NHS
West Leicestershire
Clinical Commissioning Group

NHS West Leicestershire Clinical Commissioning Group

CONSTITUTION

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FOREWORD

This clinical commissioning group was founded through a cooperative and democratic process by the GPs and clinicians of West Leicestershire to deliver improvements in the health of its population; we will ensure that local services are transformed through partnership working with patients, the public, the Local Authority, voluntary bodies and provider organisations.

NHS West Leicestershire Clinical Commissioning Group (WLCCG), in collaboration with the people and communities of its four localities, is charged with commissioning high quality services, based on peoples' needs, to pursue tangible improvements in health outcomes and patient experience, and investing to support service transformation, in order to achieve health gains and to improve outcomes and efficiencies.

Our objectives are clearly established and will be subject to continuous review and development as the CCG becomes more embedded over time. We have worked with patients, the public, clinicians, staff, partners and local communities to define our mission, values and goals.

We have maintained and built upon existing local knowledge, joint working, strict financial control and governance arrangements developed in recent years by the local PCTs, and latterly through the PCT Cluster. We are confident that clinical commissioning through the CCG structure provides us with the best opportunity to meet the challenges we face, maximising clinical input into the commissioning process and embedding a local focus in our planning.

Continuous work to engage and consult with local communities and partners over the last year has shown us that we are moving in a positive direction. This constitution sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the Group has established, or will establish

- to ensure probity and accountability in its day to day running
- to ensure that decisions are taken in an open and transparent way
- to ensure that the interests of patients and the public remain central to our goals

The constitution includes

- the name of the Group
- the membership of the Group
- the area covered by the Group
- the arrangements for the discharge of the Group's functions and those of its governing body
- the procedure to be followed by the Group and its governing body in making decisions and securing transparency in its decision making
- arrangements for discharging the Group's duties in relation to registers of interests and managing conflicts of interests
- arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the Group in certain aspects of those commissioning
- arrangements and the principles that underpin these

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

- the Group's member practices

- the Group's staff
- individuals working on behalf of the group
- anyone who is a member of the Group's governing body (including the governing body's audit and remuneration committees)
- anyone who is a member of any other committee(s), sub-committee(s) or working group(s) established by the Group's governing body

Professor Mayur Lakhani
Chair

1. INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this clinical commissioning group is NHS West Leicestershire Clinical Commissioning Group, and is also referred to in this document as 'Group' and 'WLCCG'.

1.1.2 The governing body of the Group shall be known as the Board (or Group Board, CCG Board or WLCCG Board where confusion might otherwise arise).

1.2 Statutory Framework

1.2.1 Clinical commissioning groups are established under the Health and Social Care Act 2012 ('the 2012 Act').[1] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[2] The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2 NHS England (formerly the NHS Commissioning Board) is responsible for determining applications from prospective groups to be established as clinical commissioning groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3 Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[7][7]

1.3 Status of this Constitution

1.3.1 This constitution is made between the members of NHS West Leicestershire Clinical Commissioning Group; it has effect from 10 December 2012.

1.3.2 The constitution is published on the Group's website at www.westleicestershireccg.nhs.uk.

1.3.3 This document is also available for inspection at any of our member practices or the administrative offices at 55 Woodgate, Loughborough, LE11 2TZ; requests for a copy can be made to the above address, or by email to: Enquiries@westleicestershireccg.nhs.uk

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[1] See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act.
[2] See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act.
[3] Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

[4] See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act.
[5] See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act.
[6] See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act.
[7] See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued.

1.4 **Amendment and Variation of this Constitution**

1.4.1 This constitution can only be varied in two circumstances[8]:-

(a) where the Group applies to NHS England and that application is granted

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

2. AREA COVERED

2.1 The geographical area covered by NHS West Leicestershire Clinical Commissioning Group is approximately 875 km^2 within the Leicestershire County Council area, and is coterminous with three district council areas, Charnwood, Hinckley & Bosworth and North West Leicestershire. The area comprises towns large and small, including Ashby de la Zouch, Coalville, Hinckley and Loughborough, along with villages and rural communities.

2.2 Within the area served there are 48 GP practices providing primary medical care to patients. These practices form the basis of our membership and through Locality meetings and Board representation play a key role in making clinically-led commissioning a reality.

2.3 Practices are grouped in one of four Localities, covering North Charnwood, South Charnwood, Hinckley & Bosworth and North West Leicestershire.

3. MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

3.1.1 Appendix B comprises a list of the members of NHS West Leicestershire Clinical Commissioning Group, this list is held at the CCG's headquarters at 55 Woodgate, Loughborough, LE11 2TZ, together with details of the dates each practice confirmed their agreement to the membership agreement.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients, the majority of whom reside in the Group's area, under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this Group.

3.3 Localities

3.3.1 Each member practice shall be assigned to a Locality. The Group contains four Localities – Hinckley & Bosworth, North Charnwood, North West Leicestershire and South Charnwood. A membership agreement shall describe the relationship between, and the respective responsibilities of, practices, Localities and the Group.

3.3.2 Member practices shall appoint a GP practice representative to attend regular meetings at Locality level. These meetings shall be supported by a Locality manager, employed by the Group, and attend to matters of common interest affecting their practices, patients, public or area, or the Group, and be responsible for managing any delegated budget assigned to them for the purpose of commissioning services, training, supporting

[8] See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued.

local initiatives or enhancing service provision. The Group will delegate responsibility for managing matters and budgets which are aligned to, or form part of, the overall commissioning and operating plans of the Group, and Localities will ensure in discharging those responsibilities that they reflect those plans and operate within agreed parameters.

3.3.3 Each Locality shall elect, by ballot every two years, two GP practice representatives ('Locality Leads') to serve on the governing body of the Group, and ensure proper representation of Locality issues at that level, as well as contributing to the wider business of the Group and its governing body.

4. MISSION, VALUES AND GOALS

4.1 Mission

4.1.1 The mission of NHS West Leicestershire Clinical Commissioning Group is:

Patients, Practices and Partners working together to create the best value healthcare for West Leicestershire

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

4.2 Values

4.2.1 Good corporate governance arrangements are critical to achieving the Group's objectives.

4.2.2 In addition to the principles expressed in the NHS Constitution (see appendix G), the values that lie at the heart of the Group's work are:

- **Democratic** a clinically led organisation rooted in member GP practices and localities
- **Collaborative** at the heart of a network of partnerships with CCGs, local authorities and providers that puts us at the forefront of change
- **Proactive** by maintaining a focus on the things that really make a difference to patients we will commission services that are fit for purpose, high in quality and cost effective
- **Adaptable** by responding flexibly to the differing needs of our patients, the clinical evidence base and our operating environment
- **Honest** we are willing to confront difficult issues, understand them and make disciplined decisions for the long term
- **Passionate** we are committed to excellence

4.3 Goals

4.3.1 The Group's goals are to

- **Improve health outcomes**
- **Improve the quality of healthcare**

- **Use our resources wisely**

4.4 **Principles of Good Governance**

4.4.1 In accordance with section 14L(2)(b) of the 2006 Act,[9] the Group 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 organization and the conduct of its business

(b) The Good Governance Standard for Public Services[10]

(c) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'[11]

(d) the Standards for Members of NHS Boards and Governing Bodies in England

(e) the seven key principles of the NHS Constitution and[12]

(f) the Equality Act 2010.[13]

4.5 **Accountability**

4.5.1 The Group will demonstrate its accountability to its members, local people, stakeholders and the NHS England in a number of ways, including by:

(a) publishing its constitution

(b) appointing independent lay members and non GP clinicians to its governing body

(c) holding meetings of its governing body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting)

(d) publishing annually a commissioning plan

(e) complying with local authority health overview and scrutiny requirements

(f) publishing, and meeting annually in public to present its annual report

(g) producing annual accounts in respect of each financial year which must be externally audited

(h) having a published, clear complaints process

(i) complying with the Freedom of Information Act 2000

[9] Inserted by section 25 of the 2012 Act.
[10] The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004.
[11] See appendix F
[12] See appendix G
[13] See http://www.legislation.gov.uk/ukpga/2010/15/contents

(j) providing information to NHS England as required and

(k) complying with the public sector equality duty.

4.5.2 In addition to these statutory requirements, the Group will demonstrate its accountability by:

(a) publishing its principal commissioning and operational policies

(b) publishing a communications and engagement strategy and

(c) holding regular stakeholder engagement events.

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

5. FUNCTIONS AND GENERAL DUTIES

5.1 Functions

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

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

(i) all people registered with member GP practices and

(ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group

(b) commissioning emergency care for anyone present in the Group's area

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

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

5.1.2 In discharging its functions the Group will:

(a) act[14], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service**[15] and with the objectives and requirements placed on NHS England through *the mandate*[16] published by the Secretary of State before the start of each financial year by

[14] See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
[15] See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
[16] See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

i. developing commissioning intentions each year

ii. developing Commissioning Strategies and Operating Plans

iii. ensuring effective delivery and robust monitoring of progress and close liaison with practices.

(b) The governing body may delegate all or part of these functions to an appropriately constituted working group or Committee of the governing body. Where such functions are delegated the governing body will retain responsibility for approving all commissioning plans. The governing body will also require any working group or committee to provide sufficient information to the governing body to enable it to monitor progress.

(c) meet the public sector equality duty[17] by:

(i) publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all their functions

(ii) preparing and publishing specific and measurable equality objectives, revising these at least every four years

(iii) eliminating unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act

(iv) advancing equality of opportunity between people who share a protected characteristic and those who do not and

(v) fostering good relations between people who share a protected characteristic and those who do not.

(d) work in partnership with its local authority to develop a *joint strategic needs assessments*[18] and *joint health and wellbeing strategies*[19] by:

(i) membership of the local Health and Wellbeing Board and

(ii) promoting the integration of health services with health-related and social care services

5.2 **General Duties**

In discharging its functions the Group will

5.2.1 Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[20] by:

[17] See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

[18] See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

[19] See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

(a) working in partnership with patients and the local community to secure the best care for them

(b) adapting engagement activities to meet the specific needs of the different patient groups and communities

(c) publishing information about health services on the Group's website and through other media

(d) encouraging and acting on feedback and

(e) ensuring that its commissioning policies, strategies and plans recognise and reflect these principles, and that this commitment is enforced by its governing body.

5.2.2 Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution[21] by:

(a) ensuring its commissioning policies, strategies and plans recognise and reflect this duty and

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.3 Act effectively, efficiently and economically[22] by:

(a) requiring its governing body to oversee the discharge of this duty and

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.4 Act with a view to securing continuing improvement to the quality of services[23] by:

(a) ensuring all relevant working groups and committees recognise and discharge their responsibilities for improving the quality of services and

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.5 Assist and support NHS England in relation to the Board's duty to improve the quality of primary medical services[24] by:

(a) delegating responsibility to discharge this duty to the Group's governing body and

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

[20] See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
[21] See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)
[22] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
[23] See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
[24] See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.6 Have regard to the need to ***reduce inequalities***[25] by:

(a) ensuring its commissioning policies, strategies and plans recognize and reflect this duty and

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanism.

5.2.7 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[26] by:

(a) ensuring the duty to do so is recognised and reflected by the Group's governing body and across the Group's activities

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.8 Act with a view to ***enabling patients to make choices***[27] by

(a) ensuring the duty to do so is recognised and reflected by the Group's governing body and across the Group's activities

(b) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.9 ***Obtain appropriate advice***[28] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by ensuring the duty to do so is recognised and reflected by the Group's governing body and its working groups.

5.2.10 ***Promote innovation***[29] by ensuring the duty to do so is recognised and reflected by the Group's governing body and its working groups.

5.2.11 ***Promote research and the use of research***[30] by ensuring the duty to do so is recognised and reflected by the Group's governing body and its working groups.

5.2.12 **Have regard to the need to promote education and training**[31] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[32] by ensuring the duty to do so is recognised and reflected by the Group's governing body and its working groups.

5.2.13 Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities[33] by:

(a) recognising and reflecting the duty of the Group's governing body to do so

[25] See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
[26] See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
[27] See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
[28] See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
[29] See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
[30] See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
[31] See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
[32] See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
[33] See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

(b) ensuring the group makes a full and effective contribution to the operation of the local Health and Wellbeing Board, and of that Board's working groups

5.3 **General Financial Duties**

The Group will perform its functions so as to:

5.3.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year[34] by:

(a) charging the Accountable Officer and Chief Finance Officer of the Group to work together to ensure delivery of the duty

(b) requiring the governing body of the Group to oversee delivery of the duty and

(c) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specific by the NHS England for the financial year[35] by:

(a) charging the Accountable Officer and Chief Finance Officer of the Group to work together to ensure delivery of the duty

(b) requiring the governing body of the Group to oversee delivery of the duty and

(c) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.3 Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England[36] by:

(a) charging the Accountable Officer and Chief Finance Officer of the Group to work together to ensure delivery of the duty

(b) requiring the governing body of the Group to oversee delivery of the duty and

(c) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.4 Publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England [37] by:

(a) charging the Accountable Officer and Chief Finance Officer of the Group to work together to ensure delivery of the duty

(b) requiring the governing body of the Group to oversee delivery of the duty and

(c) requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

[34] See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
[35] See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
[36] See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
[37] See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

5.4 **Other Relevant Regulations, Directions and Documents**

5.4.1 The Group will:

(a) comply with all relevant regulations

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

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

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

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1 **Authority to act**

6.1.1 The Clinical Commissioning Group is accountable for exercising the statutory functions of the Group. It may grant authority to act on its behalf to

(a) any of its members

(b) its governing body

(c) locality groups

(d) any of its staff, including those not directly employed by the Group

(e) one or more of its committees, joint committees, sub-committees or working groups.

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

(a) the Group's schemes of reservation and delegation and

(b) the terms of reference for committees, joint committees, sub-committees and working groups.

6.2 **Schemes of Reservation and Delegation**

6.2.1 The Group's schemes of reservation and delegation set out:

(a) those decisions that are reserved for the membership as a whole and/or Locality groups

(b) those decisions that are the responsibilities of its governing body, and of its committees, joint committees, sub-committees, working groups, individual members and staff

(c) financial authority limits.

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

6.3 **General**

6.3.1 In discharging functions of the Group that have been delegated to its governing body, Locality groups, committees, joint committees, sub-committees, working groups, individual members or staff, they must:

(a) comply with the Group's principles of good governance[38]

(b) co-operate in accordance with the Group's scheme of reservation and delegation[39]

(c) comply with the Group's standing orders[40]

(d) comply with the Group's arrangements for discharging its statutory duties[41]

(e) where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process via their GP practice representative at monthly locality meetings and elected Locality leads at the WLCCG Board.

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

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

(a) identify the roles and responsibilities of those clinical commissioning groups who are working together

(b) identify any pooled budgets and how these will be managed and reported in annual accounts

(c) specific under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate

(d) specify how the risks associated with the collaborative working arrangements will be managed between the respective parties

(e) identify how disputes will be resolved and the steps required to terminate the working arrangements

(f) specify how decisions are communicated to the collaborative partners.

6.4 Joint Arrangements

6.4.1 The Group has entered into joint arrangements with the following clinical commissioning groups. Details of these groups can be found on the CCG's website at: https://www.westleicestershireccg.nhs.uk/your-ccg/west-leicestershire-ccg-board-and-committees:

[38] See section 4.4 on Principles of Good Governance above
[39] See appendix D
[40] See appendix C
[41] See chapter 5 above

(a) NHS East Leicestershire and Rutland CCG and NHS Leicester City CCG to form a Commissioning Collaborative Board to make decisions on certain matters as specified in the Terms of Reference and the Group's Scheme of Reservation and Delegation

(b) East Midlands CCGs to form an East Midlands Affiliated Commissioning Committee which considers commissioning policies for the East Midlands area.

6.4.2 The Group has a shared working group with Leicestershire County Council, the Integration Programme Board which oversees the Better Care Fund. This Body acts under a section 75 agreement, and through the authority delegated to individual members in the CCG's Financial Scheme of Delegation.

6.5 The Governing Body

6.5.1 ***Functions*** - the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[42] The functions of the governing body shall include:

(a) ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the Group's *principles of good governance*[43] (its main function)

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

(c) approving any functions of the Group that are specified in regulations[44]

(d) leading the setting of vision and strategy

(e) approving commissioning plans

(f) monitoring performance against plans.

6.5.2 ***Composition of the Governing Body*** - the governing body shall have not more than seventeen voting members in total comprising:

(a) the Clinical Chair

(b) the Vice Clinical Chair

(c) eight representatives of member practices ('Locality Leads'), comprising two from each of the four Localities

(d) three Lay Members, of whom

(i) one to lead on audit, remuneration and to act as Deputy Chair of the governing body, chairing (when

[42] See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act
[43] See section 4.4 on Principles of Good Governance above
[44] See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

required) the governing body where the Chair is unable to do so and leading on conflict of interest matters

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

(iii) one to lead on finance and procurement matters

(e) a Registered Nurse

(f) a secondary care specialist doctor

(g) the Accountable Officer

(h) the Chief Finance Officer.

6.5.3 In addition to the members specified at paragraph 6.5.2 The Governing Body may invite such 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 speak and participate in debate, but may not vote.

The Governing Body will invite the following individuals to attend any or all of its meetings and participate in the way described in paragraph 6.5.3

(i) the elected Chair of the Practice Managers Forum

(ii) a representative of the Local Authority's Public Health Directorate

(iii) up to four members of the Corporate Management Team

6.5.4 No office holder of a Federation or other provider with whom the CCG contracts for services (except providers identified in paragraph 3.2.1 of the constitution) shall be eligible to be a member of the Governing Body (Board). For this purpose office holder means a director, partner, shareholder, manager or company secretary.

6.5.5 ***Committees of the Governing Body*** - the governing body has appointed the following committees:

(a) **Audit Committee** – the audit committee, which is accountable to the Group's governing body, provides the governing body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance. The governing body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee[45].

(b) In addition the governing body has conferred or delegated the following functions, connected with the governing body's main function[46], to its audit committee:

(i) Governance, Risk Management and Internal Control: the committee shall review the establishment and maintenance of an effective system of integrated

[45] See terms of reference of the Audit Committee
[46] See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives

(ii) Counter fraud: the committee shall review all work related to fraud, bribery and corruption, to ensure compliance with the NHS Counter Fraud Authorities' 'Standards for Commissioners: Fraud, Bribery & Corruption'

(iii) Approval of any changes to the provision or delivery of assurance services to the Group

(iv) Overseeing the Group's adherence to the management of conflicts of interest in line with the Group's Conflicts of Interest Policy.

(c) **Remuneration Committee** – the remuneration committee, which is accountable to the Group's governing body, makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee.[47]

(d) In addition the Group or the governing body has conferred or delegated the following functions, connected with the governing body's main function, to its remuneration committee:

(i) To make recommendations to the governing body regarding financial issues connected with the determination or severance of employment, and of loss of office.

(e) the **Finance and Planning Committee** which is accountable to the Group's Governing Body and responsible for, inter alia, overseeing the financial management and performance of the Group and monitoring the development and delivery of planned programmes of work.

The Committee may consider and approve plans and business cases for the commissioning and decommissioning of services within the limits of the financial authority delegated to it within its [48] terms of reference. The governing body has approved and keeps under review the terms of reference for the committee which includes information on its membership.

(f) the **Primary Care Commissioning Committee**, which is accountable to the Group's governing body, and responsible for, inter alia, making collective decisions on the review, planning and procurement of primary care services in West

[47] See terms of reference of the Remuneration Committee
[48] See terms of reference of the Finance and Planning Committee

Leicestershire CCG, under delegated authority from NHS England. The governing body has approved and keeps under review the terms of reference for the Committee, which includes information on its membership.

(g) the **Quality and Performance Committee**, which is accountable to the Group's governing body, and responsible for, inter alia, overseeing the safety and care of patients. The governing body has approved and keeps under review the terms of reference for the committee, which includes information on its membership.

(h) the **Procurement and Investment Committee**, which is accountable to the Group's governing body, is responsible for making decisions in relation to matters delegated to it by the governing body in cases where a decision should not be made by the Board as a result of the scale and nature of potential conflicts of interest.

(i) the **Conflicts of Interest Screening Panel**, which is accountable to the Group's governing body, is responsible for reviewing governing body and sub-committee agendas in order to identify and recommend to the governing body suitable arrangements for the management of any actual/potential conflicts of interest.

(j) The **Commissioning Collaborative Board (CCB)** which is a joint committee of East Leicestershire and Rutland CCG, Leicester City CCG and West Leicestershire CCG. The committee will support joint decision making on those matters delegated to it where the Governing Bodies of the CCGs have agreed to undertake collective strategic decision making. These areas include planning, commissioning and procurement activities where the CCGs agree that it would be beneficial to work collaboratively.

6.5.6 The scheme of reservation and delegation for the CCB sets out those areas where authority has been delegated to the CCB by the three CCGs, and this is reflected in the CCG's own scheme of reservation and delegation.

6.5.7 The Governing Body may form other committees, sub-committees, working groups or working groups to which it may delegate specific responsibilities. The Group will publish details of all such committees, sub-committees and working groups on its external website.

6.6 **Committees of the Governing Body**

6.6.1 The following committees have been established by, and are accountable to, the Group's governing body and may establish their own working groups for finite periods of time and specific purpose.

(a) the Audit Committee

(b) the Remuneration Committee

(c) the Finance and Planning Committee

(d) the Quality and Performance Committee

(e) the Primary Care Co-Commissioning Committee

(f) the Procurement and Investment Committee

(g) the Conflicts of Interest Screening Panel

6.6.2 The committees of the Governing Body may establish their own, sub-committees and/or working groups for finite periods of time and specific purposes. Committees, sub-committees and working groups may only be formed by the governing body of the Group. Members and/or managers may form delivery and task-to-finish and other working groups to facilitate effective working and communication, or to address specific tasks, at their discretion, where these are not committees or working groups of the governing body. All groups are expected to operate under the terms outlined in this constitution and the Standing Orders, Scheme of reservation and delegation and Prime financial policies contained within Appendices C, D and E respectively.

6.6.3 The Group's governing body must approve the terms of reference for each committee, sub-committee, or working group to which it is formally delegating specific functions. These terms of reference must include details of the scope and authority of the committee, sub-committee or working group, the membership, the frequency of meetings and quoracy arrangements, the processes established for the identification and management of conflicts of interest and how the committee, sub-committee or working group will report and be accountable to the governing body.

6.6.4 Once approved, the terms of reference of each committee, sub-committee or working group will be published on the Group's external website, along with details of membership.

The CCG's current committee structure, with details of the role and Terms of Reference (including membership) for each committee can be found here:https://www.westleicestershireccg.nhs.uk/your-ccg/west-leicestershire-ccg-board-and-committees

6.7 Joint commissioning arrangements with other Clinical Commissioning Groups

6.7.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

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

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

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

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

6.7.3 For the purposes of the arrangements described at paragraph 6.7.2, the CCG may:

(a) make payments to another CCG

(b) receive payments from another CCG

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

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

6.7.4 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.

6.7.5 For the purposes of the arrangements described at paragraph 6.7.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.7.2(c) above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.7.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.7.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

(a) how the parties will work together to carry out their commissioning functions

(b) the duties and responsibilities of the parties

(c) how risk will be managed and apportioned between the parties

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

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

6.7.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.7.2 above.

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

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

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

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

6.8 **Joint Commissioning Arrangements with NHS England for the Exercise of CCG Functions**

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

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

6.8.3 The arrangements referred to in paragraph 6.8.2 above may include other CCGs.

6.8.4 Where joint commissioning arrangements pursuant to 6.8.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.8.5 Arrangements made pursuant to 6.8.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.8.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.8.2 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

(c) how risk will be managed and apportioned between the parties

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

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

6.8.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.8.2 above.

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

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

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

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

6.9 Joint Commissioning Arrangements with NHS England for the exercise of NHS England's functions

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

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

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

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

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

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

6.9.5 For the purposes of the arrangements described at paragraph 6.9.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

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

(a) how the parties will work together to carry out their commissioning functions

(b) the duties and responsibilities of the parties

(c) how risk will be managed and apportioned between the parties

(d) financial arrangements, including payments towards a pooled fund and management of that fund and

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

6.9.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.9.2 above.

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

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

6.9.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.9.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements

starting from the beginning of the next new financial year after the expiration of the six months' notice period.

7. ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the Group. The role of each practice representative is to:

(a) represent the views of their practice, patients and staff at Locality level

(b) hold Locality Leads to account in terms of their participation at Board level

(c) ensure their practice complies with the Group's policies and plans

(d) promote the aims and objectives of the Group

(e) support the appropriate use of financial and other resources at Locality level

(f) collaborate with fellow Locality practices in pursuit of the Group's objectives.

7.1.2 Member practices shall appoint a GP practice representative to attend regular meetings at Locality level. Each Locality shall elect two GP practice representatives to serve on the governing body of the Group ('Locality Leads'). Elections will be by the weighted voting system, dependent on practice registered patient list size. If a GP practice representative is absent, they may delegate their voting power to a nominated representative ('Proxy') but would need to inform the Chair and proxy in advance of the meeting.

7.1.3 Localities will by majority vote, based on the weighted voting system, admit or expel member practices within or adjacent to their area or the Group's area.

7.2 Other GPs and Primary Care Health Professionals

In addition to the practice representatives identified in section 7.1 above, the Group has identified a number of other GPs and primary care health professionals from member practices to support the work of the Group and/or represent the Group rather than represent their own individual practices. These GPs and primary care health professional undertake various roles on behalf of the Group, including child health, COPD, diabetes and research.

7.3 Professional Bodies

The CCG will work with key professional bodies, for example the Local Medical Committee (LMC) to enable professional representation in the development of services, policies and procedures affecting general practice.

7.4 All Members of the Group's Governing Body

7.4.1 Guidance on the roles of members of the Group's governing body is set out in a separate document[49]. In summary, each member of the

[49] Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS England ,

governing body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4.2 Members must exercise collective responsibility: a decision approved in formal session should be supported and promoted by all members, including where a decision was reached by majority vote, in accordance with the Group's policies and procedures, and dissent was recorded. Once a decision is reached, there is an obligation on members to recognise the view of the majority and lend their personal support to that decision, regardless of their own position on the matter.

7.4.3 No member of the governing body should make or permit or authorise the making of any press release or other statement to the media or their representatives (formal or informal, on or off 'the record') or disclosure concerning the Group, its business or about any Group member or their business, other than with the express consent of the governing body, or by prior agreement with the chair or accountable officer. Members failing to observe this obligation may face sanction by the governing body, including possible removal from it.

7.4.4 Members must not bring the Group, or its governing body, or its decisions, into disrepute by comment, communication, action or omission. Members failing to observe this obligation may face sanction by the governing body, including possible removal from it.

7.4.5 Members of the governing body elected or nominated to serve thereon will fulfil their responsibility to regularly attend meetings, accept portfolios and lead on certain agreed matters; continued non-attendance, or failure to accept or deliver against agreed responsibilities, without valid reason, may result in sanction by the governing body, including possible removal from it.

7.4.6 The potential to remove members as referred to in sections 7.4.3, 7.4.4 and 7.4.5 above will be considered in cases where actions or behaviour both persistent and significant, jeopardising or potentially jeopardising the proper conduct of Group or governing body business, is or has been committed by members, and is recognised as being tantamount to gross misconduct.

7.5 The Chair & Vice Clinical Chair of the Governing Body

7.5.1 The chair (who may share the discharge of these duties with the vice clinical chair as agreed between them from time to time) of the governing body is responsible for:

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

(b) building and developing the Group's governing body and its individual members

(c) ensuring that the Group has proper constitutional and governance arrangements in place

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

(e) supporting the accountable officer in discharging the responsibilities of the organisation

(f) contributing to building a shared vision of the aims, values and culture of the organisation

(g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities

(h) overseeing governance and particularly ensuring that the governing body and the wider Group behaves with the utmost transparency, integrity and responsiveness at all times

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

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

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

7.5.2 As the senior clinical voice of the Group, the chair or vice clinical chair of the governing body will take the lead in interactions with stakeholders, including NHS England.

7.6 The Deputy Chair of the Governing Body

7.6.1 The deputy chair of the governing body deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act. The deputy of the group must be an independent lay-member of the Governing Body.

7.7 Role of the Accountable Officer

7.7.1 The Accountable Officer of the Group is a member of the Governing Body.

7.7.2 The role of Accountable Officer has been summarised in a national document as:

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

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

(c) working closely with the chair and deputy chair of the governing body, the accountable officer will ensure that

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

(d) to lead the management team of the Group and direct its efforts in support of the Group's purpose and objectives.

7.8 **Role of the Chief Finance Officer**

7.8.1 The Chief Finance Officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.8.2 The role of Chief Finance Officer has been summarised in a national document as:

(a) being the governing body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged

(b) making appropriate arrangements to support, monitor on the Group's finances

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

(d) advising the governing body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties

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

(f) supporting the Accountable Officer in discharging his responsibilities under 7.8.2(b) above.

7.9 **Role of the Registered Nurse**

7.9.1 The Registered Nurse is a member of the governing body and is responsible for providing a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG, especially the contribution of nursing to patient care.

7.10 **Role of the Secondary Care Clinician**

7.10.1 The Secondary Care Clinician is a member of the governing body and is responsible for providing the viewpoint of a hospital specialist to the governing body and the CCG's policies, strategies and commissioning intentions. This would particularly concentrate on what is realistic and practical from a secondary care point of view.

7.11 **Role of the Independent Lay Members**

7.11.1 The Independent Lay Members bring specific expertise and experience to the role of the governing body. Their focus is strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

8.1.1 Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the seven principles of public life; set out by the committee on standards in public life (The Nolan principles). The Nolan principles are incorporated into this constitution at Appendix F.

8.1.2 They must comply with the group's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at https://www.westleicestershireccg.nhs.uk/your-ccg/publications/corporate-documents/policies/23-conflict-of-interest-policy-2017-18/file and will be made available on request.

8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group 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 group's standards of business conduct and declaration of interest policy.

8.2 Conflicts of Interest

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

8.2.2 Where an individual, i.e. an employee, member of the CCG's governing body, member of its committee or sub-committee, group member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group 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 and conflicts of interest policy.

8.2.3 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and registering interests

8.3.1 The group will maintain one or more registers of the interests of those individuals listed in the CCG's standards of business conduct and conflicts of interest policy.

8.3.2 As a minimum, CCGs should publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually in a prominent place on the group's website at: https://www.westleicestershireccg.nhs.uk/your-ccg/publications/corporate-documents/registers and make them available at their headquarters upon request.

8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4 All persons referred to in paragraph 45 of the Managing Conflicts of Interest: Revised Statutory Guidance for CCG's 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.

8.3.5 The CCG ensures 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 reasonable practicable and by law within 28 days after the interest arises.

8.3.6 Interests (including gifts and hospitality) of decision making staff should remain on the public register for a minimum of six months. In addition the CCG must retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired. The CCG's published register of interests should state 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.

8.4 **Managing conflicts of interest: general**

8.4.1 Individual members of the governing body, committees or sub-committees, the committees or sub-committees of its governing body, group member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.

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

8.4.3 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its standards of business conduct and conflicts of interest policy available on its website: https://www.westleicestershireccg.nhs.uk/your-ccg/publications/corporate-documents/policies/23-conflict-of-interest-policy-2017-18/file

8.5 **Transparency in procuring services**

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

8.5.2 The group will publish a procurement strategy approved by its governing body which will ensure that:

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

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

8.5.3 Copies of this procurement strategy will be available on the group's website at www.westleicestershireccg.nhs.uk and will be made available on request.

9. THE GROUP AS EMPLOYER

9.1 The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.

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

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

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

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

9.6 The Group will require that the behaviour of employees, and individuals contracted to work on behalf of the Group, reflects the values, aims and principles set out above.

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

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

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

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

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 The Group will publish an annual commissioning plan and an annual report, and present the annual report to a public meeting.

10.1.2 Key communications issued by the Group, including notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the Group's website at www.westleicestershireccg.nhs.uk Copies of such documents will also be available on request from the Group's administrative offices at 55

Woodgate, Loughborough, LE11 2TZ, or by email to: Enquiries@westleicestershireccg.nhs.uk

10.1.3 The Group may use other means of communication, including making information available in venues accessible to the public.

10.2 **Standing Orders, etc.**

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

(a) ***Standing orders (Appendix C)*** – which set out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's governing body and committees

(b) ***Scheme of reservation and delegation (Appendix D, Table 1)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's governing body, the governing body's committees and working groups, individual members and staff

(c) ***Financial scheme of delegation: authority limits (Appendix E1*** – which defines specific limits for all Group expenditure

(d) ***Prime financial policies (Appendix E2)*** – which sets out the arrangements for managing the Group's financial affairs

10.2.2 The documents described at 10.2.1 above may be varied only by approval of the governing body, who will defer to the membership or Localities on those matters reserved to them per Appendix D.

APPENDIX A - DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

Chair of the governing body	the individual appointed by the Group to act as chair of the governing body
Chief finance officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee, Sub-committee, Working group	a committee, sub-committee or working group created and appointed by the governing body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS West Leicestershire Clinical Commissioning Group, whose constitution this is
Governing body	the body ('the Board') appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and such generally accepted principles of good governance as are relevant to it
Governing body member	any member appointed to the governing body of the Group
Lay member	a lay member of the governing body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (ie not a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a practice providing primary medical services to a registered patient list within the Group's area
Practice representative	an individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers the Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of the members of the Group the members of its governing body the members of its committees, sub-committees and working groups its staff
Staff	All individuals employed by the Group under a contract of employment (i.e. employees), and those whose services are provided under some other contractual arrangement (i.e. Bank, interim, temporary or similar)

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name	Address	Practice Representative's Signature and Date Signed
Greengate Medical Centre SCh	1 Greengate Lane Birstall Leicester LE4 3JF	
Castle Donington Surgery NWL	53 Borough Street Castle Donington DE74 2LB	
Pinfold Gate Medical Practice NCh	Pinfold Gate Loughborough LE11 1DQ	
Ibstock House Surgery NWL	Ibstock House 132 High Street, Ibstock LE67 6JP	
Castle Medical Group NWL	Ascebi House, 118 Burton Road, Ashby-de-la-Zouch, LE65 2LP.	
Measham Medical Unit NWL	High Street Measham Nr Swadlincote DE12 7HR	
Bridge Street Medical Practice NCh	20 Bridge Street Loughborough LE11 1NQ	
The Old School Surgery H&B	Hinckley Road Stoney Stanton LE9 4LJ	
Markfield Medical Centre NWL	24 Chitterman Way Markfield LE67 9WU	
Anstey Surgery SCh	21a The Nook Anstey Leicester LE7 7AZ	
Quorn Medical Centre SCh	1 Station Road Quorn LE12 8BP	
Park View Surgery NCh	24-28 Leicester Road Loughborough LE11 2AG	
The Surgery, Charnwood Medical Group NCh	2a Storer Road Loughborough LE11 5EQ	
Station View Health Centre H&B	Southfield Road Hinckley LE10 1UA	
The Surgery NWL	Whitwick Road Coalville LE67 3FA	
Maples Family Medical Practice H&B	Hill Street Hinckley LE10 1DS	
Long Lane Surgery	Beacon House Coalville LE67 3PH	

Practice Name	Address	Practice Representative's Signature and Date Signed
NWL		
Newbold Verdon Medical Practice H&B	St Georges Close Newbold Verdon Leicester LE9 9PZ	
Whitwick Health Centre (Dr Lewis & partners) NWL	North Street Whitwick LE67 5HX	
The Burbage Surgery H&B	Tilton Road Burbage LE10 2SE	
Barwell & Hollycroft Medical Centre H&B	Jersey Way Barwell LE9 8HR	
Barrow Health Centre SCh	27 High Street Barrow upon Soar LE12 8PY	
Forest House Surgery NCh	25 Leicester Road Shepshed LE12 9DF	
Broom Leys Surgery NWL	Broom Leys Road Coalville LE 67 4DE	
Woodbrook Medical Centre	28 Bridge Street, Loughborough, LE11 1NH	
Castle Mead Medical Centre H&B	Hill Street Hinckley LE10 1DS	
Hinckley and Bosworth Medical Alliance Ltd (The Centre Surgery)	Hill Street Hinckley LE10 1DS	
Birstall Medical Centre SCh	4 Whiles Lane Birstall Leicester LE4 4EE	
The Orchard Medical Practice H&B	Orchard Road Broughton Astley LE9 6RG	
Alpine House Surgery SCh	86 Rothley Road Mountsorrel LE12 7JU	

Practice Name	Address	Practice Representative's Signature and Date Signed
Hugglescote Surgery NWL	151 Grange Road Hugglescote LE67 2BS	
Charnwood Surgery SCh	39 Linkfield Road Mountsorrel LE12 7DJ	
Manor House Surgery NWL	Mill Lane Belton LE12 9UJ	
Dishley Grange Medical Practice NCh	32 Maxwell Drive Loughborough LE11 4RZ	
Medical Centre NCh	Loughborough Univ Ashby Road Loughborough LE11 3TU	
Whitwick Health Centre (Dr Hepplewhite & partners) NWL	North Street Whitwick LE67 5HX	
Heath Lane Surgery H&B	Heath Lane Earl Shilton LE9 7PB	
Banks Surgery SCh	9 The Banks Sileby LE12 8PB	
Silverdale Medical Centre SCh	6 Silverdale Drive Thurmaston Leicester LE4 8NN	
Groby Surgery H&B	26 Rookery Lane Groby Leicester LE6 0GL	
Ratby Surgery H&B	22 Station Road Ratby Leicester LE6 0JP	
Highgate Medical Centre SCh	5 Storer Close Sileby LE12 7UD	
Desford Medical Centre H&B	The Old School 54 Main Street Desford LE9 9GR	

Practice Name	Address	Practice Representative's Signature and Date Signed
Field Street Surgery NCh	Field Street Shepshed LE12 9AL	
Mahavir Medical Centre SCh	10 Chestnut Way East Goscote LE7 3QQ	
The Surgery NWL	30 North Street Ashby de la Zouch LE65 1HS	
The Leicester Medical Group SCh	Thurmaston Health Centre 573a Melton Road, Thurmaston LE4 8EA	
Cottage Surgery SCh	37 Main Street Woodhouse Eaves LE12 8RY	

Locality Key

H&B	Hinckley & Bosworth
NWL	North West Leicestershire
NCh	North Charnwood
SCh	South Charnwood

APPENDIX C - STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

1.1.1 These standing orders have been drawn up to regulate the proceedings of the NHS West Leicestershire Clinical Commissioning Group so that Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from 12 June 2012.

1.1.2 The standing orders, together with the Group's scheme of reservation and delegation[50] and the Group's prime financial policies[51], provide a procedural framework within which the Group discharges its business. They set out:

1.1.2.1 the appointment of member practice representatives

1.1.2.2 the procedure to be followed at meetings of the Group, the governing body and committees, sub-committees or working groups

1.1.2.3 the process to delegate powers

1.1.2.4 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[52] of any relevant guidance.

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

1.2 Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the Group with powers to delegate the Group's functions and those of the governing body to certain bodies (such as committees) and to certain persons. The Group has decided that certain decisions may only be exercised by the Group in formal session. These decisions and also those delegated are contained in the Group's scheme of reservation and delegation (see Appendix D).

1.2.2 The financial scheme of delegation detailing the limits of authority applied to relevant parties in specific instances should be read in conjunction with the Group's prime financial policies.

[50] See appendix D
[51] See appendix E
[52] Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

2.1 Composition of membership

2.1.1 Chapter 3 of the Group's constitution provides details of the membership of the Group (also see Appendix B).

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

2.2 Key Roles

2.2.1 Paragraph 6.5.2 of the Group's constitution sets out the composition of the Group's governing body whilst Chapter 7 of the Group's constitution identifies certain key roles and responsibilities within the Group and its governing body. These standing orders set out how the Group appoints individuals to these key roles.

2.2.2 No office holder of a Federation or other provider (except providers identified in paragraph 3.2.1 of the constitution) with whom the CCG contracts for services shall be eligible to be a member of the Governing Body (Board). For this purpose office holder means a director, partner, shareholder, manager or company secretary.

2.2.3 The Chair, as listed in paragraph 7.5 of the Group's constitution, is subject to the following appointment process:

2.2.3.1 **Nominations** – when the position is, or about to become, vacant, GPs interested in serving as chair of the Group's governing body should express their interest to the director responsible for Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close.

2.2.3.2 **Eligibility** – candidates must be registered practising GPs, practising in one of the Group's member practices, and be approved or accredited through any stipulated assessment process, including any required by NHS England, within 3 months of taking office; candidates must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues.

2.2.3.3 **Appointment process** – the Director responsible for Corporate Affairs will notify members of the candidates, and their eligibility criteria, for the positions of chair, and make arrangements to conduct a ballot by email over a period of not more than 21 days; voting will be by weighted practice basis. The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to members, though individual votes will remain confidential. The candidate who receives the highest number of votes will take the chair at the next meeting of the governing body or an alternative meeting by agreement. In the event it is not possible to declare a single successful candidate, a second

ballot will be conducted, over a period of not more than 10 days, between those candidates who received the highest number of votes in the first ballot.

2.2.3.4 **Term of office** – the chair will serve for a period of two years, unless removed from office or resigning from the post.

2.2.3.5 **Eligibility for reappointment** – provided they meet the eligibility criteria at 2.2.3 above, GPs may put themselves forward for reappointment without limit on the number of terms served.

2.2.3.6 **Grounds for removal from office** – a GP serving as chair will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office *temporarily*, if suspended pending investigation), or ceases to practise in one of the Group's member practices, or is not approved/ accredited through NHS England's or other assessment process(es) where that requirement is stipulated for the position. A vote of no confidence by the members of the governing body, duly convened, will also have the effect of removing the chair from office without notice; a similar vote by member practices, using the weighted practice voting system, proposed by any Locality group, will have the same effect. If vacated, the deputy chair will immediately assume the chair, and remain in that position until a new chair is appointed via the election process.

2.2.3.7 **Notice period** – a chair wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the vice-chair, who will ask the Director responsible for Corporate Affairs to initiate proceedings for an election without delay. Election proceedings to appoint a chair after a completed term of office should be initiated by the Director responsible for Corporate Affairs such that the newly-elected chair may take office on completion of the term of his/her predecessor.

2.2.4 The Vice Clinical Chair, as listed in paragraph 7.5 of the Group's constitution, is subject to the following appointment process:

2.2.4.1 **Nominations** – when the position is, or is about to become, vacant, GPs interested in serving as vice clinical chair of the Group's governing body should express their interest to the Director responsible for Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close.

2.2.4.2 **Eligibility** – candidates must be registered practising GPs, practising in one of the Group's member practices, and be approved or accredited through any stipulated assessment process, including any required by NHS England, within 3 months of taking office; candidates must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues.

2.2.4.3 **Appointment process** – the Director responsible for Corporate Affairs will notify members of the candidates, and

their eligibility criteria, for the position of vice clinical chair, and make arrangements to conduct a ballot by email over a period of not more than 21 days; voting will be by weighted practice basis. The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to members, though individual votes will remain confidential.

2.2.4.4 The candidate receiving the highest number of votes shall take the position of vice clinical chair. In the event it is not possible to declare a single successful candidate, a second ballot will be conducted, over a period of not more than 10 days, between those candidates who received the highest number of votes in the first ballot.

2.2.4.5 **Term of office** – the vice clinical chair will serve for a period of two years, unless removed from office or resigning from the post.

2.2.4.6 **Eligibility for reappointment** – provided they meet the eligibility criteria at 2.2.3 above, GPs may put themselves forward for reappointment as deputy chair without limit on the number of terms served.

2.2.4.7 **Grounds for removal from office** – a GP serving as vice clinical chair will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office temporarily, if suspended pending investigation), or ceases to practise in one of the Group's member practices, or is not approved/ accredited through NHS England or other assessment process(es) where that requirement is stipulated for the position. The chair will accept the nomination of the GP members of the governing body of one of their members to serve until a new vice clinical chair is elected.

2.2.4.8 **Notice period** – a vice clinical chair wishing to resign the post should notify the chair, who will accept the nomination of the GP members of the governing body of one of their members to serve until a new vice clinical chair is elected.

2.2.5 The Locality Leads, as listed in paragraph 7.1 of the Group's constitution, are subject to the following appointment process:

2.2.5.1 **Nominations** – when the position(s) is, or is about to become, vacant, GPs interested in serving as Locality Leads of the Group' s governing body should express their interest to the Director responsible for Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close.

2.2.5.2 **Eligibility** – candidates must be registered practising GPs, practising in one of the Group's member practices in that Locality; candidates must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues.

2.2.5.3 **Appointment process** – the Director responsible for Corporate Affairs will notify members of the candidates, and their eligibility criteria, for the position of Locality Lead, and make arrangements to conduct a ballot by email over a

period of not more than 21 days; voting will be by weighted practice basis. The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to members, though individual votes will remain confidential. The successful candidates will be the two receiving the highest number of votes, and will take the role of Locality Leads and be appointed to the governing body. In the event it is not possible to declare two successful candidates, successive ballots will be conducted until it is possible to do so.

2.2.5.4 **Term of office** – Locality Leads will serve for a period of two years, unless removed from office or resigning from the post.

2.2.5.5 **Eligibility for reappointment** – provided they meet the eligibility criteria at 2.2.3.2 above, GPs may put themselves forward for reappointment without limit on the number of terms served.

2.2.5.6 **Grounds for removal from office** – a GP serving as Locality lead will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office temporarily, if suspended pending investigation), or ceases to practise in one of the Group's member practices. A vote of no confidence by the members of the Locality, duly convened, or by members of the governing body, duly convened, will have the effect of removing the Locality lead from office; in this event, a ballot will be held without delay to elect a replacement, who shall serve the remaining period of office.

2.2.5.7 **Notice period** – a Locality lead or deputy lead wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the members of their Locality and to the chair of the governing body, and the Locality will without delay hold a ballot to elect a replacement, who shall serve the remaining period of office. Election proceedings to appoint Locality Leads after a completed term of office should be initiated by members such that those newly-elected can take office on completion of the term of their predecessors.

2.2.6 Lay Members, as referenced at paragraph 7.11 of the Group's constitution, are subject to the following appointment process:

2.2.6.1 **Nominations** – Individuals interested in serving as lay members on the governing body will answer advertisements for such positions, or may be canvassed by local public bodies, including the Group, to make an application.

2.2.6.2 **Eligibility** – candidates must be local residents, preferably residing in the Group's area, and possess relevant skills and experience which might enhance the governing body's deliberations, offering challenge to the clinicians and managers thereon, and enable a beneficial contribution to be made to the wider functioning of the Group, including leading on audit and governance, and on patient and public engagement and participation, for example. Candidates employed by the NHS, or with current clinical or associated

interests or affiliations will not be considered as this might prompt conflicts of interest.

2.2.6.3 **Appointment process** – a selection process will be devised and conducted by the chair and accountable officer, who may be assisted by colleagues or an external senior public official in their deliberations.

2.2.6.4 **Term of office** – Lay Members will serve for two years, unless removed from office or resigning from the post.

2.2.6.5 **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, a Lay Member may serve without limit on the number of terms served.

2.2.6.6 **Grounds for removal from office** – a Lay Member will be automatically removed from office, without notice, in the event of a majority vote of the governing body, duly convened, or if s/he is rendered ineligible through professional membership, affiliation or association, or employment with a primary or secondary care provider or supplier.

2.2.6.7 **Notice period** – a Lay Member wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the governing body.

2.2.7 The Registered Nurse, as listed in paragraph 7.9 of the Group's constitution, is subject to the following appointment process:

2.2.7.1 **Nominations** – a registered nurse will be appointed to the governing body, following a period of advertising for the post, applications and selection process.

2.2.7.2 **Eligibility** – candidates must be currently registered with the Nursing and Midwifery Council (NMC), and be able to demonstrate senior level nursing and/or senior level managerial experience, meeting any designated person specification or job description.

2.2.7.3 **Appointment process** – the post will be advertised and a selection process will be devised and conducted by the Group, which may enlist professional clinical support in their deliberations.

2.2.7.4 **Term of office** – the Registered Nurse will serve for the duration of his/her employment if employed within the NHS, or otherwise for a period of two years, unless removed from office or resigning from the post.

2.2.7.5 **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at 2.2.7.2 above, Nurses may apply for reappointment without limit on the number of terms served.

2.2.7.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the NMC Register, or, in the case of an employee, where that employment is terminated by resignation, redundancy or as a result of disciplinary proceedings.

2.2.7.7 **Notice period** – a registered nurse wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the accountable officer of the governing body, notwithstanding the notice requirements of any employment.

2.2.8 A secondary care clinician, as listed in paragraph 7.10 of the group's constitution, is subject to the following appointment process:

2.2.8.1 **Nominations** – a secondary care specialist will be appointed to the governing body, following a period of advertising for the post, the receipt of applications or recommendations and selection process.

2.2.8.2 **Eligibility** – candidates must be currently registered on the GMC Specialist Register, and be able to demonstrate significant professional and managerial experience, meeting any designated person specification or job description; candidates shall not be employed in any secondary care or other care provider capacity within the Group's area with an employer from whom the Group commissions significant supplies or services.

2.2.8.3 **Appointment process** – a selection process will be devised and conducted by the chair and accountable officer, who may enlist professional clinical support in their deliberations.

2.2.8.4 **Term of office** – the secondary care specialist doctor will serve for two years, unless removed from office or resigning from the post.

2.2.8.5 **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, secondary care specialists may apply for reappointment without limit on the number of terms served.

2.2.8.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event of a majority vote of the governing body, duly convened, or in the event that s/he is removed or suspended from the GMC Specialist Register.

2.2.8.7 **Notice period** – a secondary care specialist wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the governing body.

2.2.9 The Accountable Officer, as listed in paragraph 7.7 of the Group's constitution, is subject to the following appointment process:

2.2.9.1 **Nominations** – an accountable officer must be appointed to the governing body, and will be the managing director of, and employed by, the Group, or, under exceptional circumstances, an officer imposed by the NHS England for a fixed period, not exceeding six months; the post, when vacant, will be advertised in the usual manner.

2.2.9.2 **Eligibility** – candidates must be able to demonstrate significant senior-level managerial experience, meeting any designated person specification or job description, and have successfully completed the NHS England assessment process, and any continuing process(es) for CCG top roles, and be a candidate acceptable to the NHS England .

2.2.9.3 **Appointment process** – a selection process will be devised and conducted by the governing body.

2.2.9.4 **Term of office** – the accountable officer will serve for the duration of his/her employment.

2.2.9.5 **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at 2.2.9.2 above, and remains in employment with the Group, there is no reappointment process.

2.2.9.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he fails to satisfy the requirements of the NHS England assessment process(es), or, where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings.

2.2.9.7 **Notice period** – an accountable officer wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the governing body, notwithstanding the notice requirements of the post holder's employment.

2.2.10 The Chief Finance Officer, as listed in paragraph 7.8 of the Group's constitution, is subject to the following appointment process:

2.2.10.1 **Nominations** – a chief finance officer must be appointed to the governing body, and will be employed by the Group, or, under exceptional circumstances, an officer imposed by the NHS England for a fixed period, not exceeding six months; the post, when vacant, will be advertised in the usual manner.

2.2.10.2 **Eligibility** – candidates must be able to demonstrate significant senior-level financial and managerial experience, meeting any designated person specification or job description, be currently registered with a member body of the Consultative Committee of Accountancy Bodies and have successfully completed the NHS England assessment process, and any continuing process(es) for CCG top roles, and be a candidate acceptable to the NHS England .

2.2.10.3 **Appointment process** – a selection process will be devised and conducted by the chair and accountable officer.

2.2.10.4 **Term of office** – the chief finance officer will serve for the duration of his/her employment.

2.2.10.5 **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at 2.2.10.2 above, and remains in employment with the Group, there is no reappointment process.

2.2.10.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the relevant professional membership register, or fails to satisfy the requirements of the NHS England assessment process(es), or where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings.

2.2.10.7 **Notice period** – a chief finance officer wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the accountable officer of the governing body, notwithstanding the notice requirements of the post holder's employment.

2.2.11 The elected Chair of the Practice Managers' Forum, while not a member of the board, as listed in paragraph 6.5.3 of the Group's constitution, is subject to the following process:

2.2.11.1 **Nominations** – the chair of the practice managers' forum will be automatically appointed to serve on the governing body of the Group.

2.2.11.2 **Eligibility** – candidates must be currently employed as the manager of a member practice of the Group.

2.2.11.3 **Appointment process** – the appointment is the result of a ballot, administered by the forum, to elect the forum chair.

2.2.11.4 **Term of office** – the chair of the practice managers' forum will serve for a period of two years.

2.2.11.5 **Eligibility for reappointment** – provided the post holder remains as elected chair and continues to meet the criterion described under 2.2.11.2 above, s/he may serve without limit on the number of terms.

2.2.11.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the office of forum chair, or where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings, or after a vote of no confidence by the members of the forum, duly convened, or by members of the governing body, duly convened.

2.2.11.7 **Notice period** – a forum chair wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the governing body, and will automatically resign the post of forum chair, prompting a new election process.

2.2.12 A representative of the Local Authority's Public Health Directorate, as listed in paragraph 6.5.3 of the Group's constitution, while not a member of the board, is subject to the following process:

2.2.12.1 **Nominations** – the Local Authority will nominate a public health official to serve on the governing body of the Group.

2.2.12.2 **Eligibility** – nominees must be currently GMC registered, be at consultant level, and employed by the Local Authority in a senior public health role.

2.2.12.3 **Appointment process** – the appointment will be a nominee of the Local Authority, acceptable to the governing body.

2.2.12.4 **Term of office** – the public health representative will serve until replaced by the Local Authority, subject to 2.2.12.2 and (c) above.

2.2.12.5 **Eligibility for reappointment** – provided the post holder remains in employment and continues to meet the criterion described under 2.2.12.2 above there is no reappointment process.

2.2.12.6 **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the GMC register,or where his/her employment is terminated by resignation, redundancy or as a result of disciplinary proceedings.

2.2.12.7 **Notice period** – a public health official wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the governing body, who will consult the Local Authority regarding the nomination of a replacement.

3. MEETINGS OF THE GOVERNING BODY

3.1 Calling meetings

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

3.1.2 Meetings of the governing body shall normally be held in public, scheduled in advance, and the date, time and location publicised on the Group's website and other media. Not less than six meetings shall be held annually, and these scheduled meetings will be agreed by the governing body in advance of each financial year.

3.1.3 Unscheduled meetings of the governing body can also be called by

3.1.3.1 the chair, in the event that urgent business prompts convening a meeting ('special' meeting), by giving at least 7 days' notice thereof

3.1.3.2 written request, from at least eight members of the governing body ('extraordinary' meeting), requiring a meeting to be convened within 14 days

3.1.3.3 in either event, the Director responsible for Corporate Affairs will notify all members of the governing body by post or email, indicating the purpose and likely duration of the meeting, indicating date, time and venue, giving at least 7 days' notice.

3.1.4 The conduct of confidential business shall warrant a closed meeting, or closed session of a meeting held in public, and the chair shall require only members of the governing body and any person(s) invited for the purpose of discussing the confidential matter(s) to be present.

3.1.5 All meetings of the governing body shall be preceded by the distribution to its members of an agenda and supporting papers (where possible); papers may only be tabled at a meeting under exceptional circumstances and by agreement from the chair. The chair will determine the time allocated for each agenda item and has sole discretion in this respect. Public comment and questions on an item will not be allowed until members of the governing body have completed their deliberations.

3.1.6 Meetings of the Group's audit committee shall be held at regular intervals at such times and places as the Group may determine, but not less than five

times annually, against a schedule agreed by members of that committee. The chair of the committee may call additional meetings as required by the business of the Group, giving at least 14 days' notice.

3.1.7 Meetings of the Group's remuneration committee shall be held at regular intervals at such times and places as the Group may determine, occasioned by the needs of the Group or the requirement to provide advice to the governing body. The chair of the committee will call meetings as required, giving at least 5 days' notice.

3.2 Agenda, supporting papers and business to be transacted

3.2.1 Items of business for inclusion on the agenda of a meeting of the governing body should be notified to the Director responsible for Corporate Affairs at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 8 working days before the meeting takes place. The agenda and supporting papers should normally be circulated to all members of a meeting 5 working days, but not less than 3 working days, before the date the meeting will take place.

3.2.2 Details of the dates, times and venues of meetings of the Group's governing body will be published, including in the Group's member practices' premises. Agendas and certain papers for meetings of the Group's governing body, including details about dates, times and venues, will be published on the Group's website at www.westleicestershireccg.nhs.uk

3.3 Petitions

3.3.1 Where a petition has been received by the Group, 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 Group or its governing body or of a committee, sub-committee or working group, the chair of the Group, governing body, committee, sub-committee or sub- group, 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 chair nor deputy chair available (nor vice-chair in the case of the governing body), a participating member of the particular meeting 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 on 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 Meetings of the governing body shall be quorate provided there are not less than nine voting members present, including the GP Chair or Deputy Chair (unless absent due to a conflict of interest) and at least four GP representatives, representing at least three of the Localities ('Locality

Leads') within the CCG, plus at least one Lay Member and one management representative member.

3.6.2 Where an issue cannot be resolved due to problems of Quoracy, guidance to enable the issue to be progressed is available under section 8.4.8. of the Group's constitution. Decisions reached under those alternative arrangements are binding on the Group.

3.6.3 Unless the governing body has been constituted and convened for the specific purpose of resolving an issue (following guidance under the constitution section 8.4), which otherwise could not be dealt with because conflicts of interest disqualified members from participating, deputies or attendees representing a particular member of the governing body may speak but cannot vote on any issue.

3.6.4 For all other of the Group's committees, sub-committees and working groups, 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 6 of the Group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the Group's statutory functions. It is expected that at the Group'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

3.7.2 **Eligibility** – voting and non-voting membership of the governing body is set out in the constitution; section 3.6.3. above applies in all cases

3.7.3 **Majority necessary to confirm a decision** – a simple majority of members present

3.7.4 **Casting vote** – the chair will have the casting vote where required

3.7.5 **Dissenting views** – members voting against a decision but in the minority may request that the minutes reflect their dissent

3.7.6 Should a vote be taken, the outcome of the vote, including the scale of dissension, must be recorded in the minutes of the meeting.

3.7.7 For all other of the Group's committees, sub-committees and working groups, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.7.8 The Group's committees, sub-committees and working groups will reach their decisions either by consensus, or by simple majority vote, according to their terms of reference.

3.8 Emergency powers and urgent decisions

3.8.1 Subject to the agreement of the chair, a member of the governing body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item included on the agenda. The chair's decision to include the item shall be final.

3.8.2 The powers which the governing body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be jointly

exercised by the chair and the accountable officer after having consulted, and obtained the agreement of, at least one Locality Lead member and one lay member. The exercise of such powers shall be reported to the next formal meeting of the governing body in public session for ratification.

3.9 Suspension of Standing Orders

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England any part of these standing orders may be suspended at any meeting, provided at least three-quarters of the voting members of the Group's governing body present 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 who will review the reasonableness of the decision to suspend standing orders.

3.10 Record of Attendance

3.10.1 The names of all members and other invited attendees present at any meeting of the Group shall be recorded in the minutes of the relevant meeting.

3.11 Minutes

3.11.1 Minutes of all formal meetings of the Group will be recorded, including the names of those present, whether members or invited attendees.

3.11.2 The Group's governing body, committees, sub-committees and working groups will designate the person responsible for the taking and drafting of minutes; for the governing body that person is the Director responsible for Corporate Affairs, for committees, sub-committees and working groups the relevant terms of reference will designate.

3.11.3 Minutes of each meeting of the Group will be approved, or amended and approved, by members present at the next meeting, and signed off as a true record by the chair of the meeting.

3.11.4 Minutes of meetings, in pre-approved form, will be circulated with the agenda and papers for the next meeting, and, where appropriate, published to allow public access.

3.12 Admission of public and the press

3.12.1 The public and representatives of the press may attend all meetings of the governing body of the Group, but shall be required to withdraw upon members present resolving 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

3.12.2 The chair or other person presiding over the meeting of the governing body shall give such directions as s/he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Group'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, the public and representatives of the press will be required to withdraw upon members present resolving 'that in the interests of public order the meeting adjourn for (the period to be specified) to enable the governing body to complete its business without the presence of the public and representatives of the press' (Section 1(8) Public Bodies (Admissions to Meetings) Act 1960).

3.12.3 Business proposed to be transacted when the Public and Press have been excluded from a meeting of the governing body.

3.12.4 Matters to be dealt with by the governing body following the exclusion of the public and representatives of the press, as provided above, shall be confidential to its members.

3.12.5 Members and any invitee in attendance shall not reveal or disclose the contents of papers marked 'Confidential' (or similar) nor minutes headed 'Minutes of the Confidential Meeting' (or similar) outside of the Group, without the express permission of the Group.

3.12.6 This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers.

3.12.7 Nothing in these standing orders shall be construed as permitting the introduction by the public, or press representatives, of any form of recording, transmitting, video or similar apparatus into meetings of the governing body. Such permission shall be granted only upon resolution of the governing body.

3.12.8 The governing body shall decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to staff and other observers to attend and address any of the Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES, SUB-COMMITTEES AND WORKING GROUPS

4.1 Appointment of committees, sub-committees and working groups

4.1.1 The Governing Body may appoint committees, sub-committees and working groups of the Governing Body, subject to any regulations made by the Secretary of State[53], and make provision for the appointment of committees, sub-committees and working groups of its governing body. Details of these committees, sub-committees and working groups can be found at the CCG's website: https://www.westleicestershireccg.nhs.uk/your-ccg/west-leicestershire-ccg-board-and-committees

4.1.2 Other than where there are statutory requirements, such as in relation to the governing body's audit committee, primary care commissioning committee or remuneration committee, the Governing Body shall determine the membership and terms of reference of committees, sub-committees and working groups and shall, if it requires, receive and consider reports of such at the next appropriate meeting of the Governing Body.

4.1.3 The provisions of these standing orders shall apply where relevant to the operation of the governing body, and all committees, sub-committees and working groups unless stated otherwise in the committee, sub-committee or working group terms of reference.

[53] See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

4.2 Terms of Reference

4.2.1 Terms of reference shall have effect as if incorporated into the constitution and shall be published on the Group's external website.

4.3 Delegation of Powers by Committees to Sub-committees

5. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Group's governing body.

5.1 Approval of Appointments to Committees and Sub-Committees

5.1.1 The Governing Body shall approve the appointments to each of the committees, sub-committees and working groups which it has formally constituted. The Governing Body shall agree such travelling or other allowances as it considers appropriate.

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

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

7. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1 Clinical Commissioning Group's seal

7.1.1 The Group may have a seal for executing documents where necessary. Paragraph 21 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act) requires the use of a clinical commissioning group's seal to be authenticated by the signature(s) of an authorised person(s). The following are authorised to authenticate its use by their signature

7.1.1.1 the accountable officer

7.1.1.2 the chair or vice clinical chair of the governing body

7.1.1.3 the chief finance officer

7.1.1.4 any lay member

7.1.2 Use of the Group's seal must be authenticated by two of the authorised signatories, one from each category above, on all occasions.

7.1.3 The Director responsible for Corporate Affairs will hold safe the Group's seal, and maintain a register of its use.

7.2 Execution of a document by signature

7.2.1 Documents shall be so executed by the authorised signatories according to the detailed financial scheme of delegation.

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

8.1 Policy statements: general principles

8.1.1 The Group 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 West Leicestershire Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the Group's standing orders.

9. DISPUTE RESOLUTION

9.1 Collaboration and collective working to a common end is key to realising the mission, values and goals of the CCG, underpinned by a culture of involvement and consensus. However, where exceptional circumstances when individual GPs, practices, Localities or the CCG take decisions or act in ways which are inconsistent with the expectations of member GPs, or of other practices, Localities or the CCG, disputes may arise: these need to be identified and resolved fairly and in a timely manner

9.1.1 If a GP, practice or Locality takes a decision or acts in ways that are inconsistent with this agreement, or with the group's constitution, or risks the delivery of QIPP, the achievement of corporate objectives or the financial security of the CCG, a dispute will be declared and a senior manager will be assigned to investigate, collate relevant information, consider the behaviour and/or performance of the GP, practice, Locality or CCG and, if possible, broker a solution

9.1.2 If a solution cannot be agreed, the relevant GP, practice or Locality will be asked to meet with a review group established by the Board and specifically delegated to discuss the issues and agree a way forward. Any necessary support will be provided by the CCG

9.1.3 If agreement and resolution cannot be reached within a reasonable timescale, or if agreement and resolution is reached but any change(s) required of any or all of the GP, practice, Locality and CCG have not been actioned and resolved the problem within an agreed timescale, then the Board may propose, for a specified period, the exclusion of the GP, practice or Locality from accessing certain initiatives and participating in or influencing any further commissioning decisions. At this juncture, the Board may (if appropriate) choose to invite external expert mediation to assist in resolving the dispute, defining a time limit for such intervention

9.1.4 If, after exhausting the process described above, and where the continuing activities of the GP, practice or Locality resulted in gross inequity in the availability of services or distribution of resources across member practices, or threatened the clinical or financial effectiveness, or security, or compromised the independence or corporate integrity or reputation of the CCG, then the CCG will refer the dispute, passing all relevant documentation, to NHS England

APPENDIX D - SCHEME OF RESERVATION AND DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

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

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

1.3 Table 1 below details the arrangements made by the Group for discharging its functions.

1.4 Table 2 below details the financial scheme of delegation (authority limits).

Table 1: Scheme of reservation and delegation

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the Group	✓										
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Appointing clinical leaders to represent the Group's membership on the Group's governing body through election	✓										
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Approve the appointment of governing body members and succession planning. The appointment of the Accountable Officer is subject to the approval of NHS England		✓									
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the Group's proposed accountable officer		✓									
STRATEGY AND PLANNING	Approval of LLR wide commissioner plans									✓		

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the Group	✓										
STRATEGY AND PLANNING	Approval of the Group's operating structure		✓									
STRATEGY AND PLANNING	Approval of the Group's commissioning plan		✓									
STRATEGY AND PLANNING	Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution		✓									
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims		✓									
REGULATION & CONTROL	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership	✓										
REGULATION & CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution		✓									

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
REGULATION & CONTROL	Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated to the • Group's governing body • committees, sub-committees and working groups • its members or employees and sets out those decisions of the governing body reserved to the • governing body and those delegated to the • governing body's committees, sub-committees and sub-groups • members of the governing body • an individual who is member of the Group but not the governing body or a specified person for inclusion in the Group's constitution			✓								
REGULATION & CONTROL	Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual			✓								

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	employees of the clinical commissioning group, not for inclusion in the Group's constitution											
REGULATION & CONTROL	Approval of the Group's overarching scheme of reservation and delegation		✓									
REGULATION & CONTROL	Approval of the Group's operational and financial schemes of delegation that underpin the Group's 'overarching scheme of reservation and delegation' as set out in its constitution		✓									
REGULATION & CONTROL	Prepare detailed financial policies that underpin the clinical commissioning Group's prime financial policies				✓							
REGULATION & CONTROL	Approve detailed financial policies			✓								
REGULATION & CONTROL	Creation of committees, sub-committees and working groups		✓									
REGULATION & CONTROL	Changes to terms of reference for the Group's governing body, its committees, sub-committees and sub- groups, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions,		✓									

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	standing orders and prime financial policies											
REGULATION & CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the Group, delegated to the governing body or other committee, sub-committee or working group, member or employee (or other individual contracted to work on behalf of the Group)			✓								
REGULATION & CONTROL	Approve arrangements for managing exceptional funding requests		✓									
REGULATION & CONTROL	Set out who can execute a document by signature / use of the seal		✓									
REGULATION & CONTROL	Approval of the arrangements for discharging the Group's statutory financial duties		✓									
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities,		✓									

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	improvement in the quality of services, obtaining appropriate advice and public engagement and consultation											
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for coordinating the commissioning of services with other groups and or with the local authority, where appropriate		✓									
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts							✓				
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	The approval of practice mergers							✓				
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Planning and reviewing the provision of primary medical care services in the Area, including carrying out needs assessments							✓				
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	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							✓				

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	relation to the performers list)											
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Management of the Delegated Funds in the Area							✓				
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Premises Costs Directions Functions							✓				
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of system level pathway changes									✓		
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of business cases (for commissioning or decommissioning and/or investment or disinvestment) in-line with financial scheme of delegation		✓				✓			✓		
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Agreement of service specification for procurement of health care services		✓				✓ (up to £500,000)			✓		
PROCUREMENT	Consider options to procurement of LLR wide services									✓		

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
PROCUREMENT	Approve preferred bidder and contract award for LLR wide services (up to a value of £1,999,999 for an individual CCG)									✓		
PROCUREMENT	Approve preferred bidder and contract award for LLR wide services (value to an individual CCG of £2,000,000 or higher)		✓									
POLICIES	Consider and approve policy proposals for clinical policies where policies apply to LLR system									✓		
FINANCE	Approve investment of non-recurrent funding provided nationally outside core allocation, within limits of delegated authority.									✓		
QUALITY & SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes		✓									
QUALITY & SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services		✓									
QUALITY & SAFETY	Develop and review quality and safety policies & procedures,								✓			

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	including public and patient engagement and experience											
OPERATIONAL & RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group											
OPERATIONAL & RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006)		✓									
OPERATIONAL & RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group			✓								
OPERATIONAL & RISK MANAGEMENT	Approval of the Group's risk management arrangements		✓									
OPERATIONAL & RISK MANAGEMENT	Approve the Group's counter fraud and security management arrangements					✓						
OPERATIONAL & RISK MANAGEMENT	Approve the Group's arrangements for business continuity and emergency		✓									

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	planning											
OPERATIONAL & RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group			✓								
COMMISSIONING SUPPORT ARRANGEMENTS	Agreement of service specification for commissioning support services.									✓		
COMMISSIONING SUPPORT ARRANGEMENTS	Procurement: Preferred bidder award of contract									✓		
COMMISSIONING SUPPORT ARRANGEMENTS	Contract management: agreement of and change to what is commissioned from the CSU									✓		
HOSTED TEAMS	To approve scope and specification of work undertaken by hosted team(s) and funding arrangements									✓		
TENDERING & CONTRACTING	Approval of the Group's contracts for corporate support (for example finance provision)			✓								
CONTRACT MANAGEMENT	Approval of contract variation to contracts for LLR wide services, including any changed funding arrangement (up to £499,999)									✓		

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation		✓									
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act		✓									
PARTNERSHIP WORKING	Act as the CCG's representative on the CHC Management Board with delegated authority to make decisions consistent with the agreed terms of reference for the CHC Management Board which shall include decisions relating to the following aspects of the CHC working protocol: quality; finance; provider development; and performance mechanisms											**chief Nurse and Quality Lead**
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data			✓								
PARTNERSHIP WORKING	Approval of collaborative commissioning arrangements on behalf of the CCG within		✓	✓	✓					✓		**CNQL**

Policy Area	Decision	Reserved to the Membership/ Localities	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Finance and Planning Committee	Primary Care Commissioning Committee	Quality and Performance Committee	Commissioning Collaborative Board	Remuneration Committee	Other
	delegated limits											
INFORMATION GOVERNANCE	Approve the Group's arrangements for handling complaints			✓								
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests			✓								
COMMUNICATIONS	Approval of consultation materials and process for system wide proposals following review by governing bodies		✓ (comment and inform)							✓		
COMMUNICATIONS	Approval of consultation materials and process for consultations relating solely to West Leicestershire		✓							✓ (comment and inform)		
ANNUAL REPORT & ACCOUNTS	Approval of the Group's annual report and annual accounts		✓			✓ (review)						
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities		✓									✓ Remuneration Committee to inform Board's decision

APPENDIX E (1) - FINANCIAL SCHEME OF DELEGATION

Ref	Matter delegated	Delegated to
1	Bank accounts Maintenance and operation in accordance with mandates approved by the Board	Chief Finance Officer (CFO)[54]
2	Budget management Responsibility for maintaining expenditure within approved budgets: (a) at individual budget level (pay and non-pay) (b) at service level (c) for the totality of services covered by the area (d) for all other areas All financial limits in this schedule of matters delegated are subject to adequate budgets (and balances remaining within budgets) being available	 (a) Delegated staff member[55] (b) Head of Service[56] (c) CMT member (d) CFO
3	Business cases (a) up to £499,999 (b) £500,000 and above Note that any capital element exceeding £1 million requires approval by NHS England	 (a) Internal business case for sub-group approval (b) Full business case for Board approval
4	Capital schemes (a) Appointment of architects, quantity surveyors, consultant engineers and other professional advisors within EU regulations:	 (a)

[54] Throughout this Scheme of Delegation, all references to Chief Finance Officer (CFO) refer to the CFO or his/her deputy who is authorised to act on behalf of the CFO where the CFO is absent.
[55] A list of all delegated staff members will be maintained by Head of Financial Accounting.
[56] A list of all authorised Heads of Service will be maintained by Head of Financial Accounting.

Ref	Matter delegated	Delegated to
	(i) up to £100,000 (ii) £100,000 and above (b) Granting, terminating or extending leases with an annual charge of: (i) up to £99,999 (ii) £100,000 and above (c) Capital works orders: (i) up to £9,999 (ii) £10,000 to £74,999 (iii) £75,000 to £249,999 (iv) £250,000 and above	(i) Head of Service and CMT member (ii) Managing Director (MD)[57] or CFO (b) (i) CFO (ii) MD and CFO (c) (i) CMT member (ii) CFO (ii) CFO and MD (iv) MD, after approval by the Board
5	Administrative Spend on Goods and Services (Non Commissioning Spend) - Limits for Requisition and Invoice approval: (a) up to £14,999 (b) Up to £49,999 (c) Up to £99,999 (d) £100,000 and above	 (a) Delegated staff member (b) Head of Service (c) CMT Member (d) MD and CFO
6	Limits for quotes, tenders & EU procurement for all Budget Holders: (a) up to £14,999 (b) from £15,000 to £49,999 (c) from £50,000 to Current OJEU threshold (d) OJEU threshold and above	 (a) Delegated Budget Holder responsibility (b) Competitive quotations from at least 3 sources (c) Formal tendering process (d) EC tendering limit: OJEU procurement process to be applied
7	Programme Spend: Commissioning **contracts** with Providers including other NHS bodies, contracts with Foundation Trusts, partnership agreements with local authorities, and primary care contractors (a) For the commissioning of NHS healthcare services: (i) up to £999,999 (contract variation up to £99,999)	For (a), (b) and (c): (i) two Heads of Service (one of whom must be Head of Financial Management) (ii) Director of Service Redesign and Integration (DSRI) and CFO, or Director of Primary Care (DPC) and CFO, or Chief Nurse

[57] Throughout this Scheme of Delegation, all references to the Managing Director (MD) refer to the MD or his/her deputy who is authorised to act on behalf of the MD where the MD is absent.

Ref	Matter delegated	Delegated to
	(ii) from £1m to £4,999,999 (contract variation £100,000 -£499,999) (iii) from £5m to £50m (contract variation £500,000 - £999,999) (iv) above £50m (contract variation £1m or more) (b) For the commissioning of non-NHS healthcare services: (i) up to £99,999 (contract variation up to £9,999) (ii) from £100,000 to £499,999 (contract variation £10,000 -£49,999) (iii) from £500,000 to £5m (contract variation £100,000 - £500,000) (iv) above £5m (contract variation above £500,000) (c) For the provision of non-healthcare services: (i) up to £14,999 (contract variation up to £999) (ii) from £15,000 to £99,999 (contract variation £1,000 - £4,999) (iii) from £100,000 to £499,999 (contract variation £5,000 -£24,999) (iv) above £500,000 (contract variation above £25,000) (d) For the approval of Continuing Health Care (CHC) packages and packages of aftercare under section 117: (i) Up to £99,999 (ii) from £100,000 and above	and Quality Lead (CNQL) and CFO, or Director of Urgent & Emergency Care (DUEC) and CFO. (iii) MD and CFO (iv) MD, after approval by Board For (d): (i) Deputy Chief Nurse, Head of Quality & Contracts, or Senior Nurse (Quality) (ii) CNQL or CFO
8	Commissioning expenditure: **payments** under SLA, contracts with Foundation Trusts, or partnership agreements with local authorities: (a) Up to £14,999 (b) Up to £49,999 (c) Up to £99,999 (d) Up to £4,999,999 (e) Up to £9,999,999 (f) £10 million and above	 (a) Delegated Staff Member (b) Head of Service (c) Member of CMT (d) DSRI or DUEC or CNQL (e) CFO (f) MD

Ref	Matter delegated	Delegated to
9	Condemning and disposal (a) Condemning or disposal of unserviceable items (other than IT equipment) with an estimated replacement cost: (i) up to £99 (ii) £100 and above (b) Condemning or disposal of all unserviceable IT equipment	 (a) (i) Delegated staff member (ii) Head of Financial Management (b) CFO
10	Hospitality Declaration in Hospitality Register where value of any hospitality received exceeds £25 per individual per instance	Recipient to notify Director of Performance and Corporate Affairs
11	Management consultancy: (a) Authorising contracts of engagement following (c) and (d) (b) Authorising contracts of engagement following (e) Payments: (c) Where aggregate commitment in any one year or total commitment is £4,999 or less (d) Where aggregate commitment in any one year is £5,000 to £24,999 (e) Where aggregate commitment in any one year is £25,000 or above	 (a) CMT Member (b) CFO (c) Heads of Service (d) CMT Member (e) MD or CFO
12	Petty cash disbursements up to £50 per item Petty cash float replenishment up to £500 per week	Delegated staff member Head of Financial Management
13	Losses, write-offs and compensation: (a) Losses of cash due to theft, fraud, overpayment etc – up to £50,000 (b) Fruitless payments (including abandoned capital schemes) – up to £250,000 (c) Write-off of bad debts, up to £50,000 (d) Claims abandoned and other – up to £50,000 (e) Damage to buildings, fittings, furniture and equipment, loss of property and equipment in stores or in use due to culpable causes (fraud, theft, arson etc) or other – up to £50,000	 (a) MD and CFO (b) MD and CFO (c) CFO (d) MD or CFO (e) MD or CFO

Ref	Matter delegated	Delegated to
	(f) Compensation payments made under legal obligation (excluding clinical negligence) – up to £50,000 (g) Extra-contractual payments to contractors – up to £50,000 (h) Ex-gratia payments to staff for loss of personal effects: (i) up to £99 (ii) £100 to £499 (iii) £500 to £999 (iv) £1,000 to £50,000 (i) Ex-gratia payments for personal injury claims involving negligence where legal advice obtained and followed – up to £250,000 including claimant's legal costs (j) Other ex-gratia payments except cases of maladministration where there was no financial loss to the claimant – up to £50,000 (k) Any payment made above the limits stated in (a) – (j) above (inclusive)	(f) MD or CFO (g) MD or CFO (h) (i) Head of Service (ii) CMT Member (iii) CFO (iv) MD and CFO (i) MD and CFO (j) MD and CFO (k) Board approval required
14	Personnel & Pay (a) Authority to fill funded post on the establishment with permanent staff (b) Authority to appoint staff to post not on the formal establishment (c) The granting of additional increments to staff within budget (d) All requests for upgrading/re-grading (e) Additional staff to agreed establishment within specifically allocated finance (f) Additional staff to agreed establishment without specifically allocated finance (g) Pay (i) Authority to complete standing data forms affecting pay, new starters, variations and leavers (ii) Authority to complete and authorise positive reporting forms (iii) Authority to authorise overtime (iv) Authority to authorise travel and subsistence expenses (v) Recommendation of performance related pay assessment (VSM only) (h) Leave (i) Approval of annual leave and study leave (ii) Annual leave - approval of carry forward (up to maximum of 5 days or in	 (a) Head of Service (b) MD or CFO (c) CMT member (d) CMT member (e) CMT member (f) MD or CFO (g) (i) Head of Service (ii) Head of Service (iii) CMT member (iv) Line manager, in line with policies (v) Remuneration Committee (h) (i) Line manager, in line with policies (ii) Line manager, in line with policies

Ref	Matter delegated	Delegated to
	the case of ancillary and maintenance staff, as defined in their initial conditions of service) (iii) Annual leave - approval of carry over in excess of 5 days (iv) Compassionate leave up to 3 days (v) Compassionate leave up to 6 days (vi) Special leave arrangements: carers leave - up to 3 days (vii) Special leave arrangements: carers leave - up to 6 days (viii) Leave without pay (ix) Time off in lieu (x) Maternity leave - paid and unpaid (i) Sick Leave (i) Extension of sick leave on half pay up to three months (ii) Return to work part-time on full pay to assist recovery (iii) Extension of sick leave on full pay	(iii) CMT member (iv) Line manager, in line with policies (v) CMT member (vi) Line manager, in line with policies (vii) CMT member (viii) Line manager, in line with policies (ix) Line manager, in line with policies (x) Automatic approval with guidance (i) (i) CMT member (ii) CMT member (iii) MD

APPENDIX E (2) - PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1 General

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

1.1.2 The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and the management of risks. They enable sound administration, reduce 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 perform their responsibilities effectively. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3 In support of these prime financial policies, the Group has prepared more detailed policies, approved by the chief finance officer, known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.

1.1.4 These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The chief finance officer is responsible for approving all detailed financial policies.

1.1.5 A list of the Group's detailed financial policies will be published and maintained on the Group's intranet site and on the Group's website at www.westleicestershireccg.nhs.uk

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

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

1.2 Overriding Prime Financial Policies

1.2.1 If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or ratification. All of the Group's members and employees (and individuals contracted to work on behalf of the Group) have a duty to disclose in advance any non-compliance with these prime financial policies to the chief finance officer or, if not possible, at the earliest opportunity.

1.3 Responsibilities and delegation

1.3.1 The roles and responsibilities of Group's members, employees (and individuals contracted to work on behalf of the Group), members of the governing body, members of the governing body's committees, sub-committees and sub-groups, members of other Group committees, sub-

committees and sub-groups (if any) and persons working on behalf of the Group are set out in chapters 6 and 7 of this constitution.

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

1.4 Contractors and their employees

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

1.4.2 Any contract for the commissioning or contracting for support from contractors must include contractual terms to ensure the contractor (and their employees) complies with the same standards of governance and financial probity as would apply to any employee of the clinical commissioning group when undertaking a function of the Group.

1.5 Amendment of Prime Financial Policies

1.5.1 To ensure that these prime financial policies remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the accountable officer and scrutiny by the governing body's audit committee, the chief finance officer will recommend amendments, as fitting, to the governing body for approval. As these prime financial policies are an integral part of the Group's constitution, they apply from 12 June 2012; any amendment will not come into force until the Group applies to the NHS England and that application is granted.

2. INTERNAL CONTROL

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

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

2.1.3 The accountable officer has overall responsibility for the Group's systems of internal control.

2.1.3.1 The chief finance officer will ensure that

2.1.3.2 financial policies are reviewed at least annually, and updated as required

2.1.3.3 a system is in place for proper checking and reporting of all breaches of financial policies

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

3. AUDIT

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

3.2 In accordance with the terms of reference of the governing body's audit committee, the person appointed by the Group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit

committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

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

3.4 The chief finance officer will ensure that

3.4.1 the Group has a professional and technically competent internal audit function

3.4.2 the governing body's audit committee approves any changes to the provision or delivery of assurance services to the Group

4. FRAUD AND CORRUPTION

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

4.2 The governing body's audit committee will satisfy itself that the Group has adequate arrangements in place for countering fraud, including approval of the counter fraud work programme, and shall review the outcomes of counter fraud work.

4.3 The governing body's audit committee will ensure that the Group has arrangements in place to work effectively with NHS Counter Fraud Authority. .

4.4 The governing body's audit committee will ensure that the Group has adequate arrangements in place for adherence of the Bribery Act 2010 by Governing body members, senior managers and staff.

5. EXPENDITURE CONTROL

5.1 The Group is required by statutory provisions[58] to ensure that its expenditure does not exceed the aggregate of allotments from the NHS England and any other sums it has received and is legally allowed to spend.

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

5.3 The chief finance officer will

5.3.1 provide reports in the form required by the NHS England

5.3.2 ensure money drawn from the NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice

5.3.3 be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS Commissioning Board

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

6. ALLOTMENTS[59]

6.1 The Group's chief finance officer will

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

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

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

7.1 **POLICY** – the Group will produce and publish an annual commissioning plan[60] that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

7.2 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.

7.3 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.

7.4 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, which must be based on any significant departures from agreed financial plans or budgets.

7.5 The accountable officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS England as requested.

7.6 The accountable officer will approve consultation arrangements for the Group's commissioning plan[61].

8. ANNUAL ACCOUNTS AND REPORTS

8.1 **POLICY** – the Group will produce and submit to the NHS England accounts and reports in accordance with all statutory obligations[62], relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

8.2 The chief finance officer will ensure the Group

8.2.1 prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the accountable officer

8.2.2 prepares the accounts according to the timetable approved by the accountable officer

[58] See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.
[59] See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.
[60] See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act
[66] Available at http://www.public-standards.gov.uk
[66] Available at http://www.public-standards.gov.uk
[66] Available at http://www.public-standards.gov.uk
[66] Available at http://www.public-standards.gov.uk

8.2.3 complies with statutory requirements and relevant directions for the publication of annual report

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

8.2.5 publishes the external auditor's management letter on the Group's website at www.westleicestershireccg.nhs.uk and makes it available for inspection at the Group's administrative offices at 55 Woodgate, Loughborough, LE11 2TZ.

9. INFORMATION TECHNOLOGY

9.1 **POLICY** – the Group will ensure the accuracy and security of the Group's computerised financial data

9.2 The chief finance officer is responsible for the accuracy and security of the Group's computerised financial data and shall

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

9.2.2 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

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

9.2.4 ensure that an adequate 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

9.3 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

10.1 **POLICY** – the Group will maintain an accounting system that produces management and financial accounts

10.2 The chief finance officer will ensure

10.2.1 the Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board

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

10.2.3 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

11.1 **POLICY** – the Group will maintain sufficient liquidity to meet its current commitments

11.2 The chief finance officer will

11.2.1 review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions[63], best practice and represent best value for money

11.2.2 manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts

11.2.3 prepare detailed instructions on the operation of bank accounts

11.3 The accountable officer shall approve the banking arrangements.

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

12.1 **POLICY** – the Group will

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

12.1.2 seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions[64]

12.1.3 ensure its power to make grants and loans is used to discharge its functions effectively[65]

12.2 The Chief Financial Officer is responsible for

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

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

12.2.3 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 sought as required

12.2.4 developing effective arrangements for making grants or loans

13. TENDERING AND CONTRACTING PROCEDURE

13.1 **POLICY** – the Group will

13.1.1 ensure proper competition that is legally compliant within all purchasing to ensure only budgeted, approved and necessary spending is incurred

13.1.2 seek value for money for all goods and services

[66] Available at http://www.public-standards.gov.uk
[66] Available at http://www.public-standards.gov.uk
[66] Available at http://www.public-standards.gov.uk

13.1.3 ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles

13.1.3.1 the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health)

13.1.3.2 the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens)

13.1.3.3 disposals

13.2 The Group shall ensure that the organisations and individuals invited to tender (or 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.

13.3 The accountable officer may only negotiate contracts (including SLAs) on behalf of the Group, and the Group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with

13.3.1 the Group's standing orders

13.3.2 Public Contracts Regulations 20062006, Public Contracts Regulations 2015, NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 and applicable Community law, ascertain whether it is necessary, desirable or appropriate to invite competition when purchasing in order to ensure it will incur only budgeted, approved and necessary spending;

13.3.3 take into account as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above

13.4 In all contracts entered into, the Group shall endeavour to obtain best value for money.

13.5 The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

14. COMMISSIONING

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

14.2 The Group will coordinate its work with the NHS England, other clinical commissioning groups, local providers of services, the local authority, including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.3 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 the Group's major contracts.

14.4 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

15.1 The Group will put arrangements in place for evaluation and management of its risks

15.2 The governing body will approve a risk management strategy, including the methodologies used to rate, report and manage risks.

15.3 The governing body will receive regular reports on risk including the assurance framework and risk registers.

15.4 The audit committee will regularly review the assurance framework and all risk registers to assure the governing body as to the content and quality of the reports it receives.

16. PAYROLL

16.1 **POLICY** – the Group will make arrangements to secure an effective payroll service

16.2 The chief finance officer will ensure that the payroll service selected

16.2.1 is supported by contracted terms and conditions

16.2.2 has adequate internal controls and audit review processes

16.2.3 has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies

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

17. NON-PAY EXPENDITURE

17.1 **POLICY** – the Group will seek to obtain the best value for money goods and services received

17.2 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.

17.3 The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.4 The chief finance officer will

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

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

17.4.3 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

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

18.2 The accountable officer will

18.2.1 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

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

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

18.2.4 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

18.3 The chief finance officer will prepare detailed procedures for the disposal of assets.

19. RETENTION OF RECORDS

19.1 **POLICY** – the Group will make arrangements to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

19.2 The Accountable Officer shall

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

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

19.2.3 publish and maintain a Freedom of Information Publication Scheme

20. TRUST FUNDS AND TRUSTEES POLICY

20.1 The Group will make arrangements to provide for the appointment of trustees if the Group holds property on trust

20.2 The chief finance officer shall ensure that each trust fund which the Group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F - NOLAN PRINCIPLES

Nolan Principles

1. The 'Nolan Principles'[66] set out the ways in which holders of public office should behave in discharging their duties. The seven principles are

   1.1 **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

   1.2 **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties

   1.3 **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

   1.4 **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

   1.5 **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

   1.6 **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest

   1.7 **Leadership** – Holders of public office should promote and support these principles by leadership and example

Source: *The First Report of the Committee on Standards in Public Life* (1995)

[66] Available at http://www.public-standards.gov.uk

APPENDIX G - NHS CONSTITUTION

The NHS Constitution[67] sets out seven key principles that guide the NHS in all it does

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[67]

67 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

Patients, Practices, Partners

NHS
West Leicestershire
Clinical Commissioning Group

NHS West Leicestershire Clinical Commissioning Group

GP PRACTICE MEMBERSHIP AGREEMENT

[NB: this is the agreement signed by all member practices upon the creation of the CCG. Subsequent changes to the operating model set out herein have been approved, where necessary, by the governing body and/or member practices.]

1. Purpose of this agreement

NHS West Leicestershire Clinical Commissioning Group (WLCCG) is a membership organisation, and was founded through a cooperative and democratic process by the GPs and clinicians of West Leicestershire. Its purpose is to deliver improvements in the health of its population in collaboration with the people and communities of its four localities. The CCG is charged with commissioning high quality services, based on peoples' needs, to achieve tangible improvements in health outcomes, patient experience and efficiencies. We will ensure that local services are transformed through partnership working with patients, the public, the Local Authority, voluntary bodies and provider organisations.

This agreement will help shape culture, behaviours and relationships across the CCG and put in place structures and systems to safeguard transparency, accountability, value for money and good governance. It reflects and builds on the overarching CCG governance arrangements as set out in the CCG Constitution which has been comprehensively refreshed over recent months in line with national guidance from the NHS Commissioning Board. The CCG Constitution which runs to almost 90 pages has been developed with, and signed off by, the locality lead GPs and all member practices were given the opportunity to comment on this at draft stage.

This Membership Agreement summarises the key elements of the CCG Constitution in a more practice facing way and in particular sets out the roles, responsibilities and expectations of member practices, Localities and the CCG Board. All member practices, together with their Localities and the CCG will sign up to the principles within this document and work collaboratively to discharge those roles and responsibilities, which are outlined in the sections below.

2. Commitment and Membership

The CCG Board's commitment to its member GP practices is to:

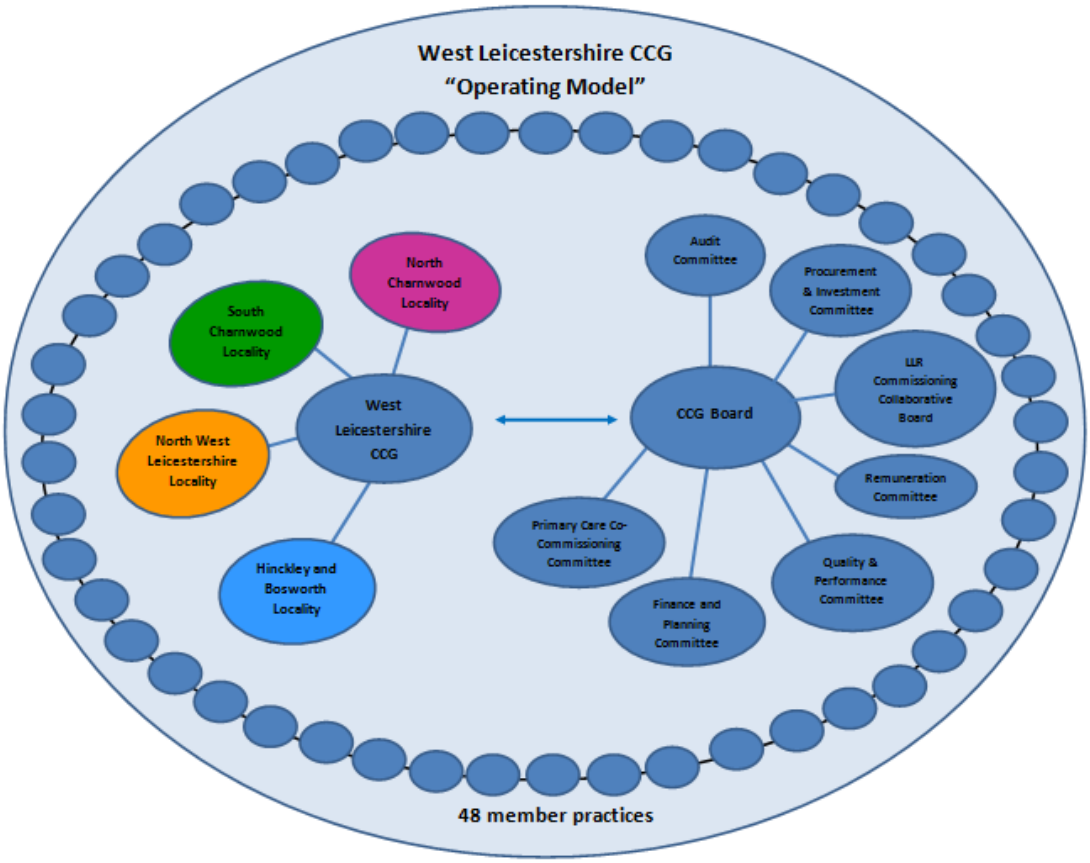
- Work with Member practices to improve the health outcomes, improve the quality of healthcare services and to use resources wisely for the benefit of their patients
- Give Members a 'voice' through locality groups, via their locality representatives and the annual Members Council meeting
- Make resources available to support delivery of agreed locality priorities
- Support Members to continuously improve the quality, capacity and capability of primary medical care
- Give Members the opportunity to directly elect the Clinical Chair and/or Vice Clinical Chair of the CCG Board and two GP locality representatives
- Treat Members with courtesy and respect and to honour our organisational values at all times

The commitment of Member GP Practice's to the CCG Board is to:

- Work with other Member practices with the aim of improving patients' health outcomes, the quality of healthcare services and to use resources wisely for the benefit of their patients
- Work constructively as an active member of the locality
- Collaborate with Member practices within and across the localities to enable the democratic 'values' of the CCG to be realised
- Support the practices named lead to act as a conduit for key information back to the practice and from the practice to the locality
- Operate in a way that is consistent with their clinicians professional codes of conduct

- Treat other Members, the CCG Board and the CCG management support with courtesy and respect and to honour our organisational values at all times

At the inception of this CCG, GP practices signed up to the Memorandum of Understanding (MoU) that confirmed membership to the CCG. This Agreement seeks to build on the MoU by clarifying roles and responsibilities of the constituent parts of the CCG as represented in the following diagram.



The CCG is comprised of four geographical localities and each member practice works in these established locality groupings which are:

- Hinckley & Bosworth
- North Charnwood
- North West Leicestershire
- South Charnwood

Practices have nominated a clinical lead (partner or salaried GP) who will represent the practice at Locality level and shall elect by ballot every two years, two GP practice representatives ('Locality Leads') to serve on the CCG Board.

3. Relative roles and responsibilities

The CCG's commissioning strategy and plans define how services will be designed and improved to achieve quality, safety, innovation, performance and prevention targets. GPs and their practices are central to enabling the CCG to meet its goals to:

- Improve health outcomes
- Improve the quality of healthcare
- Use our resources wisely

To achieve the goals, individual practices and Localities will need to collaborate, in order to for the democratic operating model to be realised. Failure of one or more practices may seriously impact on the collective efforts of all clinicians and supporting staff.

The CCG commits to providing financial, administrative, IT and 'expert' support to practices and to Localities (including a designated Locality manager).

Table 1 defines the roles and responsibilities of practices, Localities and the CCG Board.

Table 1: roles and responsibilities

Practices will	Localities will	CCG Board will
• Involves their patients in the development and planning of new and existing services	• Facilitate Locality patient / public engagement and partnership development with local stakeholder including local government in the development and planning of services	• Ensure effective patient and public involvement in the development and planning of services and compliance with the Public Sector Equality Duty (PSED) • Establish and implement a Communications and Engagement Strategy
• To be advocates for their patients and their needs when making commissioning decisions	• Establish the healthcare needs and priorities of Locality populations	• Establish the healthcare needs and priorities of the CCG area population
• Contribute to the development of locality and CCG commissioning	• Engage with practices and CCG leaders in developing visions,	• Work collaboratively with practices and Localities to lead strategic

Practices will	Localities will	CCG Board will
plans	commissioning plans, making sure local health needs are reflected • Determine Locality plans and specific QIPP / service redesign schemes	development ensuring local commissioning plans are robust and meet national targets Leading the setting and implementation of vision and strategy • Develop clear and credible commissioning and QIPP plans
• Ensure how agreed CCG and Locality QIPP initiatives will be implemented by the practice • Actively support agreed policies procedures and pathways regarding clinical practice, referrals and prescribing	• Lead the implementation of commissioning and QIPP plans • Actively support the CCG in developing and implementing policies, procedures and pathways regarding clinical practice, ensuring services are fair, equitable and achieve high quality patient outcomes	• Lead the development and implementation of policies, procedures and pathways regarding clinical practice, referrals & prescribing, ensuring services are fair and equitable and achieve quality patient outcomes
• Use activity and financial data to ensure QIPP schemes and achieved • **Monitor and aim to continuously improve the quality of primary medical care delivered at the members own practice(s)** • **Monitor and support the efforts of secondary care providers (e.g. UHL and LPT) in their aim to continuously improve their quality of care** Report concerns regarding patient safety, incidents and efficiency and effectiveness of services	• Act as peer review group for QOF / QIPP • Contribute to the development of primary care improvement plans and the leadership of implementation	• Monitoring performance against commissioning and QIPP plans and targets • Oversee the quality of primary care delivery and achievement of improvements to services and outcomes
• Contribute to discussions regarding contractual terms **relating to secondary care providers such as UHL and LPT** (including variations to contracts), e.g. clinical quality	• Contribute to contract negotiation planning reflecting Locality plans • Locality may propose procurement route for services to be commissioned	• Contribute through collaborative commissioning across local health economy • Approver procurement route subject to endorsement by Board

Practices will	Localities will	CCG Board will
initiative standards		
• Sharing good practice and supporting adoption between practices and Localities • Participate in agreed training and development events	• Share information and expertise within and between Localities in respect of commissioning	• Promote clinical and professional collaboration and integration • Provide strategic clinical leadership to the CCG, Localities and practices • Engage, communicate and motivate practices to participate
• Review their patients' current usage of health services, **identify variances in activity levels and take appropriate action if these are clinically inappropriate** • Be willing to share and discuss practice level information **where this is clinically and contractually appropriate on activity and** variances with practice / locality and CCG colleagues • Work collaboratively with practices across their Locality, to contribute to **the management of financial risk to CCG budgets**	• Monitor and control delegated budgets and resources • Support practices in addressing variances in financial and activity performance, and lead the management of financial and performance risks across all practices within the Locality Support practices to identify and manage risks to achievement of plans and objectives	• Produce annual strategic financial plans clearly defining the challenges and opportunities at CCG, Locality and practice level • Manage all commissioning and budgetary responsibilities entrusted to the CCG • Produce and monitor financial and activity reports • Design and lead risk management arrangements, including collaborative and partnership arrangements • Determining the remuneration, fees and other allowances payable to employees • Demonstrate achievements and performance to external bodies and regulators, including compliance with statutory governance requirements • Actively manage the CCG Authorisation Application process

4. Delegated Responsibility

Authority levels are defined within the CCGs scheme of delegation. In addition, practices need to be clear about their involvement in discharging delegated responsibility. Table 2 reflects the authority delegated to CCG Boards and clarifies the contributory role of Localities and practices.

Table 2: areas of responsibility

Area of Responsibility	Practices will	Localities will	GGC Board will
Practice member representatives and members of the governing body • Registered Nurses • Secondary care specialist • Public health representative • Lay Members • Management members	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the group Take part in the election process for the CCG chair, vice clinical chair and the Locality leads of the governing body	Appointed clinical locality leads will represent the locality and its constituent practice on the CCG Board	Appoint to the following roles on the CCG Board
Regulation and control	Determine how the practice will make decision on CCG matters Contribute to the development of a scheme of delegation to the localities Practices abide by the agreed scheme of delegation	Localities will develop and implement a formal decision making process for locality and CCG matters The locality will develop a scheme of delegation for its practices Ensures the locality has controls in place for adopting the scheme of delegation set by the CCG Board	The CCG Board will develop a scheme of delegation for the organisation. To ensure constituent parts comply with the CCGs scheme of delegation and standing financial instructions.

The above table captures the current scheme of delegation as set out in the CCGs governance arrangements. This does not preclude future change, particularly in terms of delegation to locality level. It is anticipated that these arrangements may well evolve as the CCG becomes formally established and matures over the coming years at which point these area of responsibility would need to be revisited.

5. Managing conflicts of interest

Managing conflicts of interest appropriately is essential to protect the integrity of commissioning systems and to protect CCGs, Localities and GPs and their practices from the risk, or perception of, wrongdoing. The GP's role as both commissioner and provider will inevitably lead to potential or actual conflicts of interest. The group and its members must maintain high levels of transparency so it can demonstrate that conflicts of interest are managed in a way that cannot undermine the probity and accountability of the CCG. Consequently, robust decision-making and influencing processes are required and these are stipulated in the CCG's Constitution and in the approved Conflicts of Interest policy and will be rigorously applied.

The CCG, working collaboratively with GPs and Localities, will implement processes and policies to protect the organisation and those individuals who influence and contribute to decision making, including the maintenance of registers of interests.

6. Dispute resolution

GPs and their Practices, Localities and managers have worked closely together to realise the establishment of the group, and progress towards formal Authorisation; more importantly, they have collaborated to progress improvements in healthcare and well-being and achieved or initiated a number of changes to health services, in pursuit of improved quality of care and patient experience. Collaboration and collective working to a common end is key to realising the mission, values and goals of the CCG, underpinned by a culture of involvement and consensus. However, there may be exceptional circumstances when practices, Localities or the CCG take decisions or act in ways which are inconsistent with the expectations of members, practices, Localities or the CCG Board. This Agreement is supported by the dispute resolution process as outlined in the CCG's Constitution which provides a mechanism to allow any disputes identified to be resolved fairly and in a timely manner.

7. Consequences

This Agreement is not a legally binding document nor does it have any contractual implications. A Member's role is fundamental to enable the CCG to realise its democratic 'values' and this Agreement is intended to help shape culture, behaviours and relationships across the CCG.

West Leicestershire CCG Membership Agreement

Practice Name	**WLCCG** **WLCCG BOARD**	**BOARD**
Address		
Lead GP name	**Chair** **Managing Director**	
Signed	**Signed**	**Signed**
Dated	**Dated**	**Date**