NHS
Wigan Borough
Clinical Commissioning Group

NHS WIGAN BOROUGH CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version History

Version	Effective Date	Changes
V1	April 2013	Standard Model
V2	August 2013	Addition of paragraph relating to protected disclosures
V3	July 2014	Addition of Greater Manchester CCGs Committee in Common
V4	April 2015	Addition of Primary Care Commissioning Committee and Director of Nursing & Quality as Governing Body member
V5	January 2016	Various changes to committee terms of reference
V6	March 2016	Creation of Greater Manchester Healthier Together Joint Committee
V7	May 2017	Change from 6 localities to 7 SDFs
V8	April 2018	Changes to some committee membership
V9	September 2018	Addition of GM Joint Commissioning Board and inclusion of non-NHS members of committees; move committee ToRs to a separate document
V10	April 2019 (NHS England Approval Letter January 2020)	Changes incorporating new NHSE standard model and governance handbook; introduction of integrated commissioning committee
V11	May 2020	Further alignment with NHSE model and change in Governing Body membership
V12	November 2020	Amended Committee terms of reference

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1 INTRODUCTION

1.1 Name

1.1.1 The name of this clinical commissioning group is NHS Wigan Borough Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

1.2.1 CCGs are established under the NHS Act 2006 ("the 2006 Act"), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act).

b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act).

c) Financial duties (under sections 223G-K of the 2006 Act).

d) Child safeguarding (under the Children Acts 2004,1989).

e) Equality, including the public-sector equality duty (under the Equality Act 2010).

f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013.

1.3.2 Changes to this constitution are effective from the date of approval by NHS England.

1.3.3 The constitution is published on the CCGs website at: www.wiganboroughccg.nhs.uk

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

a) Where the CCG applies to NHS England and that application is granted.

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

1.4.2 The Accountable Officer may propose amendments to the constitution. These may be agreed by the Governing Body without reference to Members or to NHS England unless:

- Changes are thought to have a material impact
- Changes are proposed to the reserved powers of the members.
- At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval.

1.4.3 Where material changes are proposed, Member practices must be consulted and asked to approve the changes proposed. The response from members will be included within the CCG's application for approval of the revised constitution to NHS England.

1.4.4 Member practices may propose amendments to the Constitution. Non-material changes may be approved by the Governing Body. Material changes must be put forward Member Practices as specified at 1.4.3 above.

1.5 Related Documents

1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

a) Standing Orders - set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

b) The Scheme of Reservation and Delegation - sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body.

c) Prime financial policies - which set out the arrangements for managing the CCG's financial affairs.

d) Standing Financial Instructions - which set out the delegated limits for financial commitments on behalf of the CCG.

e) The CCG Governance Handbook which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest.
- Terms of reference for those committees of Governing Body that do not appear in appendix 2 of this Constitution.
- Accountability Agreements between CCG members, Single Delivery Footprint (SDF) groups and the CCG.

1.6 Accountability and Transparency

1.6.1 The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by being transparent. We will meet our statutory requirements to:

a) Publish our constitution and other key documents including:

- Register of interests, gifts and hospitality.
- Procurement register.
- Governing Body meeting papers and minutes.
- Public Sector Equality Duty annual report.
- Annual engagement report.

b) Appoint independent lay members and non-GP clinicians to our Governing Body.

c) Manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution).

d) Hold Governing Body meetings in public (except where we believe that it would not be in the public interest).

e) Publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy.

f) Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy.

g) Involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Consultation Protocol and Consultation and Engagement Strategy.

h) When discharging its duties under section 14Z2, the CCG will ensure that it fully implements the arrangements made pursuant to s14Z2 and that it does so with openness and transparency, with a clear commitment to the earliest active engagement with patients and the public on important matters, and with an assurance of fairness, inclusion and non-discrimination throughout engagement and involvement processes. The

CCG will ensure that it secures the involvement of patients and the public in the planning development and consideration of proposals for changes to and decisions affecting the operation of, commissioning arrangements by:

- Implementing and monitoring the provisions of the Communications and Engagement Strategy.
- Maintaining a positive and trusted reputation, being acknowledged as open and transparent.
- Building continuous engagement with all stakeholders including the public and patients.
- Producing an annual engagement report describing all consultations and other engagement activities that the CCG has undertaken.

In addition, the CCG will:

i) Comply with Wigan Council's health overview and scrutiny requirements.

j) Meet annually in public to present an annual report which is then published.

k) Produce annual accounts which are externally audited.

l) Publish a clear complaints process.

m) Comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG.

n) Provide information to NHS England as required.

o) Be an active member of the Wigan Borough Health and Wellbeing Board.

1.6.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by publishing and complying with our Market Management and Procurement Strategy alongside our Procurement Policy so that the best possible value for the public purse and the budget we manage is obtained.

1.7 Liability and Indemnity

1.7.1 The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.

1.7.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

1.7.4 The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCGs' business, provided that

the person indemnified shall not have acted recklessly or with gross negligence.

2 AREA COVERED BY THE CCG

2.1 The area covered by the CCG is fully coterminous with the area covered by Wigan Borough Council. .

3 MEMBERSHIP MATTERS

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below.

SERVICE DELIVERY FOOTPRINT (SDF)	HINDLEY
Practice	**Address**
Dr Tun & Partners	The Health Centre 17 Liverpool Road Hindley Wigan WN2 3HQ
Alexander House	Platt Bridge Health Centre Rivington Avenue Platt Bridge Wigan WN2 5NG
Pennygate Medical Centre	Pennygate Medical Centre 109 Ladies Lane Hindley Wigan WN2 2QG
Platt Bridge Health Centre	Platt Bridge Health Centre Rivington Avenue Platt Bridge Wigan WN2 5NG
Higher Ince Surgery	Ince Surgery Ince Community Clinic Manchester Road Ince Wigan WN2 2DJ
Lower Ince Surgery	Claire House, Lower Ince, Phoenix Way, Wigan WN3 4NW
Claire House /Rivington Way Surgery	Claire House Surgery, Claire House, Phoenix Way, Lower Ince, Wigan, WN3 4NW/Rivington Way Surgery, Platt Bridge Health Centre, Rivington Avenue, Platt Bridge, Wigan WN2 5NG
SDF	**LEIGH**
Practice	**Address**
Dr G T Wong & Partners	Old Henry Street Medical Centre, Henry Street, Leigh
Brookmill Medical Centre	Brookmill Medical Centre College Street Leigh WN7 2RB
Westleigh Medical Practice	429 Warrington Road Abram Wigan WN2 5XB
Lilford Park Surgery Leigh	Health Centre, The Avenue, Leigh
Foxleigh Surgery	Bridgewater Medical Centre, Henry Street, Leigh
Dr's Lewis, Martin & Saravanden	Leigh Health Centre, The Avenue, Leigh
Dr B H Esa	Leigh Health Centre, The Avenue, Leigh
Premier Health Team	Bridgewater Medical Centre, Henry Street, Leigh
Dr Maung & Partners	Leigh Health Centre, The Avenue, Leigh
Pennington Park Surgery	Bridgewater Medical Centre, Henry Street, Leigh
Leigh Family Practice	Bridgewater Medical Centre, Henry Street, Leigh
Leigh Sports Village Practice	Leigh Sports Village Sale Way Leigh WN7 4JY
SDF	**LIGA [LOWTON, INCE GOLBORNE, ASHTON]**
Practice	**Address**
Braithwaite Surgery	36 Braithwaite Road Lowton Warrington WA3 2HY
High Street Medical Centre	Golborne Health Centre Kidglove Road Golborne, WA3 3GS
Ashton Medical Centre	Ashton Medical Centre 120 Wigan Road Ashton-In-Makerfield Wigan WN4 9SU
Dr M Pal	The Surgery Morden Avenue Ashton In Makerfield Wigan WN4 9PT

Family Medical Practice	Golborne Health Centre Kidglove Road Golborne WA3 3GS
Slag Lane Medical Centre	Slag Lane Medical Centre 216 Slag Lane Lowton Nr Warrington WA3 2EZ
Dr C A Xavier	647 Liverpool Road Platt Bridge Wigan WN2 5BD
Dr Alistair & Partners	Ashton Clinic Queens Road Ashton In Makerfield Wigan WN4 8LB
SDF	**NORTH WIGAN**
Practice	**Address**
Beech Hill Medical Centre	Beech Hill Medical Practice 278 Gidlow Lane Wigan WN6 7PD
Standish Medical Practice	49 High Street Standish Wigan WN6 0HD
Aspull Surgery	Aspull Surgery Haigh Road Aspull Wigan WN2 1XH
Shevington Surgery	The Surgery Houghton Lane Shevington Wigan WN6 8ET
SDF	**SWAN [SOUTH WIGAN, ASHTON NORTH]**
Practice	**Address**
Medicentre	Medicentre 185 Wigan Road Ashton-In-Makerfield Wigan WN4 9SL
Dr S J Zaman	Chandler House Worsley Mesnes Health Centre Poolstock Lane Wigan WN3 5HL
The Chandler Surgery (Kumar)	Chandler House Worsley Mesnes Health Centre Poolstock Lane Wigan WN3 5HL
Bryn Cross Surgery	Bryn Cross Surgery, 246 Wigan Road, Ashton-in-Makerfield, Wigan
Winstanley Medical Practice	Winstanley Medical Centre, Holmes House Avenue, Winstanley, Wigan
Marus Bridge Practice	Chandler House Worsley Mesnes Health Centre Poolstock Lane Wigan WN3 5HL
Hawkley Brook Medical Practice	Chandler House Worsley Mesnes Health Centre Poolstock Lane Wigan WN3 5HL
Shakespeare Surgery Ltd	Chandler House Worsley Mesnes Health Centre Poolstock Lane Wigan WN3 5HL
SDF	**TABA+ [TYLDESLEY, ATHERTON, BOOTHSTOWN, ASTLEY]**
Practice	**Address**
Coldhahurst Lane Surgery	1 Coldalhurst Lane Astley Tyldesley Manchester M29 7BS
Elliott Street Surgery (Dr S T H Shah & Partners)	145 Elliott Street Tyldesley Manchester M29 8FL
The Surgery, Tyldesley	The Surgery High Street Tyldesley Manchester M29 8AL
Dr K Chan & Partners	Seven Brooks Practice 21 Church Street Atherton M46 9DE
Boothstown Medical Practice	239 Mosley Common Road Boothstown Worsley Manchester M28 4BZ
Meadowview Surgery	Ormerod House Atherton Health Centre Nelson Street Atherton Manchester M46 0LE
Bee Fold Surgery	Bee Fold Medical Centre 25 Bee Fold Lane Atherton Manchester M29 0BD
Bag Lane Surgery	Ormerod House Atherton Health Centre Nelson Street Atherton Manchester M46 0LE
Astley General Practice	391a Manchester Road Astley Tyldesley Manchester M29 7BY
The Surgery, Astley	10 Higher Green Lane Astley Tyldesley Manchester M29 7HG
Seven Brooks Medical Centre	Seven Brooks Practice 21 Church Street Atherton M46 9DE
Poplar Street Surgery	Tyldesley Health Centre Poplar Street Tyldesley M29 8AX
SDF	**WIGAN CENTRAL**
Practice	**Address**
Dicconson Group Practice	Boston House, Wigan Health Centre, Frog Lane, Wigan
Dr P A Smith & Partner	Bradshaw Medical Centre Bradshaw Street Orrell Wigan WN5 0AB
Dr M C Smith & Partners	Sullivan Way Surgery Sullivan Way, Wigan WN1 3TB
Pemberton Surgery	Sherwood Drive, Wigan
Drs D L D'arifat & Partners	Newtown Medical Practice, Sherwood Drive, Wigan
Dr M K Patel & Partners	Longshoot Health Centre Scholes Wigan WN1 3NH

Dr J D Seabrook & Partner	1 Wrightington Street Wigan WN1 2AZ
Mesnes Surgery	Mesnes View Surgery Mesnes Street Wigan WN1 1ST
Marsh Green Medical Practice	Harrow Road Marsh Green Wigan WN5 0QL

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Speaking, Writing or Acting in the Name of the CCG

3.3.1 Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG.

3.3.2 Nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4 Members' Rights

3.4.1 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 by the constitution of the CCG.

3.4.2 Practices are organised to work together in SDF groups to deliver the CCG's responsibilities.

3.4.3 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 patients.

3.4.4 The roles and responsibilities of SDFs however are a mechanism that will improve the operational management of the CCG and the delivery of the CCG's statutory responsibilities. They are described in the governance handbook of the CCG.

3.4.5 The governing body SDF clinical executives are appointed firstly through election and then a competency-based selection process. There is one clinical lead representing each SDF and therefore the electorate will be limited to the membership of the relevant SDF. The SDF clinical leads are also the chairs of the SDF groups.

3.4.6 The Chair of the Governing Body is appointed from the cohort of elected clinical executives and if applicable the standing Chair. Once appointed another clinical lead will be appointed to back-fill the chair's position in the SDF.

3.5 Members' Meetings

3.5.1 The CCG membership meets annually (as a minimum) to discuss the strategic

direction being set by the Governing Body and to receive the CCG's annual report.

3.6 Practice Representatives

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG.

3.6.2 The role of the nominated lead healthcare professionals and the arrangements put in place for them to engage with the CCG are set out in the CCG's governance handbook.

4. ARRANGEMENTS FOR THE EXERCISE OF OUR FUNCTIONS.

4.1 Good Governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance. These include:

a) The highest standards of propriety, 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 (CIPFA and the Office of Public Management).

c) The standards of conduct 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 standards set out in the Professional Standards Authority's guidance '*Standards for Members of NHS Boards and CCG Governing Bodies in England (2013)'*.

f) Relevant legislation including The Equality Act 2020.

g) Guidance on Freedom to Speak Up, e.g., published by the National Guardian's Office.

4.2 General

4.2.1 The CCG will:

a) Comply with all relevant laws, including regulations.

b) Comply with directions issued by the Secretary of State for Health and Social Care or NHS England.

c) Have regard to statutory guidance including that issued by NHS England.

d) Take account, as appropriate, of other documents, advice and guidance.

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

4.3.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

a) Any of its members or employees.
b) Its Governing Body.
c) A Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

4.4.1 The Governing Body may grant authority to act on its behalf to:

a) Any Member of the Governing Body.

b) A Committee or Sub-Committee of the Governing Body.

c) A Member of the CCG who is an individual (but not a Member of the Governing Body).

d) Any other individual who may be from outside the organisation and who can aid the CCG in delivering its functions.

5 PROCEDURES FOR MAKING DECISIONS

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD) as included at appendix 3 and included within the Governance Handbook.

5.1.2 The CCG's SoRD sets out the decisions:

a) That are reserved for the membership as a whole.
b) That have been delegated by the CCG, the Governing Body or other individuals.

5.1.3 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.

5.2 Standing Orders

5.2.1 The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- Conducting the business of the CCG.
- The appointments to key roles including Governing Body members.
- The procedures to be followed during meetings.
- The process to delegate powers.

5.2.2 A full copy of the standing orders is included in appendix 4. The standing orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.3.2 A copy of the SFIs is included at appendix 5 and forms part of this constitution. The SFIs set out the delegated authority limits for financial commitment.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

a) Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function).

b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs.

a) Leading the development of vision and strategy for the CCG.

b) Overseeing and monitoring quality improvement.

c) Approving the CCG's Commissioning Plans and its consultation arrangements.

d) Stimulating innovation and modernisation.

e) Ensuring the effectiveness of the arrangements for clinical commissioning through the Service Delivery Footprints (SDFs).

f) Overseeing and monitoring performance.

g) Overseeing risk assessment and securing assurance actions to mitigate identified strategic risks.

h) Promoting a culture of strong engagement with patients, families, carers, the public and other stakeholders about the activity and progress of the CCG.

i) Ensuring good governance and leading a culture of good governance throughout the CCG.

j) The ability to enter into arrangements with one or more relevant Local Authority in respect of:

- Delegating specified commissioning functions to the Wigan Council.
- Exercising specified commissioning functions jointly with Wigan Council.
- Exercising any specified health -related functions on behalf of Wigan Council.

k) Making arrangements to work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

l) Making arrangements to work together with other CCGs in the exercise of its Commissioning Functions.

The procedures for the Governing Body, including voting arrangements, are set out within the standing orders.

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website.

5.5.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body. These requirements are detailed as follows:

- The Chair
- The Accountable Officer
- The Chief Finance Officer
- A Secondary Care Specialist
- A Registered Nurse
- Two Lay Members:
  - One who has qualifications expertise or experience to enable them to lead finance and audit matters.
  - One who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions.

5.5.3 The CCG has also agreed the following additional members:

- A third lay member who leads on conflicts of interest and corporate governance
- Three GP SDF Clinical Executives to represent all seven SDFs.

5.6 Additional Attendees at the Governing Body Meetings

5.6.1 The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate but may not vote.

5.7 Appointments to the Governing Body

5.7.1 The process of appointing GP SDF Clinical Executives to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the standing orders.

5.7.2 Also set out in standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2 The Governing Body may establish Committees and Sub-Committees.

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body.

5.8.6 Although not committees or sub-committees of the Governing Body, SDFs are important mechanisms which regulate the relationship between the CCGs and GP practices. The SDF groups meet regularly and provide reports to the Governing Body for information.

5.9 Committees of the Governing Body

5.9.1 The Governing Body will maintain the following statutory or mandated Committees.

5.9.2 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.9.3 The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.

5.9.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.9.5 The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.

5.9.6 **Primary Care Commissioning Committee**[i] This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.

5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s).

5.9.8 The terms of reference for each of the above committees are included in appendix 2 to this constitution and form part of the constitution.

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the Governance Handbook.

5.10 Collaborative Commissioning Arrangements

5.10.1 The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2 In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3 The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

a) Reporting arrangements to the Governing Body, at appropriate intervals.

b) Engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements.

c) Progress reporting against identified objectives.

5.10.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

a) Identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements.

b) Specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented.

c) Set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts.

d) Specify under which of the CCG's supporting policies the collaborative working arrangements will operate.

e) Specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties.

f) Set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed.

g) Identify how disputes will be resolved and the steps required to safely terminate the working arrangements.

h) Specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

5.11.1 The CCG will work in partnership with Wigan Council to reduce health and social inequalities and to promote greater integration of health and social care.

5.11.2 Partnership working between the CCG and Wigan Council partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

a) Delegating specified commissioning functions to Wigan Council.
b) Exercising specified commissioning functions jointly with Wigan Council.
c) Exercising any specified health -related functions on behalf of Wigan Council.

5.11.3 For purposes of the arrangements described in 5.11.2, the Governing Body may:

a) Agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning.

b) Make the services of its employees or any other resources available to the Local Authority.

c) Receive the services of the employees or the resources from the Local Authority.

d) Where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions.
- The duties and responsibilities of the parties, and the legal basis for such arrangements.
- How risk will be managed and apportioned between the parties.
- Financial arrangements, including payments towards a pooled fund and management of that fund.
- Contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements.
- The liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.11.5 The arrangements for joint commissioning with Wigan Council are described in the section 75 Agreement and the Integrated Commissioning Board Terms of Reference.

5.12 Joint Commissioning Arrangements - Other CCGs

5.12.1 The CCG may work together with other CCGs in the exercise of its Commissioning Functions.

5.12.2 The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.12.3 The CCG may make arrangements with one or more other CCGs in respect of:

a) Delegating any of the CCG's commissioning functions to another CCG.
b) Exercising any of the Commissioning Functions of another CCG.
c) Exercising jointly the Commissioning Functions of the CCG and another CCG.

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

a) Make payments to another CCG.
b) Receive payments from another CCG.
c) Make the services of its employees or any other resources available to another CCG.
d) Receive the services of the employees or the resources available to another CCG.

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

5.12.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

a) How the parties will work together to carry out their commissioning functions.
b) The duties and responsibilities of the parties, and the legal basis for such arrangements.
c) How risk will be managed and apportioned between the parties.
d) Financial arrangements, including payments towards a pooled fund and management of that fund.
e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 0 above.

5.12.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

5.12.10 Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.

5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

a) Make a quarterly written report to the Governing Body.

b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements.

c) Publish an annual report on progress made against objectives.

5.12.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

5.13 Joint Commissioning Arrangements with NHS England

5.13.1 The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

5.13.2 The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements

5.13.3 In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.

5.13.4 The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

5.13.6 Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

b) The duties and responsibilities of the parties, and the legal basis for such arrangements.

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

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

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

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

5.13.10 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements undertakes the following.

a) Provides a quarterly written report to the Governing Body.

b) Holds at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements'

c) Publishes an annual report on progress made against objectives.

5.13.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6 PROVISIONS FOR CONFLICT OF INTEREST MANAGEMENT AND STANDARDS OF BUSINESS CONDUCT

6.1 Conflicts of Interest

6.1.1 As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.

6.1.3 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Lay Chair of the Audit/Corporate Governance Committee to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest.

b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest.

c) Support the rigorous application of conflict of interest principles and policies.

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

e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.

6.2.5 Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the

CCG for the specified timeframe and details of whom to contact to submit a request for this information.

6.2.6 Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

6.3.1 The CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

6.4 Standards of Business Conduct

6.4.1 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) Act in good faith and in the interests of the CCG.

b) Follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles).

c) Comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.*

d) Comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definitions of Terms used in this Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: Complies with its obligations under: • sections 14Q and 14R of the 2006 Act, • sections 223H to 223J of the 2006 Act, • paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and • any other provision of the 2006 Act specified in a document published by the Board for that purpose. Exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution.
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Group	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG.
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: • the General Medical Council (GMC) • the General Dental Council (GDC) • the General Optical Council • the General Osteopathic Council • the General Chiropractic Council • the General Pharmaceutical Council • the Pharmaceutical Society of Northern Ireland • the Nursing and Midwifery Council • the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999.
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.

Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body.
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* in 2013.
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board. NHS England work together with a single management team although they remain separate legal bodies. In this Constitution the term NHS England includes NHS Improvement and *vice versa*.
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: • the Members of the group. • the Members of its CCG Governing Body. • the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a "Sustainability and Transformation Plan".
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making.

Appendix 2: COMMITTEE TERMS OF REFERENCE

Governance & Audit Committee
Terms of Reference

1. Introduction

1.1 The Wigan Borough CCG (WBCCG) Governance and Audit Committee (the Committee) is established as a Committee of the Governing Body of WBCCG. It is established in accordance with WBCCG'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 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 governance and audit activities in the appropriate areas of accountability referred to in section 8 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. WBCCG Governance and Audit Committee shall review the implementation and ongoing quality of integrated governance, risk management and internal control, across the whole of WBCCG's activities (both clinical and non-clinical), that are delegated to CCGs.

2 Membership

2.1 The Committee shall be made up of the three lay members of the Governing Body. A lay member with relevant financial experience will chair the Committee. In the absence of the Chairman from a meeting of the Committee, a Chairman shall be nominated by other members attending that meeting.

2.2 Only members of the Committee have the right to attend and participate in group meetings. Other individuals such as the Accountable Officer of WBCCG, Chief Finance Officer, other senior management, the Head of Internal Audit, Local Anti-Fraud Specialist and representatives from the finance and risk functions may be invited to attend all or part of any meeting, as and when appropriate.

2.3 The External Auditors will be invited to attend meetings of the Committee.

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

3 Secretary

3.1 The Chief Finance Officer shall nominate a person to act as Secretary of the Committee.

4 Quorum

4.1 The quorum necessary for the transaction of business shall be two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the group.

5 Frequency and conduct of meetings

5.1 The Committee shall meet in accordance with the timetable as agreed in the Annual Work Plan but this shall be a minimum of four times per year.

5.2 Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of the WBCCG Constitution.

5.3 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

6 Notice of meetings

6.1 Meetings of the Committee shall be summoned by the Secretary of the group at the request of any of its members, or at the request of external or internal auditors if they consider it necessary.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

7 Minutes of meetings

7.1 The secretary shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance. An action log shall be maintained to monitor progress against all matters arising.

7.2 Minutes of Committee meetings shall be circulated promptly to all attendees of the meeting and Committee members and, once agreed, to all members of WBCCG Governing Body.

8 Duties - The Committee should carry out the duties below:

8.1 Financial reporting

8.1.1 The Committee shall monitor the integrity of the financial statements of WBCCG, including the annual report, reviewing significant financial reporting issues and judgements which they contain. The Committee shall also review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement.

8.1.2 The Committee has delegated authority within the Constitution to approve and adopt WBCCG's Annual Report and Accounts.

8.1.3 The Committee shall review and challenge where necessary:

- The consistency of, and any changes to, accounting policies
- The methods used to account for significant or unusual transactions where different approaches are possible
- Whether WBCCG has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditors
- The clarity of disclosure in WBCCG's financial reports and the context in which statements are made, and
- All material information presented with the financial statements (insofar as it relates to audit and risk management).

8.1.4 The Committee should also ensure that the systems for financial reporting, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the WBCCG Governing Body.

8.2 Internal controls and risk management systems

The Committee shall review the implementation and ongoing quality of integrated governance, risk management and internal control, across the whole of WBCCG's activities (both clinical and non-clinical), that are delegated to CCGs. In particular the Committee shall:

8.2.1 Review the effectiveness of WBCCG's internal controls, the Governing Body Assurance Framework, integrated governance and risk management systems.

8.2.2 Review the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any reports from internal or external audit or other appropriate independent assurances, before making recommendations to the WBCCG Governing Body.

8.2.3 Review the statements to be included in the annual report concerning internal controls and risk management.

8.2.4 Review the underlying assurance processes that indicate the degree of the achievement of corporate priorities, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

8.2.5 Review the policies and procedures for all work related to fraud, bribery and corruption as set out within NHS Standard Contract Service Condition 24 and as required by NHS Counter Fraud Authority's Standards for Commissioners.

8.2.6 Review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements as defined in appendix 2.

8.2.7 Review compliance with relevant regulatory, legal and code of conduct requirements including those listed in appendix 1.

8.2.8 Review instances where WBCCG's Standing Orders and Standing Financial Instructions are waived and investigate those issues that present a risk to the internal control functions of WBCCG.

8.2.9 Review at least annually WBCCG's register of gifts, hospitality and sponsorship, and declaration of Governing Body members' interests.

8.2.10 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

8.2.11 The Committee will need to:

- review corporate priorities and risk management;
- 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

8.3 Internal audit

To monitor the effectiveness of the internal audit function established by management, which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Governing Body, the Committee shall, insofar as the areas delegated to CCGs are concerned:

8.3.1 Monitor and review the quality and effectiveness of the internal audit function in the context of WBCCG's overall risk management system as identified in the Governing Body assurance framework.

8.3.2 Consider and approve the remit of the internal audit function and ensure it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate standing and is free from management or other restrictions.

8.3.3 Recommend the appointment and removal of the Internal Audit function.

8.3.4 Review and assess the annual internal audit plans, ensuring these are consistent with the audit needs of the organisation as identified in the Assurance Framework.

8.3.5 Evaluate promptly all reports giving limited or no assurance from the internal auditors.

8.3.6 Assess and monitor management's responsiveness to the findings and recommendations of the internal auditors.

8.3.7 Meet the Head of Internal Audit at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the Head of Internal Audit shall be given the right of direct access to the Chairman of WBCCG Governing Body and to the Committee.

8.4 Anti-Fraud

The Committee shall ensure that there is effective review of the work of the Local Anti-Fraud Specialist as set out by the NHS Standard Contract Service Condition 24 and as required by NHS Counter Fraud Authority's Standards for Commissioners, insofar as the areas delegated to CCGs are concerned. This will be achieved by:

8.4.1 Approval of the appointment of a Local Anti-Fraud Specialist either directly or through the appointment of the internal audit service.

8.4.2 Review and approval of the Anti-Fraud, Bribery and Corruption Policy, operational plans (including Annual Workplan and Annual Report) and detailed programme of work, through recurring progress reports, to ensure that the Committee is satisfied with action taken throughout the year and that significant losses have been properly investigated and reported to the internal and external auditors and relevant external bodies including NHS Counter Fraud Authority.

8.4.3 Ensure that the Anti-Fraud functions are adequately resourced and have appropriate standing within WBCCG.

8.5 External Audit

The Committee shall:

8.5.1 Review the work and findings of the external auditor and consider the implications and management's responses to their work.

8.5.2 Oversee the relationship with the External Auditor including (but not limited to):

- Consideration of the appointment and performance of the external auditors and make recommendations to the Governing Body.
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan.
- Discussion with the External Auditor of their local evaluation of audit risks and assessment of WBCCG and associated impact on the audit fees.
- Review all external audit reports, including agreement of the annual audit letter before submission to the Governing Body and any work carried outside the annual audit plan, together with the appropriateness of management responses.

8.5.3 The Committee shall meet the external auditor at least once a year, without management being present to discuss their remit and any issues arising from the WBCCG audit.

8.5.4 Ensure WBCCG receives an effective service.

8.6 Assurance

8.6.1 The Committee shall review the findings of other significant assurance functions, both internal and external, and make recommendations to the WBCCG Governing Body on matters affecting the governance of WBCCG. These will include, but not be limited to, any reviews by NHS England and Improvement or regulators/inspectors, or professional bodies with responsibility for the performance of staff or functions.

8.6.2 The Committee will review the work of other Committees of the Governing Body, whose work can provide relevant assurance to the group's own scope of work.

8.6.3 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control, and may request specific reports from individual functions within WBCCG as they may be appropriate to the overall arrangements.

8.7 Whistle-blowing

8.7.1 The Committee shall review WBCCG's arrangements for their employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

9 Reporting responsibilities

9.1 The Committee will report to the WBCCG Governing Body annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the WBCCG Governing Body assurance framework, the completeness

and degree of integration of risk management in the organisation, and the holistic nature of governance arrangements.

9.2 The Committee shall report formally to the WBCCG Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities and ensure they are notified of significant control issues and risks in a timely manner.

9.3 The Committee shall make whatever recommendations to the WBCCG Governing Body it deems appropriate on any area within its remit where action or improvement is needed.

10 Other matters

The Committee shall:

10.1 Have access to sufficient resources in order to carry out its duties, including access to the WBCCG secretariat for assistance as required.

10.2 Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

10.3 Give due consideration to laws and regulations impacting on the work of the Committee.

10.4 Be responsible for co-ordination of the internal and external auditors.

10.5 Oversee any investigation of activities which are within its terms of reference.

11 Authority

The Committee is a Committee of WBCCG's Governing Body and has no powers, other than those specifically delegated in these terms of reference. WBCCG Audit Committee is authorised:

11.1 To seek any information it requires from any employee of WBCCG in order to perform its duties.

11.2 To obtain, at WBCCG's expense, outside legal or other professional advice on any matter within its terms of reference within a limit determined by the Chief Finance Officer.

11.3 To call any employee to be questioned at a meeting of the Committee as and when required.

Schedule 1 – Current relevant legislation

Civil Contingencies Act 2006 (Emergency Planning and Business Continuity)
Bribery Act 2010
Fraud Act 2006
Health and Safety at Work Act 1974 and subsequent Statutory Instruments
Information Governance legislation (including Data Protection Act, 1998)
NHS Act 2006 (Section 242 – Consultation, Engagement and Involvement and Health Overview and Scrutiny Committee)
Human Rights Act, 1998, Race Relations Act, 2000 and Equality Act 2010 (Equality Impact Assessments, Equality Diversity and Human Rights)
Employment law
Access to Health Records Act, 1990
Freedom of Information Act, 2000
Local Authority Social Services and NHS Complaints Regulations (England), 2009
Procurement
Health and Social Care Act 2013

Schedule 2 – List of policies to be approved by Audit Committee

Standing Financial Instructions (Prime Financial Policies);
Standing Orders;
Scheme of Delegation;
Standards of Business Conduct;
Gifts and Hospitality Policy;
Whistleblowing Policy;
Any policy relating to Anti-Fraud, Bribery and Corruption.

Remuneration Committee
Terms of Reference

1. Name

The Committee will be known as the Remuneration Committee.

2. Overview

The Remuneration Committee is a committee of NHS Wigan Borough CCG. It has those executive powers delegated to it by the Governing Body within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

3. Purpose

The Remuneration Committee has been established to:

- Exercise delegated authority on behalf of Wigan Borough CCG's Governing Body to set remuneration, fees and other allowances for employees and for other people working on behalf of the CCG who are not employed on AfC terms and conditions which includes clinical leads / and or others on contracts for/of services or office holder agreements. This will usually be in line with the national AfC pay award and / or benchmarking / market rates;

- Recommend general principles to the CCG's Governing Body in relation to the determination of the remuneration, fees and other allowances for Governing Body members of the Remuneration Committee working on behalf of the CCG's Governing Body but who are not employed on AfC terms and conditions. These broad principles could be in line with any annual pay award / pay inflation or specific national guidance; and

- Make recommendations to the CCG's Governing Body on the allowance under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

4. Responsibilities

The Committee will:

- Recommend general principles to the Governing Body in relation to the determination of the remuneration, fees and other allowances for Governing Body members, senior executives and others working on behalf of the CCG but who are not employed on AfC terms and conditions. This may also include those working within hosted organisations;

- Exercise delegated authority on behalf of the CCG's Governing Body to set remuneration, fees and other allowances for employees and for other people working on behalf of the CCG who are not employed on AfC terms and conditions which includes clinical leads / and or others on contracts for/of services and office holder agreements;

- Establish an appropriate appraisal system for elected members who are employees of the group, for the Chief Accountable Officer, Chief Finance Officer and other senior employees who are not employed on Agenda for Change terms and conditions having taken into account relevant factors, the level of annual rewards for elected members who are employees of the CCG. For the Chief Accountable Officer, Chief Finance Officer, Executive Nurse and other senior employees who are not employed on Agenda for Change terms and conditions;

- Review the performance of the Accountable Officer and other senior employees where any annual salary awards if applicable and make recommendations where applicable;

- Determine the severance payment of Governing Body members' posts seeking HM Treasury approval as appropriate in accordance with the guidance "Managing Public Money" where appropriate to the office held;

- Set allowances under any pension scheme that the group might establish as an alternative to the NHS pension scheme; and, where the group has discretion recommend other benefits which ay form part of a total reward system;

- Approve relocation allowances above the CCG's policy limit;

- Provide a statement to be included in the CCG's annual report on:

    - The disclosure of any remuneration received by a Governing Body member serving as a Non-Executive Director elsewhere;
    - The composition of the Remuneration Committee which includes the names of the Chair and members of the Remuneration Committee;
    - The number of meetings and an individual's attendance at each meeting;
    - The name of any person (including external advisers) who provided advice or services to the Remuneration Committee that materially assisted the Committee in their consideration of any matter. Where an external person or adviser has provided advice or services a description of any other services that person was appointed by the Committee must be stated.

- The Committee will annually review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body;

- The Committee will consider arrangements for termination of employment and other contractual terms (decisions requiring dismissal shall be referred to the Governing Body);

- Approve the terms and conditions, remuneration and travelling or other allowances for clinical leads, including pensions and gratuities;

- Undertake any other duties as directed by the CCG's Governing Body; and

- All aspects of remuneration relating to member practices and / or their representatives (including aspects such as clinical lead roles and member schemes).

5. Lead Officer

The lead officer for the Committee is the Assistant Director of Human Resources and Organisational Development.

6. Membership

The Committee shall consist of the following voting members:

- Lay Member for Transformation and Innovations including the annual QIPP programme (Chair)
- Lay Member for Audit, Governance and Conflicts of Interest
- Lay Member for Patient and Public Engagement & Inclusivity
- Secondary Care Doctor
- Executive Registered Nurse

The following may be expected to attend as non-voting members:

- Chief Accountable Officer
- Chief Finance Officer
- Chair of the Governing Body
- Assistant Director of Human Resources and Organisational Development
- Associate Director of Finance

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad- hoc requirements.

There is no provision for deputies to represent voting members at the meetings of the Committee.

In the absence of the Chair, the Committee will nominate another member of the Committee who will deputise.

7. Quoracy

The quorum shall be three members including the Chair or Deputy Chair and the Lead Officer.

8. Voting

A decision will be carried by a simple majority of votes.

9. Frequency of Meetings

The Committee will meet a minimum of two times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

10. Attendance at Meetings

Members are expected to attend 100% of meetings or if this is not achievable advise the Chair in advance of the meeting. In those cases, a deputy should be sent who is empowered to make judgements and decisions on the member's behalf.

11. Reporting

The Committee will report to the Governing Body as required. The minutes will be formally recorded and made available to the Governing Body members.

12. Conflicts of Interest

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will:

- Act in accordance with WBCCG's Risk Management Framework;
- Maintain appropriate registers of interests and a register of decisions;
- Publish or make arrangements for the public to access those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

13. Code of Conduct

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

14. Risk Management

The Committee will adhere to the WBCCG's Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Lead Officer is responsible for risk management for the Committee.

The Committee is required to give assurance to the Governing Body that robust governance and management processes are in place to manage risk.

15. Recording of Meetings

The CCG is committed to being open and transparent in the way it conducts decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to ‘Procedure for Audio Recording Meetings’.

16. Date of Review

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

Primary Care Commissioning Committee
Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Wigan Borough CCG. The delegation is set out in Schedule 3.

3. The CCG has established the NHS Wigan Borough CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations and groups:

    - NHS Wigan Borough CCG
    - Wigan Council
    - Healthwatch Wigan and Leigh
    - Patient Forum
    - Greater Manchester Health and Social Care Partnership (NHS England/Improvement)

Statutory Framework

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

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

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

    a) Management of conflicts of interest (section 14O);
    b) Duty to promote the NHS Constitution (section 14P);
    c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
    d) Duty as to improvement in quality of services (section 14R);

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

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the "NHS Act".

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

Role of the Committee

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

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Wigan Borough CCG, which will sit alongside the delegation and terms of reference (Memorandum of Understanding).

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

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

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes, section 96, local incentive schemes).

16. The Committee will also carry out the following activities:

    a) P**l**an; including needs assessment, integration across Primary Care Networks (PCNs), alignment to Service Delivery Footprints (SDFs) and innovation for primary medical care services in Wigan Borough.
    b) Undertake a programme of contract reviews of primary medical care services in Wigan Borough, which align to peer reviews and other quality improvement activity.
    c) Co-ordinate a common approach to the commissioning of primary care services, in line with the NHS England Primary Medical Care Policy and Guidance Manual (PGM).
    d) Manage the budget for commissioning of primary medical care services in Wigan Borough.
    e) Ensure that primary care commissioning is aligned to the direction of local strategy and decisions made within the Integrated Commissioning Committee.

Geographical Coverage

17. The Committee's responsibilities will cover the same geographical area as those of NHS Wigan Borough CCG which is fully coterminous with Wigan Council.

Membership

18. The Committee shall consist of:

    - A Governing Body Lay Member as Chair
    - A second Governing Body Lay Member as Deputy Chair
    - Two executive officer members
    - Other specified officer members
    - GP member (non-voting)
    - Wigan Council representative (non-voting)
    - Healthwatch Wigan and Leigh representative (non-voting)
    - Patient Forum representative (non-voting)

    [list of members included as Schedule 1 to this terms of reference]

19. NHS England shall be invited to be in attendance at the meetings.

20. The Wigan Borough CCG Managing Director/Accountable Officer will have an open membership to the committee, attendance can be at any meeting but does not affect quoracy if not in attendance

Meetings and Voting

21. The Committee will operate in accordance with the CCG's Standing Orders. The Director of Primary Care will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of

the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

22. Each member of the Committee shall have one vote except those indicated in Schedule 1 as non-voting. Members may appoint deputies to attend on their behalf and this should be formally minuted. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote where appropriate. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

23. Five voting members represent quorum, and included within this must always be at least one lay member present in the form of Chair or Deputy Chair.

Frequency of meetings

24. The committee will meet Bi-Monthly (May, July, September, November, January & March).

25. Meetings of the Committee shall:

    a) be held in public, subject to the application of 22(b) below;
    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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

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

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

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

30. The Committee will present its minutes to the Greater Manchester office of NHS England and the Governing Body of NHS Wigan Borough CCG and Integrated

Commissioning Committee for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 24 above.

31. The CCG will also comply with any reporting requirements set out in its constitution.

32. Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

33. Budget and resource accountability arrangements and the decision-making scope of the Committee are covered by the Delegation (Schedule 3) and the associated Delegation Agreement.

34. The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This committee is accountable to the Governing Body. Membership of the Governing Body is representative of the membership through the elected Service Delivery Footprint Clinical Lead membership. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Patient Forum and Patient Participation Groups.

Decisions

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

36. The decisions of the Committee shall be binding on NHS England and NHS Wigan Borough CCG.

Schedule 1
List of Committee Members

Organisation/Group Represented	Member
CCG Governing Body Lay Member (Chair)	Frank Costello
CCG Governing Body Lay Member (Deputy Chair)	Dr Marios Adamou
CCG Chief Finance Officer	Paul McKevitt
CCG Director of Primary Care	Linda Scott
CCG Associate Director of Primary Care	Jonathan Kerry
CCG Assistant Director of Primary Care	Debbie Szwandt
Primary Care General Practitioner (non-voting)	Dr Nikesh Vallabh
Wigan Council (non-voting)	Stuart Cowley
Healthwatch Wigan and Leigh (non-voting)	Karen Parker
Patient Forum (non-voting)	Ernie Rothwell and vacant role

Schedule 2
Delegated Functions

Part 1: Delegated Functions: Specific Obligations

1. Introduction

1.1. This Part 1 of Schedule 2 *(Delegated Functions)* sets out further provision regarding the carrying out of each of the Delegated Functions.

2. Primary Medical Services Contract Management

2.1. The CCG must:

2.1.1. manage the Primary Medical Services Contracts on behalf of NHS England and perform all of NHS England's obligations under each of the Primary Medical Services Contracts in accordance with the terms of the Primary Medical Services Contracts as if it were named in the contract in place of NHS England;

2.1.2. actively manage the performance of the counter-party to the Primary Medical Services Contracts in order to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of the services including by taking timely action to enforce contractual breaches and serve notice;

2.1.3. ensure that it obtains value for money under the Primary Medical Services Contracts on behalf of NHS England and avoids making any double payments under any Primary Medical Services Contracts;

2.1.4. comply with all current and future relevant national Guidance regarding PMS reviews and the management of practices receiving Minimum Practice Income Guarantee (MPIG) (including without limitation the *Framework for Personal Medical Services (PMS) Contracts Review* guidance published by NHS England in September 2014 (http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf));

2.1.5. notify NHS England immediately (or in any event within two (2) Operational Days) of any breach by the CCG of its obligations to perform any of NHS England's obligations under the Primary Medical Services Contracts;

2.1.6. keep a record of all of the Primary Medical Services Contracts that the CCG manages on behalf of NHS England setting out the following details in relation to each Primary Medical Services Contract:

2.1.6.1. name of counter-party;

2.1.6.2. location of provision of services; and

2.1.6.3. amounts payable under the contract (if a contract sum is payable) or amount payable in respect of each patient (if there is no contract sum).

2.2. For the avoidance of doubt, all Primary Medical Services Contracts will be in the name of NHS England.

2.3. The CCG must comply with any Guidance in relation to the issuing and signing of Primary Medical Services Contracts in the name of NHS England.

2.4. Without prejudice to clause13. *(Financial Provisions and Liability)* or paragraph 2.1 above, the CCG must actively manage each of the relevant Primary Medical Services Contracts including by:

2.4.1. managing the relevant Primary Medical Services Contract, including in respect of quality standards, incentives and the QOF, observance of service specifications, and monitoring of activity and finance;
2.4.2. assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety);
2.4.3. managing variations to the relevant Primary Medical Services Contract or services in accordance with national policy, service user needs and clinical developments;
2.4.4. agreeing information and reporting requirements and managing information breaches (which will include use of the HSCIC IG Toolkit SIRI system);
2.4.5. agreeing local prices, managing agreements or proposals for local variations and local modifications;
2.4.6. conducting review meetings and undertaking contract management including the issuing of contract queries and agreeing any remedial action plan or related contract management processes;
2.4.7. complying with and implementing any relevant Guidance issued from time to time; and
2.4.8. receiving and considering the recommendations of a contract review panel that the Committee may establish.

Enhanced Services

2.5. The CCG must manage the design and commissioning of Enhanced Services, including re-commissioning these services annually where appropriate.

2.6. The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.

2.7. When commissioning newly designed Enhanced Services, the CCG must:

2.7.1. consider the needs of the local population in the Area;
2.7.2. support Data Controllers in providing ‘fair processing’ information as required by the DPA;
2.7.3. develop the necessary specifications and templates for the Enhanced Services, as required to meet the needs of the local population in the Area;
2.7.4. when developing the necessary specifications and templates for the Enhanced Services, ensure that value for money will be obtained;
2.7.5. consult with Local Medical Committees, each relevant Health and Wellbeing Board and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act;

2.7.6. obtain the appropriate read codes, to be maintained by the HSCIC;
2.7.7. liaise with system providers and representative bodies to ensure that the system in relation to the Enhanced Services will be functional and secure; and
2.7.8. support GPs in entering into data processing agreements with data processors in the terms required by the DPA.

Design of Local Incentive Schemes

2.8. The CCG may design and offer Local Incentive Schemes for GP practices, sensitive to the needs of their particular communities, in addition to or as an alternative to the national framework (including as an alternative to QOF or directed Enhanced Services), provided that such schemes are voluntary and the CCG continues to offer the national schemes.

2.9. There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:

2.9.1. is subject to consultation with the Local Medical Committee;
2.9.2. must be able to demonstrate improved outcomes, reduced inequalities and value for money; and
2.9.3. must reflect the changes agreed as part of the national PMS reviews.

2.10. The ongoing assurance of any new Local Incentive Schemes will form part of the CCG's assurance process under the CCG Assurance Framework.

2.11. Any new Local Incentive Scheme must be implemented without prejudice to the right of GP practices operating under a GMS Contract to obtain their entitlements which are negotiated and set nationally.

2.12. NHS England will continue to set national standing rules, to be reviewed annually, and the CCG must comply with these rules which shall for the purposes of this Agreement be Guidance.

Making Decisions on Discretionary Payments

2.13. The CCG must manage and make decisions in relation to the discretionary payments to be made to GP practices in a consistent, open and transparent way.

2.14. The CCG must exercise its discretion to determine the level of payment to GP practices of discretionary payments, in accordance with the Statement of Financial Entitlements Directions.

3. Planning the Provider Landscape

3.1. The CCG must plan the primary medical services provider landscape in the Area, including considering and taking decisions in relation to:

3.1.1. establishing new GP practices in the Area;

3.1.2. managing GP practices providing inadequate standards of patient care;
3.1.3. the procurement of new Primary Medical Services Contracts (in accordance with any procurement protocol issued by NHS England from time to time);
3.1.4. closure of practices and branch surgeries;
3.1.5. dispersing the lists of GP practices;
3.1.6. agreeing variations to the boundaries of GP practices; and
3.1.7. coordinating and carrying out the process of list cleansing in relation to GP practices, according to any policy or Guidance issued by NHS England from time to time.

3.2. In relation to any new Primary Medical Services Contract to be entered into, the CCG must, without prejudice to any obligation in Schedule 2, Part 2, paragraph 3 *(Procurement and New Contracts)* and Schedule 2, Part 1, paragraph 2.3:

3.2.1. consider and use the form of Primary Medical Services Contract that will ensure compliance with NHS England's obligations under Law including the Public Contracts Regulations 2015/102 and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 taking into account the persons to whom such Primary Medical Services Contracts may be awarded;
3.2.2. provide to NHS England confirmation as required from time to time that it has considered and complied with its obligations under this Agreement and the Law; and
3.2.3. for the avoidance of doubt, Schedule 5 *(Financial Provisions and Decision Making Limits)* deals with the sign off requirements for Primary Medical Services Contracts.

4. Approving GP Practice Mergers and Closures

4.1. The CCG is responsible for approving GP practice mergers and GP practice closures in the Area.

4.2. The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the Area, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee.

4.3. Prior to making any decision in accordance with this paragraph 4 *(Approving GP Practice Mergers and Closures)*, the CCG must be able to clearly demonstrate the grounds for such a decision and must have fully considered any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options and has entered into dialogue with the GP contractor as to how any closure or merger will be managed.

4.4. In making any decisions pursuant to paragraph 4 *(Approving GP Practice Mergers and Closures)*, the CCG shall also take account of its obligations as set out in Schedule 2, part 2, paragraph 3 *(Procurement and New Contracts)*, where applicable.

5. Information Sharing with NHS England in relation to the Delegated Functions

5.1. This paragraph 5 *(Information Sharing with NHS England)* is without prejudice to clause 9.4 or any other provision in this Agreement. The CCG must provide NHS England with:

5.1.1. such information relating to individual GP practices in the Area as NHS England may reasonably request, to ensure that NHS England is able to continue to gather national data regarding the performances of GP practices;
5.1.2. such data/data sets as required by NHS England to ensure population of the primary medical services dashboard;
5.1.3. any other data/data sets as required by NHS England; and
5.1.4. the CCG shall procure that providers accurately record and report information so as to allow NHS England and other agencies to discharge their functions.

5.2. The CCG must use the NHS England approved primary medical services dashboard, as updated from time to time, for the collection and dissemination of information relating to GP practices.

5.3. The CCG must (where appropriate) use the NHS England approved GP exception reporting service (as notified to the CCGs by NHS England from time to time).

5.4. The CCG must provide any other information, and in any such form, as NHS England considers necessary and relevant.

5.5. NHS England reserves the right to set national standing rules (which may be considered Guidance for the purpose of this Agreement), as needed, to be reviewed annually. NHS England will work with CCGs to agree rules for, without limitation, areas such as the collection of data for national data sets and IT intra-operability. Such national standing rules set from time to time shall be deemed to be part of this Agreement.

6. Making Decisions in relation to Management of Poorly Performing GP Practices

6.1. The CCG must make decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

6.2. In accordance with paragraph 6.1 above, the CCG must:

6.2.1. ensure regular and effective collaboration with the CQC to ensure that information on general practice is shared and discussed in an appropriate and timely manner;
6.2.2. ensure that any risks identified are managed and escalated where necessary;
6.2.3. respond to CQC assessments of GP practices where improvement is required;
6.2.4. where a GP practice is placed into special measures, lead a quality summit to ensure the development and monitoring of an appropriate improvement plan (including a communications plan and actions to manage primary care resilience in the locality); and
6.2.5. take appropriate contractual action in response to CQC findings.

7. Premises Costs Directions Functions

7.1. The CCG must comply with the Premises Costs Directions and will be responsible for making decisions in relation to the Premises Costs Directions Functions.

7.2. In particular, but without limiting the generality of paragraph 7.1, the CCG shall make decisions concerning:

7.2.1. applications for new payments under the Premises Costs Directions (whether such payments are to be made by way of grants or in respect of recurring premises costs); and
7.2.2. revisions to existing payments being made under the Premises Costs Directions.

7.3. The CCG must comply with any decision-making limits set out in Schedule 5 *(Financial Provisions and Decision Making Limits)* when taking decisions in relation to the Premises Costs Directions Functions.

7.4. The CCG will comply with any guidance issued by the Secretary of State or NHS England in relation to the Premises Costs Directions, including the Principles of Best Practice, and any other Guidance in relation to the Premises Costs Directions.

7.5. The CCG must work cooperatively with other CCGs to manage premises and strategic estates planning.

7.6. The CCG must liaise where appropriate with NHS Property Services Limited and Community Health Partnerships Limited in relation to the Premises Costs Directions Functions.

Part 2 – Delegated Functions: General Obligations

1. Introduction

1.1. This Part 2 of Schedule 2 *(Delegated Functions)* sets out general provisions regarding the carrying out of the Delegated Functions.

2. Planning and reviews

2.1. The CCG is responsible for planning the commissioning of primary medical services.

2.2. The role of the CCG includes:

2.2.1. carrying out primary medical health needs assessments (to be developed by the CCG) to help determine the needs of the local population in the Area;
2.2.2. recommending and implementing changes to meet any unmet primary medical services needs; and
2.2.3. undertaking regular reviews of the primary medical health needs of the local population in the Area.

3. Procurement and New Contracts

3.1. The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

3.2. In discharging its responsibilities set out in clause 6.**Error! Reference source not found.** *(Performance of the Delegated Functions)* of this Agreement and paragraph 1 of this Schedule 2 *(Delegated Functions)*, the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG must have regard to any relevant guidance, particularly Monitor's guidance *Substantive guidance on the Procurement, Patient Choice and Competition Regulations* (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf).

3.3. Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal and that it can demonstrate that the scheme will:

3.3.1. improve outcomes;
3.3.2. reduce inequalities; and
3.3.3. provide value for money.

4. Integrated working

4.1. The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local

authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.

4.2. The CCG must work with NHS England and other CCGs to co-ordinate a common approach to the commissioning of primary medical services generally.

4.3. The CCG and NHS England will work together to coordinate the exercise of their respective performance management functions.

5. Resourcing

5.1. NHS England may, at its discretion provide support or staff to the CCG. NHS England may, when exercising such discretion, take into account, any relevant factors (including without limitation the size of the CCG, the number of Primary Medical Services Contracts held and the need for the Local NHS England Team to continue to deliver the Reserved Functions).

Schedule 3

This schedule is the delegation document issued to the CCG by NHS England in June 2015, a copy of which is available upon request.

APPENDIX 3: STANDING ORDERS

1. Statutory Framework and Status

1.1 Introduction

1.1.1 These standing orders have been drawn up to regulate the proceedings of NHS Wigan Borough CCG so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations.

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

- the arrangements for conducting the business of the CCG;
- the appointment of member practice representatives through the Service Delivery Footprints;
- the procedure to be followed at meetings of the CCG, the governing body and any committees or sub-committees of the CCG or the governing body;
- the process to delegate powers;
- the declaration of interests and standards of conduct.

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

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

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

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation.

2. The CCG: Composition of Membership, Key Roles and Appointment Process

2.1 Composition of membership

2.1.1 Section 3 of this constitution provides details of the membership of the CCG.

2.1.2 Section 5 of this constitution provides details of the governing structure used in the CCG's decision-making processes, whilst the CCG's governance handbook outlines certain key roles and responsibilities within the CCG and its governing body, including the role of practice representatives. These standing orders set out how the CCG appoints individuals to these key roles.

2.2 Key Roles: appointment process

2.2.1 Governing Body roles will be appointed to by persons who demonstrate the attributes and skills outlined by NHS England in Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills (October 2012) and subsequent guidance and who additionally meet the eligibility criteria specified below and who are not disqualified from membership of the Governing Body by virtue of one or more of the grounds specified in The NHS (Clinical Commissioning Groups) Regulations 2012 ('the NHS Regulations') and subsequent legislation.

2.2.2 **The Chair**, as listed in paragraph 5.5.2 of this constitution, is subject to the following appointment process:

a) **Nominations –** Nomination shall comprise self-nomination of clinicians from eligible Clinical Executives in addition to the sitting Chair for the vacant position within a pre-notified time period; the nomination process for the Chair shall not take place until after vacant Clinical Executive posts have been appointed to; if there are no eligible nominations the membership shall be consulted on a resolution; if there is only one nomination the appointment process at d) below still applies;

b) **Eligibility –** Eligibility shall comprise clinicians from the cohort of elected Clinical Executives who are from member practices who meet the eligibility requirements set out in the National Health Service (CCG's) Regulations 2012 and any other applicable law or guidance;

c) **Election –** If more than one self-nomination is received for the vacant position of Chair an election shall take place organised by the CCG; each Governing Body member shall have one vote; a simple majority rule shall apply if the incumbent Chair is not standing, if he/she is standing and the vote is tied, he/she shall continue in office; elections for Chair and Clinical Executives shall not run concurrently; the Local Medical Committee shall be asked to provide a scrutiny role;

d) **Appointment process –** Appointment will be determined by interview on a competency-based selection process for the vacant post. The appointment panel will ensure representation from local GPs;

e) **Term of office -** A term of office shall normally comprise three years with three terms being the maximum;

f) **Eligibility for reappointment -** Reappointment following the nomination process and appointment process set out in sections 2.2.2 a) and 2.2.2 c) respectively, shall be granted providing the clinician has not exceeded a maximum of three terms of office;

g) **Grounds for removal from office -** Removal from office will be applied should the clinician in question be no longer a clinician from a member practice, be found to be in breach of the General Medical Council members' or CCG's Code of Conduct or found to be bringing the CCG into disrepute

through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by the governing body's majority vote or through any nationally mandated mechanism;

h) **Notice period –** The notice period for the role of Chair shall be no longer than six months confirmed in writing to the governing body.

2.2.3 The SDF Clinical Executives, as listed in paragraph 5.5.3 of the CCG's constitution will be drawn from the 7 SDF Clinical Leads and are subject to the following appointment process:

a) **Nominations –** Nomination shall comprise self-nomination of clinicians from eligible member practices for the vacant position during a pre-notified time period;

b) **Eligibility** – Eligibility shall comprise clinicians from the SDF member practices who meet the eligibility requirements set out in the National Health Service (CCGs) Regulations 2012, and in line with paragraph 5.5.3 above and any other applicable law or guidance; if an eligible nomination is not received from within the SDF, nominations from other member practices can be proposed but must be seconded by a member practice within the SDF where the vacancy has occurred; it is expected that applicants will be working within a the CCG member practice for a minimum of 2 sessions per week; candidates will be expected to demonstrate additional credentials to fulfil the requirements for qualification for the role;

c) **Appointment process –** The Clinical Lead will be elected by GPs in the relevant SDF currently registered by an appropriate body on a Performers List and employed or engaged by member practices, in accordance with a locally agreed and approved process; appointment to the 3 Governing Body Clinical Executive roles will be after each SDF has elected and appointed their Clinical Lead. Each SDF Clinical Lead would then be eligible to be on the Governing Body, and a competency-based selection process can then be implemented. This will be based on preference for the role, experience and skills required to fulfil the expectations of the role.

d) **Election** – If more than one self-nomination is received for the vacant position of Clinical Lead an election shall take place organised by the CCG; each member practice in the SDF shall have one vote which shall be cast by the practice representative after conferring with practice colleagues; a simple majority rule shall apply; if there is a tie, votes from individual GPs within the SDF will decide the outcome; elections for Chair and Clinical Leads shall not run concurrently; if a Clinical Lead is subsequently appointed as Chair, a second election shall take place for Clinical Lead; the Local Medical Committee shall be asked to provide a scrutiny role;

e) **Term of office -** A term of office shall normally comprise three years with normally a maximum of three terms;

f) **Eligibility for reappointment -** Reappointment following the nomination process and appointment process set out in sections 2.2.3 a) and 2.2.3 c) respectively, shall be granted providing the clinician has not exceeded a maximum of two terms of office;

g) **Grounds for removal from office -** Removal from office will be applied should the clinician in question be no longer a clinician from a member

practice, be found to be in breach of the General Medical Council members' or CCG's Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by the governing body's majority vote;

h) **Notice period –** The notice period for the role of a Clinical Lead shall be no longer than six months confirmed in writing to the governing body and SDF executive membership.

2.2.4 The **three lay members**, as listed in paragraph 5.5.2 and 5.5.3 of this constitution, are subject to the following appointment process:

a) **Nominations –** Nomination shall comprise initial expression of interest in writing and formal application for each of the respective vacant positions;

b) **Eligibility –** Eligibility shall comprise any member of the public who meet the eligibility requirements set out in the National Health Service (CCG) Regulations 2012 and any other applicable law or guidance;

c) **Appointment process –** Appointment will be determined by interview on a competency-based selection process for each respective specific lay member position;

d) **Term of office -** A term of office shall normally comprise three years;

e) **Eligibility for reappointment -** Reappointment following the nomination process and appointment process set out in sections 2.2.4 a) and 2.2.4 c) respectively, shall be granted providing the lay member has not exceeded a maximum of three terms of office;

f) **Grounds for removal from office -** Removal from office will be applied should the lay member in question be appointed to a further NHS body as either a lay member (or equivalent) or as Chair, be found to be bringing the CCG into disrepute through their actions as a lay member (in breach of the CCG's code of conduct) either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible governing body member majority vote;

g) **Notice period –** The notice period for the role shall be three months after notice of the intention to resign is confirmed in writing to the Chair of governing body.

2.2.5 The **registered nurse**, as listed in paragraph 5.5.2 of this constitution, is subject to the following appointment process:

a) **Nominations –** Nomination shall comprise initial expression of interest in writing and subsequent formal application for the vacant position;

b) **Eligibility –** Eligibility shall comprise an individual registered on the Nursing & Midwifery Council register who meets the eligibility requirements set out in the National Health Service (CCG) Regulations 2012 and any other applicable law or guidance;

c) **Appointment process –** Appointment will be determined by interview on a competency based selection process for the vacant position;

d) **Term of office -** A term of office shall normally comprise three years;

e) **Eligibility for reappointment -** Reappointment following the nomination process and appointment process set out in sections 2.2.5 a) b) and c) shall be granted providing the registered nurse has not exceeded a maximum of three terms of office;

f) **Grounds for removal from office -** Removal from office will be applied should the registered nurse in question be no longer registered on the Nursing & Midwifery Council register or found to be bringing the CCG into disrepute through their actions as a registered nurse (in breach of the CCG's code of conduct) either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible governing body member majority vote;

g) **Notice period –** The notice period for the role shall be three months after notice of the intention to resign is confirmed in writing to the Chair of governing body.

2.2.6 The **secondary care specialist doctor**, as listed in paragraph 5.5.2 of this constitution, is subject to the following appointment process:

a) **Nominations –** Nomination shall comprise initial expression of interest in writing and subsequent formal application from eligible doctors for the vacant position;

b) **Eligibility –** Eligibility shall comprise doctors currently registered with the General Medical Council who meet the eligibility requirements set out in the National Health Service (CCGs) Regulations 2012 and any other applicable law or guidance;

c) **Appointment process –** Appointment will be determined by interview on a competency based selection process for the position;

d) **Term of office -** A term of office shall normally comprise three years;

e) **Eligibility for reappointment -** Reappointment following the nomination process and appointment process set out in sections 2.2.6 a) and 2.2.6 c) respectively, shall be granted providing the secondary care specialist doctor has not exceeded a maximum of three terms of office;

f) **Grounds for removal from office -** Removal from office will be applied should the secondary care specialist doctor in question be no longer be registered with the General Medical Council, be found to be in breach of the General Medical Council members' or CCG's Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible governing body member majority vote;

g) **Notice period –** The notice period for the role shall be three months confirmed in writing to the governing body.

2.2.7 The **Accountable Officer**, as listed in paragraph 5.5.2 of this constitution, is subject to the following appointment process:

a) **Nominations –** Nomination shall comprise initial expression of interest in writing and formal application for the vacant position;

b) **Eligibility –** Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the National Health Service (CCG's) Regulations 2012 and any other applicable law or guidance;

c) **Appointment process –** Appointment will be determined by interview on a competency based selection process for the position together with other relevant and appropriate tests as agreed by the Governing Body in conjunction with NHS England. The name of the individual elected shall be submitted to NHS England for approval; the applicant must receive positive confirmation that they meet the requirements for appointment as set out by NHS England. The chief executive of NHS England is legally responsible for confirming accountable officer status on the successful applicant.

d) **Term of office -** A term of office shall be permanent and subject to the individual's employment contract with the CCG;

e) **Eligibility for reappointment –** not applicable as the term of office shall be based on a permanent contract

f) **Grounds for removal from office -** Removal from office will be applied should the Accountable Officer be in breach of their employment contract with the CCG or they become a disqualified person under NHS Regulations ;

g) **Notice period –** The notice period for the role shall be in line with the employment contract held with the CCG.

2.2.8 The **Chief Finance Officer**, as listed in paragraph 5.5.2 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations –** Nomination shall comprise initial expression of interest in writing and formal application for the vacant position;

b) **Eligibility –** Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the National Health Service (CCGs) Regulations 2012 and any other applicable law or guidance;

c) **Appointment process –** Appointment will be determined by interview on a competency based selection process for the position together with other relevant and appropriate tests as agreed by the Governing Body;

d) **Term of office -** A term of office shall be permanent and subject to the individual's employment contract with the CCG;

e) **Eligibility for reappointment –** not applicable as the term of office shall be based on a permanent contract

f) **Grounds for removal from office -** Removal from office will be applied should the chief finance officer be in breach of their employment contract with the CCG or become a disqualified person under NHS Regulations;

g) **Notice period –** The notice period for the role shall be in line with the employment contract held CCG.

2.2.9 Except for those appointments referred to above in **2.2.5**, **2.2.7** and **2.2.8 t**he CCG may terminate appointments if Governing Body members do not properly comply with the requirements of the regulations with regard to pecuniary interests in matters under discussion at meetings of the CCG (e.g. a failure to disclose such an interest).

Furthermore, the CCG may terminate Governing Body appointments if the CCG considers that it is no longer in the interests of the Health Service that an appointee continues in office; e.g. if the CCG envisages or undergoes organisational change, or merges with another organisation either as a consequence to which the appointment is no longer required or appropriate.

3. Meetings of the CCG Governing Body

3.1 Calling meetings

3.1.1 Ordinary meetings of the CCG's governing body shall be held at regular intervals at such times and places as the CCG may determine. There shall be a minimum of four meetings per year.

3.2 Agenda, supporting papers and business to be transacted

3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting or the nominated representative at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

3.2.2 Papers may be submitted to the governing body as parts 1 and parts 2 where part 2 papers are deemed sensitive and to be discussed in private.

3.2.3 Agendas and papers for the CCG's governing body – including details about meeting dates, times and venues - will be published on the website of Healthier Wigan www.healtherwigan.co.uk. Governing Body members shall receive papers for meetings in writing (including email).

3.3 Petitions

3.3.1 Where a petition has been received by the CCG, the Chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4 Chair of a meeting

3.4.1 At any meeting of the CCG or its governing body or of a committee or sub-committee, the Chair of the CCG's governing body, committee or sub-committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

3.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or deputy a member of the CCG, governing body, committee or sub-committee

respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5 Chair's ruling

3.5.1 The decision of the Chair of the governing body on questions of order, relevancy and regularity and their interpretation of the Constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6 Quorum

3.6.1 51% of the clinical executives excluding the Chair must be present at meetings of the governing body. Clinical Executives can send deputies and they must be clinicians.

3.6.2 Two thirds of the voting governing body members must be present throughout, to make the meeting quorate.

3.6.3 The Accountable Officer plus the Chief Finance Officer must also be present at meetings of the governing body in order that it be quorate. Both the Accountable Officer and the Chief Finance Officer can send formally nominated deputies.

3.6.3 Any deputies attending must be formally notified as acting up and only in these circumstances do, they count towards the quorum and have voting rights.

3.6.5 There should always be one Lay Member in attendance.

3.6.6 If through exclusion due to declared interests the quorum of the governing body is lost then details for dealing with these circumstances are detailed in the CCG's conflicts of interest policy.

3.6.7 For all the other governing body committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7 Decision making

3.7.1 Chapter 5 of this constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's governing body meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

a) **Eligibility –** All formally appointed governing body members and formally nominated deputies acting in their place, see paragraph 3.6.4 are eligible to vote. The three SDF Clinical Executives have two votes each, all other members have one vote excluding the Chair who has a casting vote. Other attendees by invitation attending with and in addition to the formally appointed governing body members are not eligible to vote.

b) **Majority necessary to confirm a decision –** the majority of those attending excluding the Chair;

c) **Casting vote –** The Chair of the CCG governing body has the casting vote when there is no majority in a voting situation;

d) **Dissenting views -** Dissenting views are to be recorded in the minutes. Should a vote be taken, the outcome of the vote and the method of voting must be recorded in the minutes of the meeting. For all other of the CCG's governing body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.2 For all of the CCG's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8 Emergency powers and urgent decisions

3.8.1 Subject to the agreement of the Chair, and subject also to 3.8.3 a member of the governing body may give written notice of an emergency motion after the issue of the notice of the meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. Any such item shall be declared to the governing body at the commencement of the business of the meeting as an additional item included on the agenda. The Chair's decision to include or refuse such an item shall be final and should be minuted.

3.8.2 The motions procedure at and during a meeting is as follows:

a) **Who may propose –** A motion may be proposed by the Chair of the meeting or any member who is present. This must be seconded by another member.

b) **Content of motions –** The Chair may exclude from the debate at his or her discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

i) the receipt of a report;
ii) consideration of any item of business before the governing body;
iii) the accuracy of minutes;
iv) that the governing body proceed to next business;
v) that the governing body adjourn;
vi) that the question now be put.

c) **Amendments to motions –** A motion for amendment shall not be discussed unless it has been proposed and seconded. Amendments to motions shall be moved relevant to the motion and shall not have the effect of negating the motion before the governing body. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

d) **Withdrawing a motion –** A motion, or an amendment to a motion, may be withdrawn.

3.8.3 The governing body can delegate emergency powers and urgent decisions to the Accountable Officer.

3.9 Suspension of Standing Orders in the Conduct of the Meeting

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part

of these standing orders may be suspended at any meeting, provided all members are in agreement.

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

3.9.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's Audit Committee for review of the reasonableness of the decision to suspend standing orders.

3.10 Record of Attendance

3.10.1 The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the governing body present shall be recorded in the minutes of the governing body meetings. The names of all members of the governing body's committees / sub-committees present shall be recorded in the minutes of the respective governing body committee and sub-committee meetings.

3.11 Minutes

3.11.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they will be signed by the meeting person presiding (Chair). No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.11.2 The names of officers and staff in attendance at the meetings shall be recorded including that of the person responsible for the drafting of the minutes.

3.11.3 Meeting minutes for the public section of the governing body shall be made available to the public following governing body approval, on the CCG's website at www.healthierwigan.co.uk and are available on request at the CCG headquarters, at the following address:

Wigan Borough CCG
Wigan Life Centre
College Avenue
Wigan
WN1 1NJ

3.12 Admission of public and the press

3.12.1 The public and representatives of the press shall be afforded facilities to attend the Annual General Meeting of the CCG to present the annual report.

3.12.2 Meetings of the governing body must be held in public unless the governing body considers that it is not in the public interest to permit members of the public to attend a meeting or part of a meeting. The public and representatives of the press shall be afforded facilities to attend all governing body meetings but shall be required to withdraw if the governing body exercises its discretion to exclude them.

3.12.3 The Chair (or person presiding the meeting) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the governing

body's business shall be conducted without interruption and disruption, and without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

3.12.4 The Chair may exclude any member of the public or press from the meeting if he or she is interfering with or preventing the reasonable conduct of the meeting.

3.12.5 Members of the governing body who preside over governing body business transacted of a confidential nature are not permitted to disclose the confidential contents of papers or minutes, or content of any discussion at meetings on these topics, outside the CCG without express permission of the CCG or its governing body

4. Appointment of Committees and Sub-Committees

4.1 Appointment of Committees and Sub-Committees

4.1.1 The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its governing body, are appointed they are included in Chapter 5 of the CCG's Constitution or its Governance Handbook.

4.1.2 Other than where there are statutory requirements, such as in relation to the governing body's Audit committee or Remuneration committee, the CCG shall determine the membership and Terms of Reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.

4.1.3 The provisions of these standing orders shall apply where relevant to the operation of the governing body, the governing body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's Terms of Reference.

4.2 Terms of Reference

4.2.1 Terms of Reference shall have effect as if incorporated into the Constitution, shall be published on the CCG's website and obtained from the Assistant Director, Governance upon request.

4.3 Delegation of Powers by Committees to Sub-committees

4.3.1 Where committees are authorised to establish sub-committees, they may not

delegate executive powers to the sub-committee unless expressly authorised by the governing body of the CCG.

4.4 Approval of Appointments to Committees and Sub-Committees

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

5. Duty to Report Non-Compliance with Standing Orders and Standing Financial Instructions

5.1 If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the governing body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the Accountable Officer as soon as possible.

6. Use of Seal and Authorisation of Documents

6.1 CCG's seal

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

a) the Accountable Officer;
b) the Chair of the governing body;
c) the Chief Finance Officer.

6.2 Execution of a document by signature

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

a) the Accountable Officer
b) the Chair of the governing body
c) the Chief Finance Officer

7. Overlap with other CCG Policy Statements and Procedures and Regulations

7.1 Policy statements: general principles

7.1.1 The CCG will from time to time agree and approve policy statements and procedures which will apply to all or specific groups of staff employed by NHS Wigan Borough CCG. The decisions to approve such policies and procedures will be recorded in an appropriate governing body minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

APPENDIX 4: STANDING FINANCIAL INSTRUCTIONS

1 Introduction

1.1 General

1.1.1 These standing financial instructions and any supporting detailed financial policies shall have effect as if incorporated into WBCCG's constitution.

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

1.1.3 In support of these standing financial instructions, WBCCG has prepared more detailed policies, approved by the Chief Finance Officer, known as detailed financial policies. WBCCG refers to these standing financial instructions and detailed financial policies together as the CCG's financial policies.

1.1.4 These standing financial instructions identify the financial responsibilities which apply to everyone working for WBCCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.

1.1.5 A list of WBCCG's detailed financial policies will be published and maintained on WBCCG's website at www.healthierwigan.co.uk

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the standing financial instructions then the advice of the Chief Finance Officer must be sought before acting. The user of these standing financial instructions should also be familiar with and comply with the provisions of WBCCG's constitution, standing orders and scheme of reservation and delegation.

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

1.2 Overriding Prime Financial Policies

1.2.1 If for any reason these standing financial instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or ratification. All of WBCCG's members and employees have a duty to disclose any non-compliance with these standing financial instructions to the chief finance officer as soon as possible.

1.3 Responsibilities and delegation

1.3.1 The roles and responsibilities of the CCG's members, employees, members of the governing body, members of the governing body's committees and sub-committees, and persons working on behalf of WBCCG are set out in the CCG's governance handbook.

1.3.2 The financial decisions delegated by members of WBCCG are set out in WBCCG's Scheme of Reservation and Delegation

1.4 Contractors and their employees

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

1.5 Amendment of Prime Financial Policies

1.5.1 To ensure that these standing financial instructions remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the governing body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the governing body for approval. As these standing financial instructions are an integral part of WBCCG's constitution, any amendment will not come into force until WBCCG applies to the NHS England and that application is granted.

2. Internal Control

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

2.1 The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see appendix 2 of the CCG's constitution for further information).

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

2.3 The Chief Finance Officer will ensure that:

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

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

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

3. Audit

POLICY – WBCCG will keep an effective and independent internal audit function

and fully comply with the requirements of external audit and other statutory reviews.

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

3.2 The person appointed by WBCCG to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, Chair of the governing body and the Accountable Officer will have direct and unrestricted access to the Head of Internal Audit and External Auditors.

3.3 The Chief Finance Officer will ensure that:

a) WBCCG has a professional and technically competent internal audit function; and

b) the governing body and the governing body's audit committee approve any changes to the provision or delivery of assurance services to WBCCG.

4. Fraud and Corruption

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

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

4.2 The governing body's audit committee will ensure that WBCCG has arrangements in place to work effectively with NHS Protect

5. Expenditure Control

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

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

5.3 The Chief Finance Officer will:

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

b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only is drawn down only at the time of need and follows best practice;

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

6. Allotments

6.1 WBCCG's Chief Finance Officer will:

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

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

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

7. Commissioning Strategy, Budgets, Budgetary Control and Monitoring

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

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

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

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

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

7.5 The governing body will approve consultation arrangements for WBCCG's commissioning plan.

8. Annual Accounts and Reports

POLICY – WBCCG will produce and submit to the NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards

and accounting best practice in the form and content and at the time required by the NHS England .

8.1 The Chief Finance Officer will ensure WBCCG:

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

b) prepares the accounts according to the timetable approved by the audit committee;

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

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

e) publishes the external auditor's management letter on WBCCG's website at www.healthierwigan.co.uk.

9. Information Technology

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

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

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

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

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

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

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

10. Accounting Systems

POLICY – WBCCG will run an accounting system that creates management and financial accounts.

10.1 The Chief Finance Officer will ensure:

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

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

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

11. Bank Accounts

POLICY – WBCCG will keep enough liquidity to meet its current commitments.

11.1 The Chief Finance Officer will:

a) review the banking arrangements of WBCCG at regular intervals to ensure they are in accordance with Secretary of State directions[1], best practice and represent best value for money;

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

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

11.2 The audit committee shall approve the banking arrangements.

12. Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments.

POLICY – WBCCG will

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

12.1 The Chief Finance Officer is responsible for:

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

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

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

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

13. Tendering and Contracting Procedure

POLICY – WBCCG:

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

13.1 WBCCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or WBCCG's audit committee.

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

a) WBCCG's standing orders;

b) the Public Contracts Regulation 2015, any successor legislation and any other applicable law; and

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

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

14. Commissioning

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

14.1 WBCCG will coordinate its work with the NHS England, other CCGs, local providers of services, Local Authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop commissioning plans.

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

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

15. Risk Management and Insurance

POLICY – WBCCG will put arrangements in place for evaluation and management of its risks.

15.1 Risk identification, risk mitigation and the overall management of risk is the responsibility of all members of staff in WBCCG.

15.2 WBCCG will maintain a systematic approach to risk management via a risk management framework and will apply the risk management strategy and policy to put this into operation. This will be open to independent review and assessment by WBCCG's internal auditors, reporting to the audit committee.

15.3 The governing body will frequently receive current position reports on the assurance framework; will collectively be responsible for it, with individual accountability being assigned to specific members and/or committee Chairs of the governing body based on the risk rating process defined in the risk management strategy and policy.

16. Payroll

POLICY – WBCCG will put arrangements in place for an effective payroll service.

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

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

b) has adequate internal controls and audit review processes;

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

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

17. Non-Pay Expenditure

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

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

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

17.3 The Chief Finance Officer will:

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

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

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

18. Capital Investment, Fixed Asset Registers And Security Of Assets

POLICY – WBCCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of WBCCG's fixed assets.

18.1 The Accountable Officer will:

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

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

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

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

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

19. Retention of Records

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

19.1 The Accountable Officer shall:

a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2016 and other relevant notified guidance;

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

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