudsman

5.2. The committee will need to:

- review and monitor corporate objectives and the risk register;
- review and scrutinise business continuity plans
- ensure that training is provided to all staff for the above areas.
- receive progress reports on action plans for the above areas
- review and approve non-clinical policies on behalf of the Governing Body

5.3. The Committee will always take into account the financial and quality implications of the corporate governance agenda.

5.4. Key to ensuring the effective management of the organisation is risk management. Risk management will focus on the corporate level, linking to the Governing Body Assurance Framework and compliance with legislative and regulatory requirements and will also run through the delineated responsibilities of WBCCG committees by providing assurances to the Governing Body through the reporting structures outlined within the governance framework.

6. Relationship with the Governing Body

6.1. The committee will report to the WBCCG Governing Body by way of a Chair's report. The report will detail the assurances gained and will draw to the attention of the governing body any issues that require disclosure, or require executive action. Issues of greater significance will be reported to the Governing Body as one-off reports. The report will also be presented to the Audit Committee on a quarterly basis to provide assurance that the systems and processes of corporate governance are in place across the organisation.

7. Policy and best practice

7.1. The committee will apply best practice in the decision making processes and:

- comply with current national Corporate Governance requirements;

- on occasion seek independent advice, advice from NHS England or Greater Manchester Health & Social Care Partnership; and
- ensure that decisions are based on clear and transparent criteria.

8. Conduct of the committee

8.1. The committee will conduct its business in accordance with national guidance and Nolan's seven principles of public life. Annually the committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

9. Sub-committees/groups

9.1 Minutes from the following groups are presented to the Corporate Governance Committee for consideration:

- Information Governance Forum
- Information Governance Operational Group
- Wigan Borough Resilience Forum
- Local Health Resilience Partnership
- Communications & Engagement Enabling Group
- SharetoCare Programme Highlights
- Equality & Diversity CCG Managers Group

Section 9

Terms of Reference
NHS Greater Manchester CCGs
Joint Commissioning Board

1. Authority

1.1. The Joint Commissioning Board (JCB) has been established as a joint committee of the following Clinical Commissioning Groups (CCGs):

1.1.1. NHS Bolton Clinical Commissioning Group
1.1.2. NHS Bury Clinical Commissioning Group
1.1.3. NHS Manchester Clinical Commissioning Group
1.1.4. NHS Oldham Clinical Commissioning Group
1.1.5. NHS Heywood, Middleton and Rochdale Clinical Commissioning Group
1.1.6. NHS Salford Clinical Commissioning Group
1.1.7. NHS Stockport Clinical Commissioning Group
1.1.8. NHS Tameside and Glossop Clinical Commissioning Group
1.1.9. NHS Trafford Clinical Commissioning Group
1.1.10. NHS Wigan Borough Clinical Commissioning Group

pursuant to the powers to form joint committees contained in section 14Z3 of the National Health Service Act 2006. The CCGs have agreed to work together collaboratively on certain matters as set out in these Terms of Reference.

1.2. Each CCG's constitution provides that its Governing Body may establish a committee of the CCG whose members may consist of or include persons other than members or employees of the CCG.

1.3. The CCGs have each agreed to adopt these terms of reference in the same form for the purpose and objectives set out below but they intend that in the future they will agree more fully inclusive terms of reference for a Joint Committee which will have delegated decision-making powers for local authority and NHS commissioning.

2. Purpose and Objectives

2.1. The Joint Commissioning Board (JCB) is the forum for collective commissioning /decommissioning decision making.

2.2. The JCB will have oversight of all commissioning undertaken on a GM footprint.

2.3. The JCB will provide strategic input into commissioning decisions made by commissioning organisations in GM.

3. Responsibilities

3.1. The JCB will oversee the work of the Commissioning Hub.

3.1.1. The JCB will agree the scope of work to be undertaken by the Commissioning Hub.

3.1.2. Before approving a piece of work, JCB will ensure that:

3.1.2.1. there is an agreed common vision or model for a new (or reduced) service
3.1.2.2. that the required investment or disinvestment is available or agreed in principle
3.1.2.3. that the Hub has access to sufficient capacity to do the work

3.1.3. Project timescales will be agreed and implementation progress monitored through the JCB.

3.2. The CCGs may delegate commissioning to the JCB where they consider it is appropriate to commission GM wide services together.

3.3. In particular each of the CCGs delegates to the JCB responsibility for commissioning services falling within Theme 3 of the Greater Manchester 5 year plan *Taking Charge*. Theme 3 is Standardising Acute & Specialist Care and is described as, “The creation of “single shared services” for acute services and specialist services to deliver improvements in patient outcomes and productivity, through the establishment of consistent and best practice specifications that decrease variation in care; enabled by the standardisation of information management and technology.

Currently Theme 3 services as defined within the programme are:

- Paediatrics (including specialised children’s services), and maternity
- Respiratory and cardiology
- Benign urology
- MSK and orthopaedics
- Breast services
- Neuro-rehabilitation
- Vascular
- A&E, Acute Medicine and General Surgery (Healthier Together)
- OG cancer
- Urology cancer.

3.4. Each of the CCGs expressly withdraws any previous delegation of functions that it may have granted in relation to Theme 3 services.

4. Membership

4.1. The membership of the JCB (JCB members) shall be:

4.1.1. Two representatives for each of the following localities:

4.1.1.1. Bolton Locality comprised of NHS Bolton Clinical Commissioning Group and Bolton Council
4.1.1.2. Bury Locality comprised of NHS Bury Clinical Commissioning Group and Bury Council
4.1.1.3. City of Manchester Locality comprised of NHS Manchester Clinical Commissioning Group and Manchester City Council
4.1.1.4. Oldham Locality comprised of NHS Oldham Clinical Commissioning Group and Oldham Council
4.1.1.5. Rochdale Locality comprised of NHS Heywood, Middleton and Rochdale Clinical Commissioning Group and Rochdale Borough Council
4.1.1.6. Salford Locality comprised of NHS Salford Clinical Commissioning Group and Salford City Council
4.1.1.7. Stockport Locality comprised of NHS Stockport Clinical Commissioning Group and Stockport Council
4.1.1.8. Tameside Locality comprised of NHS Tameside and Glossop Clinical Commissioning Group and Tameside Metropolitan Borough Council
4.1.1.9. Trafford Locality comprised of NHS Trafford Clinical Commissioning Group and Trafford Council
4.1.1.10. Wigan Locality comprised of NHS Wigan Borough Clinical Commissioning Group and Wigan Council

4.1.2. The Chief Executive for the time being of Greater Manchester Combined Authority (GMCA); and

4.1.3. The Chief Officer for the time being of Greater Manchester Health and Social Care Partnership (GMHSCP).

4.2. Each locality will appoint its two representatives, one of whom must be a GP practising in the locality Commissioning decisions on behalf of NHS England will be taken in parallel through the existing delegation to the Chief Executive of Greater Manchester Health and Social Care Partnership.

5. Deputies

5.1. An individual may deputise for a JCB member provided that the relevant CCG or local authority or NHS England has given written notice of the deputy's attendance at the

meeting to the Chair to arrive no later than the day before the relevant meeting (or within such shorter period before the meeting as the Chair may in his or her sole discretion decide).

5.2. Any deputy for a JCB member must be a member of the relevant CCG's Governing Body or an officer or member of the relevant local authority.

5.3. Any deputy for the NHSE England JCB member must be an officer of NHS England.

6. Co-Chairs

6.1. Two JCB members shall be Co-Chairs of the JCB.

6.2. One of the Co-Chairs shall be a JCB member who is a GP (GP Co-Chair) and the other shall be a JCB member who is an elected member or officer of a local authority (LA Co-Chair)

6.3. JCB members can put themselves forward as candidates for the role of GP Co-Chair in line with the requirements set out in 6.2 above.. If there is more than one valid candidate to be GP Co-Chair, an election will be held using a single transferrable vote system under which:
6.3.1. each locality shall have one vote,
6.3.2. the least supported candidate shall be eliminated and second/third preference votes shall be assigned to the remaining candidates until one candidate has at least six votes.

6.4. The CCG from which the GP Co-Chair comes will be reimbursed to the value of two clinical sessions per week.

6.5. JCB members can put themselves forward as candidates for the role of LA Co-Chair. If there is more than one valid candidate to be LA Co-Chair, an election will be held using a single transferrable vote system under which:
6.5.1. each locality shall have one vote, and
6.5.2. the least supported candidate shall be eliminated and second/third preference votes shall be assigned to the remaining candidates until one candidate has at least six votes.

7. Appointment of the Vice-Chairs

7.1. Two of the JCB members shall be Vice-Chairs of the JCB. One of the Vice-Chairs shall be a JCB member who is a GP and the other shall be a JCB member who is an officer or elected member of the local authority that nominated him or her.

7.2. The Vice-Chairs shall be elected using a single transferrable vote process that is equivalent to the process used for the election of the Co-Chair. Their elections will be progressed once the Co-Chair have been elected so a geographic spread across the localities can be achieved if this is thought desirable.

7.3. The Vice-Chairs must not be from the same localities as the Co-Chairs or each other.

8. Terms of Office of the Co-Chairs and Vice-Chairs

8.1. The initial Co-Chairs and Vice-Chairs of the JCB shall serve annual terms of office for the duration of each financial year subject to re-elections (if any) held in accordance with paragraph 6.3.

8.2. In January each year views will be sought as to whether there should be a change of one or both Co-Chairs or one or both Vice-Chairs for the next financial year. If any post is requested in writing, by 31 January, to be re-appointed to by at least three quarters of the members of the JCB then an appointment/election will be held. The existing role holders may stand for re-election.

8.3. If a Co-Chair or a Vice-Chair of the JCB ceases to hold their relevant role that qualifies them for membership of the JCB then they will cease to be a Co-Chair or Vice-Chair.

9. Subcommittees

9.1. The JCB may appoint and subdelegate to such subcommittees as it considers to be appropriate.

9.2. Members of a subcommittee may comprise or include persons who are not members of the JCB

10. Business to be Undertaken by the JCB and the JCB Executive Team

10.1. All business undertaken by the JCB and the JCB Executive team shall be categorised as Level A business or Level B business in accordance with this paragraph 10.

10.2. The JCB shall appoint an JCB Executive Team to undertake Level A business which shall include all business that the JCB has not identified as Level B business but for the avoidance of doubt the JCB Executive Team does not have delegated decision-making authority on behalf of the CCGs or JCB.

10.3. The JCB shall undertake all business that it has identified as Level B business. It will use the following criteria to assess whether an issue is Level B business.

10.3.1. the issue cannot be implemented by the harmonised actions of individual CCGs; and/or

10.3.2. a proposal cannot be implemented unless it is implemented on a Greater Manchester wide basis; and/or

10.3.3. to avoid potential legal challenge it is necessary that the issue is categorised as Level B business.

10.4. Items/papers submitted to the JCB, the JCB Executive Team or any subcommittee it may establish will make explicit whether they are Level A business or Level B business.

10.5. Level A decisions will be implemented through the coordinated implementation actions of individual CCGs. For the avoidance of doubt, if any CCG does not agree with any Level A decision made by the Association Governing Group, it shall not be required to implement any such decision.

10.6. The JCB, the JCB Executive Team and any subcommittee of the JCB shall take account of the commissioning intentions of all of the CCGs in discharging their delegated functions.

11. Meetings of the JCB

11.1. The JCB shall meet at least quarterly at such times and places as the Chair may direct on giving reasonable written notice to the members of the JCB. Meetings will be scheduled to ensure they do not conflict with respective CCG Boards.

11.2. Meetings of the JCB shall be open to the public unless the JCB considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting.

11.3. The Co-Chairs of the JCB shall each chair alternate meetings of the JCB or in their absence one of the Vice Chairs whom the meeting agrees by simple majority to chair the meeting (or in the event of a tied vote the Vice Chairs shall draw lots as to which of them shall chair the meeting).

11.4. Members may participate in meetings in person or virtually by using video or telephone or weblink or other live and uninterrupted conferencing facilities.

11.5. When appropriate and at the discretion of the Co-Chair who is chairing the meeting (or in their absence one of the Vice Chairs who is chairing the meeting) individuals from other organisations may attend meetings of the JCB but will not be members of the JCB and shall not have a vote.

12. Quorum for JCB Meetings

12.1. A meeting of the JCB shall be quorate if at least one representative from each locality and the GMCA and GMHSCP representatives are present.

13. Voting at JCB Meetings

13.1 Each pair of locality members who are present at a meeting of the JCB shall jointly

exercise a single vote. If they do not agree how to cast their vote then they shall not be entitled to vote at all. If one but not both of the locality members is present at a JCB meeting, then the one present shall vote on behalf of both of them.

13.2. It is the intention of the participant organisations to value the (possibly) differing views of individuals and individual commissioners and to work by consensus. However there may be occasions when it important to be absolutely clear about the view of the JCB.

13.3.Therefore at any meeting of the JCB a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is (before or on the declaration of the result of the show of hands) demanded, either:

13.3.1. by the Chair of the JCB; or
13.3.2. by at least nine members present in person at a meeting of the JCB.

13.4.Unless a poll is demanded then a declaration by the Chair that a resolution has, on a show of hands, been carried unanimously or by a majority, or lost, shall be made and an entry to that effect in the minutes of the proceedings of the JCB shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour or against such resolution. The demand for a poll may be withdrawn.

13.5. If a poll is duly demanded then it shall be taken in such a manner as the Chair directs and the result of the poll shall be deemed to be the resolution of the meeting and an entry to that effect in the minutes of the proceedings of the JCB shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour or against such resolution.

13.6. In the case of an equality of votes whether on a show of hands or on a poll the Chair (or in his or her absence one of the Vice Chairs who is chairing the meeting) at which the show of hands takes place or at which the poll is demanded shall be entitled to a second or casting vote.

13.7. Decisions of the JCB will be binding on the CCGs if there are not less than nine votes in favour of it.

13.8. NHS England reserves a proportionate ability for NHS England to notify the JCB where an item due for consideration could have significant ramifications for NHS England, eg proposed spending beyond existing budget(s); or potential and significant adverse implications for communities beyond Greater Manchester.

14. Meetings of the JCB Executive Team

14.1. The JCB Executive Team shall meet in any month when the JCB does not meet unless the Co-Chairs decide that a meeting is unnecessary.

14.2. The JCB shall approve terms of reference for the JCB Executive Team.

15. Standards of Business Conduct and Conflicts of Interest

15.1. The standards of business conduct and procedures for managing conflicts of interest which are set out in the CCGs' respective Constitutions and conflict of interest policies will apply to the JCB and the JCB Executive Team.

16. Dispute Resolution

16.1. In the event of dispute a dispute resolution process will be implemented. The focus of this process will be threefold: to understand why the dispute has occurred; to determine/understand the potential implications of the dispute; and to resolve where possible.

16.2. Where appropriate disputes will be resolved at place level. Where disputes cannot be resolved at place level, a group comprised of an agreed number of members from each stakeholder group to arbitrate and make recommendation. The recommendations made by the dispute resolution group are binding.

17. Support

17.1. Officers from the Greater Manchester Integrated Support Team (GMIST) will provide policy and administrative support to the JCB.

17.2. Additional support will be provided by the GM Health and Social Care Programme Management Office.

18. Accountability

18.1. The JCB is accountable to each of the CCGs.

19. Review of Terms of Reference

19.1. These terms of reference will be formally reviewed on an annual basis.

Section 10

Accountability Agreement

The purpose of the Accountability Agreement is to set out the mechanics of how the SDF Executive Groups will conduct their business on a day to day basis, contributing to the overall CCG objectives and to outline and describe key relationships, responsibilities and accountabilities between the CCG and its related groups.

1. INTRODUCTION

This document is to be read in conjunction with and subject to the provisions of the WBCCG Constitution and its Standing Orders and Standing Financial Instructions, including matters reserved to the Governing Body.

Wigan Borough Clinical Commissioning Group (WBCCG) is clear about the mission, values and aims of the organisation which underpin the organisation. These are fundamental to all members and should form the basis on which the organisation is operationally managed and the engagement that is undertaken on behalf of the organisation.

The principles of good governance and accountability also provide for clarity of WBCCGs approach. It is anticipated that all members will share this practice and abide by the constitution and this supporting Accountability Agreement.

2. AREA COVERED

The geographical area covered by NHS WBCCG is fully coterminous with Wigan Borough Council.

3. MEMBERSHIP

WBCCG encompasses all GP Practices within Wigan Borough. WBCCG is made up of SDF Executive groups. These are practice groupings to ensure effective management and operations within the CCG.

4. OPERATING MODEL

4.1. Establishing a Governing Body

4.1.1. The Operating Model in WBCCG will ensure the delivery of its responsibilities and duties under the Health and Social Care Act and will deliver those responsibilities and duties in line with the constitutional arrangements.

4.1.2. The membership of WBCCG has established a governing body in order to undertake the business of the CCG and to discharge its statutory functions. Membership of the governing body is in line with statute and in addition is representative of the membership through the elected SDF clinical executive membership.

4.1.3. SDFs support the operating infrastructure between the Clinical Commissioning Group (CCG) and practices, encouraging practice participation, organisational coherence and the sharing of good practice.

4.1.4. Guidance on the roles of members of the CCG's governing body is set out in a separate document. In summary, each member of the governing body will share responsibility as part of the corporate body, to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each member brings their unique perspective, informed by their expertise and experience.

4.1.5. The constitution sets out the arrangements for discharging the functions of WBCCG through the governing body, committees and is agreed by all practices.

4.2. Background

4.2.1. The CCG is led by one elected Clinical Executive who is Chairman of the Governing Body. There are seven SDFs: Leigh; LIGA North; LIGA South; North Wigan; SWAN; TABA+; and Wigan Central. Each of the seven SDFs is represented by an elected GP clinical executive. Added to that, GP's in the SDFs offer support by taking on clinical lead positions for specific work streams (for example, Long Term Conditions) and each GP Practice in the SDF is committed to engaging with the CCG through regular forums.

4.2.2. Each of the GP Practices listed in Appendix 1 (the "Members") and Wigan Borough CCG are the signatories of the constitution.

4.2.3. This agreement describes how the members and the CCG as a whole, will work together to ensure that the CCG develops into an organisation that has the capability to commission safe, high quality and cost effective services that meet the needs of the patients in its area.

4.2.4. The Accountability Agreement will form an annex to the Constitution and describes the expectation of the role and responsibilities of practices and SDF Executive Groups.

4.3. The Role of Practices

4.3.1. The only statutory role of a practice in relation to a CCG is to be a member of a CCG and it follows therefore that to be a member of a CCG a practice would have to abide with the constitution of the CCG.

4.3.2. Each SDF Executive Group will have an effective Inter Practice agreement. It is expected that practices will work together in SDF groups to deliver the CCG's responsibilities.

4.3.3. The roles and responsibilities of practices can be captured under the following general headings:

Engagement and communication	•with other practices •with SDFs

	•with the CCG •with patients
Commissioning	•Data / Information Validation •Needs Analysis •Demand Management •Reducing Variation •Budget Monitoring •Prescribing Management •Sharing Good Practice •Quality Assurance •Peer Review
Leadership	•Clinical Expertise •Motivation •Practice Leadership and Skills
Development	•Education and Training

4.4. SDF Executive Groups

4.4.1. Local collaboration between practices has been achieved by groups of GP practices coming together, in general, on geographical footprints across the Borough or where there have been shared interests.

4.4.2. The leadership and members value this type of collaborative working and intend to retain the SDF based groups of GP practices within the CCG to be known as SDF Executive Groups.

4.4.3. Shared values that have developed should be retained:

- Openness - open discussion and conversation;
- Sharing of good ideas;
- Engagement across all the disciplines
- Practice engagement;
- Worked through pathways and protocols;
- Shared issues and problems;
- Raised standards through peer support;
- Reduced Variation;
- Ownership of the commissioning agenda;
- Development of clinical leaders;
- Corporate working.

4.4.4. The retention of the SDF structure is an essential vehicle for the delivery of the CCG's business and the SDFs are seen as a conduit between the practices and the governing body of the CCG. They are an essential engagement forum for both GP's, practice staff and most importantly the patients.

4.4.5. There are population attachments to geographic areas of the Borough and there are variances in relation to the health needs. The SDF priority will remain a sharp focus on the health inequalities agenda.

4.5. The Role of the SDF Executive Groups (SEGs)

4.5.1. All seven SDFs are part of the CCG but they are not statutory bodies and hence have no statutory role as such. The Health and Social Care Bill establishes CCG's as statutory bodies responsible for commissioning the majority of health services.

4.5.2. CCG's are formed by at least 2 practices coming together to seek authorisation as a CCG, and if authorised they can then take on statutory commissioning functions, and are responsible for the associated budget. It will be a contractual duty for GP practices to be members of a clinical commissioning group.

4.5.3. Under the Health and Social Care Bill, GP Practices are members of the CCG and the governing body will be drawn from the constituent practices within the relevant CCG.

4.5.4. The Bill instigates a statutory relationship between the individual GP practice and the CCG. There is no recognition of SDFs or other types of groupings of GP practices, nor can any statutory functions be undertaken by SDFs or other practice groupings, within the CCG. Any responsibilities or functions must be formally delegated by the governing body of the CCG.

4.5.5. Under the scheme of delegation there can be no provision to allow any SDF, practice or grouping of practices to delegate any CCG responsibilities or functions to the governing body of the CCG as the CCG is the corporate and statutory body and not the SDF or other practice grouping.

4.5.6. The roles and responsibilities of SDFs however are a mechanism that will improve the operational management of the CCG and the delivery of the CCGs statutory responsibilities. **Appendix 2 provides a schematic of the relationship.**

4.5.7. SDFs are well-placed to take a lead on monitoring and managing indicators which can be split at practice level, as they are close to the front-line and have strong working relationships with their constituent members.

4.5.8. Monitoring and managing performance is key to achieving various CCG objectives. This includes identifying key indicators of activity, quality and financial performance, regularly monitoring progress against them, and developing systems to deal with variations in performance.

4.5.9. The majority of performance targets have financial implications, and through reducing activity levels where clinically appropriate, financial savings can be realised. Through

this, the SDF executive groups will contribute to the Quality Innovation Prevention Productivity (QIPP) challenge.

4.5.10. Key indicators that could be devolved to SEGs will include but will not be limited to:

- Emergency Admissions;
- Non-elective First Finished Consultant Episodes in general & acute (G&A) specialties;
- GP referrals to hospital;
- A&E attendances;
- Prescribing budgets.

4.5.11. The following are key functions that the SEGs are required to deliver, contributing to CCG objectives. SEGs are expected to carry out functions effectively, efficiently and economically whilst maintaining quality:

Engagement and communication	• with practices • with GPs • with other SDFs • with patients • with township • multidisciplinary engagement • acting as a conduit for communication between the practices and the Governing Body and vice versa • Reporting to and receiving from the governing body regular reporting and monitoring
Localism	• SDFs provide a forum for ideas from the front line – and test plans • Local flavour – bringing collated information from the practices • Local needs assessment • Practices much closer to decision making • Securing from its member practices the requisite contribution to the commissioning processes of the Governing Body
Leadership	• Securing commitment among its Practices to support the delivery of the Governing Body's aims and objectives • Recruitment of Clinical Leads and engagement from clinicians • Succession Planning • Sharing expertise • Economies of scale
Development	• Education and Training

	• Provision of early warnings of concerns about providers • Development of positive and open culture • Broader expertise, therefore wider pool of skills • Deliver the values and vision of the CCG • Demonstrate joint working in the design of local services • Securing continuous improvement in the quality of services delivered to the residents of the borough
Operation	• Delivering the CCG objectives • Review of finance and SDF information • Embedding some of the CCG's core values and aims • Deliver delegated authority

4.6. Principles in the relationship between the CCG and SDFs

4.6.1. It is as important to say what a SDF is, as much as what it is not and as such it is important to outline some principles about the future role of SDFs:

- There will be a clear split between provider and commissioner functions at Governing Body and SDF Executive Group level;
- There should be clear conflict of interest processes in place in SDFs;
- SDFs must adhere to mission, values, aims and governance arrangements of the CCG;
- SDFs must adhere to best standards and conduct, such as the Nolan principles;
- Practices should have the right to move SDFs;
- The CCG reserves the right to communicate or work directly with practices;
- The SDF should be truly representative of all its members;
- Where the Governing Body has delegated a responsibility, then there will be appropriate accountability arrangements;
- SDFs should generally retain an inward relationship between practices;
- SDFs will not be mini CCG's;
- SDFs will not unilaterally have contract discussions with providers, making financial arrangements, changing pathways, commissioning services etc.

4.7. Process for establishing Governing Body members

4.7.1. The governing body clinical executives will be appointed through election. There will be one clinical executive representing each LEG and therefore the electorate will be limited to the membership of the relevant LEG. The SDF executive group clinical executive will be the chair of the member SDF executive groups.

4.7.2. The term of office for Clinical Executives will be a maximum of 3 years. Holding the position for the full term of 3 years does not preclude the holder of the post for a further 3 year term. However 3 terms will be the maximum.

4.7.3. The Chair of the Governing Body will be appointed from the cohort of elected clinical executives. Once appointed another clinical executive will be appointed to back-fill the chair's position in the SDF.

4.7.4. Full details for all Governing Body members' appointments are detailed in the constitution appendix C – Standing Orders section 2.

4.8. Role of the SDF Clinical Executive

4.8.1. The SDF Clinical Executive is elected for a 3 year period. The SDF Clinical Executive is line managed by the Clinical Chair of the CCG. The key responsibilities of the SDF Clinical Executive includes but is not limited to:

- ensuring effective two-way communication with all stakeholders including GP members and practice members;
- ensuring the CCG is governed effectively and in line with legislative requirements;
- being a governing body member and having corporate responsibility;
- providing strong, effective and visible leadership;
- acting as a conduit between its GP member practices and the CCG;
- being accountable to the CCG to ensure delivery and implementation of key responsibilities;
- taking ownership of the financial challenges;
- ensuring that all members contribute to the development of the CCG;
- leading the SEG in delivering the CCG responsibilities.

4.9. Role of the Governing Body

4.9.1. The Governing Body has a statutory role and must therefore abide by relevant statute. The Constitution establishes the working arrangements for the CCG and the Governing Body's role in that arrangement. In abiding by the constitution and in recognition of the membership arrangements the governing body commits to:

- effective communications;
- governing the CCG effectively and in line with legislative requirements;
- providing strong, effective and visible leadership;
- being accountable to the CCG to ensure delivery and implementation of key responsibilities;
- taking ownership of the financial challenges;
- reflecting the views of the wider membership;
- ensuring that all members contribute to the development of the CCG while implementing good governance principles.