

NHS SWINDON CLINICAL COMMISSIONING GROUP CONSTITUTION

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CONTENTS

1	Introduction	5
1.1	<i>Name.....</i>	5
1.2	<i>Statutory Framework.....</i>	5
1.3	<i>Status of this Constitution.....</i>	6
1.4	<i>Amendment and Variation of this Constitution.....</i>	6
1.5	<i>Related documents.....</i>	6
1.6	<i>Accountability and transparency.....</i>	7
1.7	<i>Liability and Indemnity.....</i>	9
2	Area Covered by the CCG	10
3	Membership Matters	10
3.1	<i>Membership of the Clinical Commissioning Group.....</i>	10
3.2	<i>Nature of Membership and Relationship with CCG</i>	11
3.3	<i>Members' Rights.....</i>	12
3.4	<i>Members' Meetings</i>	12
3.5	<i>Practice Representatives.....</i>	12
4	Arrangements for the Exercise of our Functions.....	13
4.1	<i>Good Governance</i>	13
4.2	<i>General.....</i>	13
4.3	<i>Authority to Act: the CCG</i>	13
4.4	<i>Authority to Act: the Governing Body.....</i>	14
5	Procedures for Making Decisions	14
5.1	<i>Scheme of Reservation and Delegation (SoRD)</i>	14
5.2	<i>Standing Orders</i>	15
5.3	<i>Standing Financial Instructions (SFIs)</i>	15
5.4	<i>The Governing Body: Its Role and Functions.....</i>	15
5.5	<i>Composition of the Governing Body.....</i>	16

5.6	<i>Additional Attendees at the Governing Body Meetings</i>	16
5.7	<i>Appointments to the Governing Body</i>	16
5.8	<i>Committees and Sub-Committees</i>	17
5.9	<i>Committees of the Governing Body</i>	17
5.10	<i>Collaborative Commissioning Arrangements</i>	19
5.11	<i>Joint Commissioning Arrangements with Local Authority Partners</i>	20
5.12	<i>Joint Commissioning Arrangements – Other CCGs</i>	21
5.13	<i>Joint Commissioning Arrangements with NHS England</i>	23
6	Provisions for Conflict of Interest Management and Standards of Business Conduct	
	25	
6.1	<i>Conflicts of Interest</i>	25
6.2	<i>Declaring and Registering Interests</i>	25
6.3	<i>Training in Relation to Conflicts of Interest</i>	26
6.4	<i>Standards of Business Conduct</i>	26
	Appendix 1: Definitions of Terms Used in This Constitution	28
	Appendix 2: Committee Terms of Reference	32
	Appendix 3: Standing Orders	55
	Appendix 4: Prime Financial Policies	65

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Swindon Clinical Commissioning Group (“the CCG”).

1.2 Statutory Framework

- 1.2.1** CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).
- 1.2.2** When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:
- a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
 - b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
 - c) Financial duties (under sections 223G-K of the 2006 Act);
 - d) Child safeguarding (under the Children Acts 2004, 1989);
 - e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
 - f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).
- 1.2.3** Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.
- 1.2.4** The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

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

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013.

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

1.3.3 The constitution is published on the CCG website at <http://www.swindonccg.nhs.uk/about-us>

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

- a) where the CCG applies to NHS England and that application is granted; and
- b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

1.4.2 The Accountable Officer may periodically propose amendments to the Constitution which shall be considered and approved by the Governing Body unless:

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

1.4.3 The CCG Membership has agreed criteria to identify constitutional changes with a material impact and therefore requiring Membership approval (Standing Order 1.2). These criteria and the Constitution are regularly confirmed by the Membership.

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents, detailed below, which provide further details on how the CCG will operate. These are the Statutory Committee's Terms of Reference (Appendix 2), Standing Orders (Appendix 3) and the Standing Financial Instructions (Appendix 4). The Governance Handbook does not form part of the Constitution for the purposes of 1.4 above.

- a) **Statutory Committees' Terms of Reference** (Audit Committee, Remuneration Committee, Primary Care Commissioning Committee), Appendix 2.

- b) **Standing Orders** which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees), Appendix 3.
- c) **Standing Financial Instructions** which set out the delegated limits for financial commitments on behalf of the CCG, Appendix 4.
- d) **The CCG Governance Handbook** which supports governance arrangements but is not part of the Constitution, and includes:
 - The Scheme of Reservation and Delegation (SoRD) which sets out those decisions that are reserved for the Membership as a whole and those decisions that have been delegated by the CCG or the Governing Body;
 - Prime financial policies which set out the arrangements for managing the CCG's financial affairs;
 - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
 - Non-statutory committees' Terms of Reference;
 - Key governance and corporate roles and responsibilities;
 - Key corporate policies and procedures.

1.6 Accountability and transparency

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

- a) publish our constitution and other key documents including
 - the CCG's Governance Handbook;
 - key corporate policies including Risk Management Strategy, Standards of Business Conduct, Equality and Diversity policies, Publications Scheme.
- b) appoint independent lay members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's [Communications and Engagement Strategy](#);
- h) discharge its duties under section 14Z2, the CCG will ensure that it has due regard of the principles of openness; early and active involvement; fairness and non-discrimination;
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;
- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;
- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Board.

1.6.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by:

- a) publishing its principal commissioning and operational policies on the [CCG's website](#);
- b) holding public engagement events in such format and at such times and frequency as shall be determined by the CCG;
- c) identifying a named Lay Member with responsibility for public and patient engagement;
- d) ensuring that the Council of Members holds the Governing Body to account.

1.6.3 The Governing Body will have an ongoing role in keeping the CCG's governance arrangements under review, to ensure that the CCG continues to comply with statutory requirements, and to reflect the principles of good governance.

1.7 Liability and Indemnity

- 1.7.1** The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.
- 1.7.2** No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.
- 1.7.3** No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.
- 1.7.4** The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCGs' business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

2 Area Covered by the CCG

- 2.1.1 The area covered by the CCG is coterminous with that covered by the Borough of Swindon plus Shrivenham, covering 26,000 hectares with a population of 221,040 (Joint Strategic Needs Adjustment 2015 / 2016).
- 2.1.2 The historic commissioning localities have developed into Primary Care Provider Groups and it is expected that a 100% coverage of Primary Care Networks will be in place by July 2019.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

- 3.1.1 The CCG is a membership organisation.
- 3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.
- 3.1.3 A Member ceases to be a Member if they no longer meet the eligibility criteria for membership as set out in paragraph 3.1.2 above.
- 3.1.4 The CCG shall notify NHS England in the event that it becomes aware that any Member no longer meets the requirements of paragraph 3.1.2 above, or is proposing to merge with another Member or a member of another Clinical Commissioning Group.
- 3.1.5 Membership of the CCG is not transferable.
- 3.1.6 The CCG shall propose to NHSE, for approval, changes to the Membership as may arise from cessation of membership, merger or other, and shall propose to NHSE, for approval, related amendments to this Constitution.
- 3.1.7 The 23 practices which make up the membership of the CCG are listed below. As Primary Care networks develop this will be updated as necessary.

Practice Name	Address (Main surgery Only)
Abbey Meads Medical Practice	Abbey Meads Village Centre, Elstree Way, Abbey Meads SN25 4YZ
Ashington House Surgery	Ashington Way, Westlea. SN5 7XY
Carfax NHS Medical Centre	Swindon NHS Health Centre, Islington Street. SN1 2DQ
Eldene Surgery	Colingsmead, Eldene. SN3 3TQ

Elm Tree Surgery	24A High Street, Shrivenham. SN6 8AG
Great Western Surgery	Farriers Close. SN1 2QU
Hawthorn Medical Practice	May Close, Cricklade Road. SN2 1UU
Kingswood Surgery	Park North. SN3 2RJ
Lawn Medical Centre	Guildford Avenue, The Lawns. SN3 1JL
Merchiston Surgery	Highworth Road, Stratton St Margaret. SN3 4BF
Moredon Medical Centre	Moredon Road. SN2 2JG
North Swindon Practice	Home Ground Surgery, Thames Avenue, Haydon Wick. SN25 1QQ
Old Town Surgery	Curie Avenue, Okus. SN1 4GB
Park Lane Practice	7-9 Park Lane. SN1 5HG
Phoenix Surgery	Dunwich Drive, Toothill. SN5 8SX
Priory Road Medical Centre	Park South. SN3 2EZ
Ridge Green Medical Centre	Ramleaze Drive, Shaw. SN5 5PX
Ridgeway View Family Practice	Wroughton Health Centre, Barrett Way, Wroughton. SN4 9LW
Sparcells Surgery	Midwinter Close, Peatmoor. SN5 5AN
Taw Hill Medical Practice	Taw Hill Village Centre, Aiken Road. SN25 1UH
Victoria Cross Surgery	168/169 Victoria Road. SN1 3BU
Westrop Surgery	Westrop, Highworth. SN6 7DN
Whalebridge Practice	Swindon NHS Health Centre, Islington Street. SN1 2DQ

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG is made up of the member practices listed above. These CCG Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Members' Rights

3.3.1 Members' rights and decision-making powers are set out in Standing Order 3.7.1 and the CCG's SoRD, respectively.

3.4 Members' Meetings

3.4.1 To ensure the effective participation by each of its Members, the CCG has constituted the Council of Members which comprises all Member Practice Representatives.

3.4.2 Meetings of the Council of Members take place regularly and in accordance with the procedure set out in the Standing Orders.

3.5 Practice Representatives

3.5.1 Each Member practice has a nominated lead healthcare professional who represents the practice (the Practice Representative) in the dealings with the CCG.

3.5.2 The Standing Orders set out the role of the Practice Representatives and the ways in which this role is expected to be fulfilled.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance, and will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

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

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) The Good Governance Standard for Public Services;
- c) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- d) the seven key principles of the NHS Constitution;
- e) the Equality Act 2010.

4.2 General

4.2.1 The CCG will:

- a) comply with all relevant laws, including regulations;
- b) comply with directions issued by the Secretary of State for Health or NHS England;
- c) have regard to statutory guidance including that issued by NHS England; and
- d) take account, as appropriate, of other documents, advice and guidance.

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

4.3 Authority to Act: the CCG

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

- a) any of its Members or employees;
- b) its Governing Body;

- c) a Committee or Sub-Committee of the CCG.

4.3.2 The extent of the respective bodies' and individuals' authority to act and of the powers delegated to them by the CCG is expressed through:

- a) the CCG's SoRD; and
- b) Committees' Terms of Reference.

4.4 Authority to Act: the Governing Body

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

- a) any Member of the Governing Body;
- b) a Committee or Sub-Committee of the Governing Body;
- c) a Member of the CCG who is an individual (but not a Member of the Governing Body); and
- d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

4.4.2 The extent of the respective bodies' and individuals' authority to act and of the powers delegated to them by the Governing Body is expressed through:

- a) the CCG's SoRD; and
- b) Committees' Terms of Reference.

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation (SoRD)

5.1.1 The CCG has agreed the SoRD which is appended to the [Governance Handbook](#), but not forming part of this Constitution.

5.1.2 The CCG's SoRD sets out:

- a) Those decisions that are reserved for the membership as a whole;
- b) Those decisions that have been delegated by the CCG, the Governing Body or other individuals.

5.1.3 The Accountable Officer may periodically propose amendments to the SoRD, which shall be considered and approved by the Governing Body unless:

- a) Changes are proposed to the reserved powers; or
- b) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

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

5.2 Standing Orders

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

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

5.2.2 A full copy of the Standing Orders is included in Appendix 3. The Standing Orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD. A copy of the SFIs is included at Appendix 4 and forms part of this constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 In order to discharge its statutory responsibility, the Governing Body exercises the following key functions which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs.

- a) Leading the development of vision and strategy for the CCG;
- b) Overseeing and monitoring quality improvement;
- c) Overseeing and monitoring performance;
- d) Overseeing risk assessment and securing assurance actions to mitigate identified strategic risk;

- e) Promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
- f) Ensuring good governance and leading a culture of good governance throughout the CCG.

The detailed procedures for the Governing Body, including voting arrangements, are set out in the Standing Orders.

5.5 Composition of the Governing Body

5.5.1 Pursuant of the requirements of the National Health Service (Clinical Commissioning Groups) Regulations 2012, and ensuring a clinical majority, the CCG's Governing Body comprises 14 members:

- a) The Chair (who shall be a Swindon/Shrivenham GP, 'the Clinical Chair' or a Lay Member);
- b) The Accountable Officer;
- c) The Chief Finance Officer;
- d) A Secondary Care Specialist;
- e) A registered nurse;
- f) Three lay members:
 - one who has qualifications, expertise or experience to enable them to lead on finance and audit matters and take a lead role in overseeing key elements of governance;
 - one who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions (and who is the chair or vice chair of the Primary Care Commissioning Committee).
 - one who leads on patient and public participation matters;

5.5.2 The CCG has agreed the following additional members:

- g) Six member practice representatives.

5.6 Additional Attendees at the Governing Body Meetings

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

5.7 Appointments to the Governing Body

5.7.1 The process of appointing practice representatives to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders.

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

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG, including joint committees and committees in common.

5.8.2 The Governing Body may establish Committees and Sub-Committees, including joint committees and committees in common.

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

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

5.8.5 In discharging functions of the CCG that have been delegated to them, the CCG's Governing Body, any committees (joint, in common, or sub-committees), and any individuals must:

- a) act within the remit of their respective terms of reference;
- b) comply with the CCG's principles of good governance;
- c) operate in accordance with the CCG's SoRD;
- d) comply with the CCG's Standing Orders;
- e) comply with the CCG's arrangements for discharging its statutory duties;
- f) ensure that Member practices have had the opportunity to contribute to the Group's decision making process, as appropriate.

5.9 Committees of the Governing Body

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

5.9.2 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's

compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

- 5.9.3** The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters, and members of the Audit Committee may include people who are not Governing Body members.
- 5.9.4** **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.
- 5.9.5** The Remuneration Committee will be chaired by a lay member of the CCG Governing Body other than the audit chair. All members of the Remuneration Committee will be members of the CCG Governing Body.
- 5.9.6** **Primary Care Commissioning Committee:** NHS England has delegated primary care commissioning functions to the CCG. As is required by the terms of the delegation from NHS England in relation to primary care commissioning functions, the CCG has established a Primary Care Commissioning Committee, which reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.
- 5.9.7** None of the above Committees may operate on a joint committee basis with another CCG(s). However, the Governing Body may determine that any of the above committees meet as Committees in Common with other CCGs if this is deemed to facilitate and support collaborative or joint commissioning arrangements.
- 5.9.8** The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.
- 5.9.9** To facilitate and further collaborative and joint commissioning arrangements with its Local Authority partners, the Governing Body will establish decision making structures that will be set out in the Governance Handbook, this includes joint commissioning formal governance structures.
- 5.9.10** The Governing Body has established a number of other Committees to assist it with the discharge of its functions.
- 5.9.11** Delegations to the Governing Body's non-statutory Committees as set out in 5.9.9 and 5.9.10 above are set out in the SoRD, as appropriate. Further information about

these Committees, including terms of reference, is published in the CCG's [Governance Handbook](#).

5.10 Collaborative Commissioning Arrangements

- 5.10.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.
- 5.10.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.
- 5.10.3** The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:
- a) reporting arrangements to the Governing Body, at appropriate intervals;
 - b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
 - c) progress reporting against identified objectives.
- 5.10.4** When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:
- a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
 - b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
 - c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;
 - d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;

- e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

5.11.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

5.11.2 The CCG's partnership working with its Local Authority partners includes collaborative and joint commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any specified health-related functions on behalf of the Local Authority.

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

- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- b) make the services of its employees or any other resources available to the Local Authority; and
- c) receive the services of the employees or the resources from the Local Authority.
- d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

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

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

- a) delegating any of the CCG's commissioning functions to another CCG;
- b) exercising any of the Commissioning Functions of another CCG; or
- c) exercising jointly the Commissioning Functions of the CCG and another CCG.

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

- a) make payments to another CCG;
- b) receive payments from another CCG; or

- 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.

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

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

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

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

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

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

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

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

- a) make a quarterly written report to the Governing Body;

- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) publish an annual report on progress made against objectives.

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

5.13 Joint Commissioning Arrangements with NHS England

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

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

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

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

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

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

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

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

- b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
- c) how risk will be managed and apportioned between the parties;
- d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

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

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

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

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;

- a) make a quarterly written report to the Governing Body;
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) publish an annual report on progress made against objectives.

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

6 Provisions for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

- 6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4** The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
 - c) Support the rigorous application of conflict of interest principles and policies;
 - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

- 6.2.1** The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.
- 6.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

- 6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by third parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

- 6.4.1** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:
- a) act in good faith and in the interests of the CCG;
 - b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

- c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
- d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer (AO)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act, ○ sections 223H to 223J of the 2006 Act, ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and ○ any other provision of the 2006 Act specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Financial Officer (CFO)	A qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Group (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.

<i>Committee in Common (CIC)</i>	Committees of two or more CCGs that meet at the same time, in the same place with the same agenda and the ability to make different decisions.
<i>Council of Members</i>	The body of all Practice Representatives.
<i>Financial Year</i>	Runs from 1 April to 31 March, unless under paragraph 17 of Schedule 1A of the 2006 Act and for the purposes of audit and accounts it is agreed that it run from when the Group is established until the following 31 March
<i>Governing Body</i>	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
<i>Governing Body Member</i>	Any individual appointed to the Governing Body of the CCG
<i>GP</i>	A medical practitioner whose name is included in the General Practice Register kept by the General Medical Council who is either a registered Medical Practitioner, a partner, or a salaried/sessional GP of one of the member practices of the CCG.
<i>Healthcare Professional</i>	A Member of a profession that is regulated by one of the following bodies: <ul style="list-style-type: none"> • the General Medical Council (GMC) • the General Dental Council (GDC) • the General Optical Council; • the General Osteopathic Council • the General Chiropractic Council • the General Pharmaceutical Council • the Pharmaceutical Society of Northern Ireland • the Nursing and Midwifery Council • the Health and Care Professions Council

	<ul style="list-style-type: none"> any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making
Lay Member	A Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above or as otherwise defined in law).
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013
Registers of interests	Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: <ul style="list-style-type: none"> the Members of the group; the Members of its CCG Governing Body;

	<ul style="list-style-type: none"> • the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and • the CCG's employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Sub-Committee	A Committee created by and reporting to a Committee.
Working Day	A day (other than a Saturday or Sunday) on which clearing banks in the City of London are open for the transaction of normal sterling banking business

Appendix 2: Committee Terms of Reference

This appendix provides the Terms of Reference for the statutory committees of the CCG's Governing Body and for committees required under NHS England delegation of primary commissioning:

- a) Audit Committee
- b) Remuneration Committee
- c) Primary Care Commissioning Committee

The Terms of Reference for the CCG's non-statutory committees are provided in the CCG Governance Handbook.

Audit Committee

Terms of Reference

1. Purpose

- 1.1 The Committee shall provide assurance and advice to the Governing Body, and to the Accountable Officer, on the proper stewardship of resources and assets, including value for money; financial reporting, the effectiveness of audit arrangements (internal and external), risk management, and on control and integrated governance arrangements within the group.

2. Authority

- 2.1 The Committee has delegated powers from the Swindon Clinical Commissioning Group Governing Body to:
- Approve NHS Swindon CCG annual accounts;
 - Approve arrangements for discharging NHS Swindon CCG statutory financial duties.
- 2.2 The Audit Committee (the Committee) is established in accordance with Swindon Clinical Commissioning Group's (CCG's) Constitution. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution. They build on the original work based around the report of the Cadbury Committee and reflect subsequent governance developments both within and beyond the NHS. They also reflect best practice from the Audit Committee handbook.

3. Responsibilities/Duties

- 3.1 The objectives of the Audit Committee are to critically review Swindon CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

Integrated Governance, Risk Management and Internal Control

- 3.2 The Committee shall critically review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities which supports the achievement of the organisation's objectives.
- 3.3 Its work will dovetail with that of the Integrated Governance Committee (ICG), which the CCG has established to seek assurance that robust clinical quality is in

place and the Public and Patient Involvement Forum (PPI) established to advise on all risks or issues of public and patient involvement and engagement. The ICG and PPI will report six monthly to the Committee with an update on their work.

3.4 In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG.
- the underlying assurance processes that indicate the degree of achievement of group's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- the combined corporate risk register and assurance framework, and related risk action plans, ensuring that risks are appropriately prioritised and adequately controlled and mitigated, and that high and extreme risks are communicated to the Governing Body.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- the Information Governance Steering Group who will provide annual assurance as to compliance with the Information Governance Toolkit.
- the policies and procedures for all work related to fraud and corruption and security management as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Services.

3.5 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

Internal Audit

3.7 The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and the CCG. This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- review and approval of the Internal Audit Strategy, Operational Plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- ensuring there is appropriate and timely consideration of the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG
- an annual review of the effectiveness of Internal Audit, this will be achieved by Internal Audit undertaking this annual review

External Audit

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

- consideration of the performance of the external auditors, as far as the rules governing the appointment permit,
- discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy,
- discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee,
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before
- submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Standing Orders, Scheme of Reservation & Delegation and Prime Financial Policies

3.9 The Committee will take responsibility for:

- reviewing any proposed changes to Standing Orders, Scheme of Reservation & Delegation and Financial Policies

- examining circumstances associated with occasions where Standing Orders are waived, or recommendations not to competitively tender for new services
- reviewing the schedules of Losses and Special Payments and make recommendations to the Governing Body.

Other Assurance Functions

- 3.10 The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG.
- 3.11 These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

Counter Fraud

- 3.12 The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Whistleblowing

- 3.13 The Committee shall be responsible for reviewing the Whistleblowing Policy for approval by the Governing Body.

Management

- 3.14 The Committee shall request and review reports and positive assurances from Officers, Directors and Managers on the overall arrangements for governance, risk management and internal control.
- 3.15 The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

Financial Reporting

- 3.16 The Committee shall monitor the integrity of the financial statements of Swindon CCG and any formal announcements relating to the CCG's financial performance.
- 3.17 The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the group.

- 3.18 The Committee shall review and approve the Annual Report and Financial Statements on behalf of the Governing Body focusing particularly on:
- the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - changes in, and compliance with, accounting policies, practices and estimation techniques;
 - issues that have been raised during the process and feedback from External Audit with particular reference to:
 - a) unadjusted mis-statements in the financial statements;
 - b) significant judgements in preparing of the financial statements;
 - c) significant adjustments resulting from the audit;
 - d) Letter of Representation; and
 - e) qualitative aspects of financial reporting.

- 3.19 The Committee shall critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

4. Accountability

- 4.1 The Committee will act as an assurance committee of the Governing Body.

5. Policy and Best Practice

- 5.1 The Committee will apply best practice in its decision-making process and, to support this, is authorised to investigate any activity within its terms of reference. It is also authorised to seek any information it requires from any employee, and to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise (if not available within the CCG) if it considers this necessary, such as commissioning reports or surveys to help fulfil its obligations.

6. Governance

- 6.1 The Committee will report to the CCG Governing Body which will hold it to account.

7. Membership

- 7.1 The voting membership of the Committee will be:

- 2 Lay Members
- GP Governing Body Member
- Registered Nurse.

- 7.2 A GP from the GP member practices may be invited to attend the Committee as an attendee.

- 7.3 At least one member of the Committee shall have a recognised accounting qualification.

- 7.4 A Lay Member on the Swindon CCG Governing Body, with a lead role in overseeing key elements of governance, will Chair the Audit Committee.
- 7.5 For Lay Members of the Committee their tenure, appointment and removal of this role are covered by the CCG's Standing Orders.

7.6 The Clinical Chair of the Governing Body shall not be a member of the Committee.

8. Quorum

- 8.1 A quorum shall be two members, one of which shall be a Lay Member.
- 8.2 If the meeting becomes inquorate, it shall either be suspended or decisions ratified at the next meeting of the Committee.

9. Frequency of Meetings

- 9.1 Meetings shall be held not less than three times a year and more frequently (ie monthly) when the work plan warrants it. One meeting will be held to approve the annual accounts immediately before they are submitted to NHS England.
- 9.2 Additional meetings may be held at the request of the Committee Chair and at the request of the External Auditor or Head of Internal Audit (through the Committee Chair) if they consider that one is necessary. It is expected that at least once per year the Committee will meet privately with Internal and External Auditors.

10. Secretary

- 10.1 Administrative support to the Chair of the Committee will be provided by the CCG Secretariat.

11. Conduct of Meetings

- 11.1 The meetings will be conducted as follows:
- 11.2 The Chief Finance Officer, or designated representative, shall be required to attend all meetings of the Committee. The Clinical Chair and other Directors shall attend at the request of the Chair of the Audit Committee and particularly when the Committee is discussing areas of risk or operation that are the responsibility of that individual.
- 11.3 Appropriate Internal and External Audit representatives shall normally attend meetings.
- 11.4 At the specific request of the Chair, the Committee reserves the right to hold meetings with external and/or internal audit. Such meetings will exclude CCG officers.
- 11.5 Representatives from NHS Protect will be invited to attend meetings and will normally attend at every other meeting during the year.

- 11.6 Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit Committee.
- 11.7 The Accountable Officer shall receive papers for all meetings and will be invited to attend and discuss, at least annually with the committee, the process for assurance that supports the statement on internal control. He or she would also normally attend when the Committee considers the annual accounts.
- 11.8 The Clinical Chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 11.9 An Agenda will be issued seven days prior to the meeting. Requests for items to be included on the Agenda should be sent to the Company Secretary at least ten days before the meeting.
- 11.10 If an item needs to be raised on the day, this will be covered under Any Other Business, subject to the agreement of the Chair in advance.
- 11.11 If separate papers require circulation, these should be issued with the Agenda, other than in exceptional circumstances. This is intended to enable members to have the opportunity to read information in advance.
- 11.12 All questions arising will be decided by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.
- 11.13 Minutes shall be kept and the secretary will record the discussions. These Minutes will be taken to the following meeting for adoption and will then be submitted to the following meeting of the Governing Body for information.
- 11.14 Members of the Committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the NHS Swindon CCG Constitution and the Declarations of Interest and Potential Conflicts of Interest Policy.
- 11.15 Declarations of interest will be a standing agenda item at every meeting. All declarations of interest and actions taken in mitigation will be recorded in the minutes.

12. Conduct of the Committee

- 12.1 The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct/good governance practice, for example, Nolan's seven principles of public life.
- 12.2 The Committee will review on an annual basis, its performance, its membership and these terms of reference and provide an annual report to the Governing Body for approval.

Remuneration and Nomination Committee

Terms of Reference

1. Purpose

- 1.1 The Remuneration and Nomination Committee shall provide assurance to the Governing Body on the following matters:
- Advise the Governing Body on appropriate remuneration and terms of service for the Accountable Officer, other Very Senior Managers and Governing Body Members.
 - Advise the Governing Body to approve payments to individual members and co-opted members for leading on particular tasks.
 - Ensure that any remuneration policies adopted by NHS Swindon Clinical Commissioning Group are applied consistently taking account of Equal Pay requirements.
 - Review the structure, size and composition of the Governing Body.
- 1.2 Advise the Governing Body of a Directors remuneration which should indicate all aspects of salary (including any performance related elements/bonuses), provisions for other benefits (e.g. pensions), as well as arrangements for termination of employment and other contractual terms.

2. Authority

- 2.1 The Committee has been established in accordance with the NHS Swindon Clinical Commissioning Group's Constitution. Save as expressly provided in these terms of reference Committee shall have no further power or authority to exercise on behalf of NHS Swindon Clinical Commissioning Group and of its functions or duties.

3. Responsibilities/Duties

- 3.1 To monitor any general policy agreed by NHS Swindon Clinical Commissioning Group on remuneration and terms of service to ensure consistency of application.
- 3.2 To make such recommendations to the CCG Governing Body on the remuneration and terms of service of Directors or Lay Members, whilst having proper regard to the provisions of any national arrangements where appropriate.
- 3.3 To monitor and evaluate the performance of individual Directors annually and approve any performance related pay.

- 3.4 To advise on and oversee contractual arrangements including the scrutiny of termination payments taking account of national guidance as appropriate.
- 3.5 To advise on any proposed remuneration for individual NHS Swindon Clinical Commissioning Group members and co-opted members for specific work undertaken in addition to their corporate CCG role, while having proper regard to the organisations circumstances and performance and to the provisions of any national arrangements for such staff.
- 3.6 Ensure the Governing Body has the right balance of skills, knowledge and experience required for members of the Governing Body.
- 3.7 Developing an approach for succession planning for key members of the Governing Body
- 3.8 Oversee performance review process for all members of the Governing Body.

4. Accountability

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

5. Policy and Best Practice

- 5.1 The Committee will apply best practice in its decision-making process and, to support this, is authorised to investigate any activity within its terms of reference. It is also authorised to seek any information it requires from any employee, and to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise (if not available within the CCG) if it considers this necessary, such as commissioning reports or surveys to help fulfil its obligations.

6. Governance

- 6.1 The Committee will report to the CCG Governing Body which will hold it to account.

7. Membership

- 7.1 The voting members of the Committee will be:
 - Clinical Chair
 - All Lay Members
 - Secondary Care Doctor
 - Registered Nurse
- 7.2 The Committee will be chaired by a Lay Member, except where a conflict of interest applies, in which case an alternate chair will be nominated.
- 7.3 The Accountable Officer will not be present for discussions about his/her own remuneration and terms of service. The Accountable Officer will attend when the remuneration and terms of service of other Directors is being discussed and in relation to the application of other local policies indicated in paragraph 1.1 above.

7.4 The Central Southern Commissioning Support Unit HR Business Partner will also attend to provide advice and other CCG Executives will attend when required.

8. Quorum

8.1 The quorum shall be 3 members with a clinical majority.

8.2 If the meeting becomes inquorate, it shall either be suspended or decisions ratified at the next meeting of the Committee.

9. Frequency of Meetings

9.1 The Committee will meet as required, but at least twice a year.

10. Secretary

10.1 Administrative support will be provided by the CCG Secretariat.

11. Conduct of Meetings

11.1 The meetings will be conducted as follows:

11.2 An Agenda will be issued seven days prior to the meeting. Requests for items to be included on the Agenda should be sent to the Company Secretary at least ten days before the meeting.

11.3 If an item needs to be raised on the day, this will be covered under Any Other Business, subject to the agreement of the Chair in advance.

11.4 If separate papers require circulation, these should be issued with the Agenda, other than in exceptional circumstances. This is intended to enable members to have the opportunity to read information in advance.

11.5 All questions arising will be decided by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

11.6 Minutes shall be kept and the secretary will record the discussions. These Minutes will be taken to the following meeting for adoption and will then be submitted to the following meeting of the Governing Body for information.

11.7 Members of the Committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the NHS Swindon CCG Constitution and the Declarations of Interest and Potential Conflicts of Interest Policy.

11.8 Declarations of interest will be a standing agenda item at every meeting. All declarations of interest and actions taken in mitigation will be recorded in the minutes.

12. Conduct of the Committee

- 12.1 The Committee will review on an annual basis its performance, membership and terms of reference.

August 2018

NHS Swindon CCG Primary Care Commissioning Committee (PCCC)

Terms of Reference

Introduction

1. NHS England has delegated authority to NHS Swindon Clinical Commissioning Group (CCG) for the commissioning of primary medical care services in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended). NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Swindon CCG. The delegation is set out in Schedule 1.
2. The CCG has established the NHS Swindon CCG Primary Care Commissioning Committee (“Committee”) as a formal sub group of the NHS Swindon CCG Governing Body. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
3. It is a committee comprising representatives of the following organisations:
 - NHS Swindon CCG, including lay representatives
 - NHS England
 - Wessex Local Medical Committee (LMC)
 - Health and Wellbeing Representative/Swindon Borough Council (SBC)
 - Health Watch

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
7. NHS Swindon CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provision of section 13 of the NHS Act.
 8. The Committee is established as a committee of the NHS Swindon CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.
 9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in Swindon CCG, for the population of Swindon and Shrivenham, under delegated authority from NHS England.
11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Swindon CCG, which will sit alongside the delegation and terms of reference.
12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
14. This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
15. NHS Swindon CCG will also carry out the following activities:
 - a) To plan, including needs assessment, primary medical care services in Swindon and Shrivenham;
 - b) To undertake reviews of primary medical care services in Swindon and Shrivenham;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) To manage the budget for commissioning of primary medical care services in Swindon and Shrivenham.
 - e) To undertake and deliver an estates strategy across NHS Swindon CCG;
 - f) To maintain oversight and continually review implementation of GP Forward View.

Geographical Coverage

16. The Committee will comprise of NHS Swindon CCG. It will undertake the function of delegated commissioning primary medical services for practices who are members of NHS Swindon CCG.

Membership

17. The Committee shall consist of:
 - a. The following voting members;

- Chair: A Lay Member (PPI) of the NHS Swindon CCG Governing Body
 - Vice-Chair: Lay Member
 - Accountable Officer, NHS Swindon CCG
 -
 - Clinical Chair, NHS Swindon CCG
 - Governing Body GP representative, NHS Swindon CCG
 - Practice Manager representative, NHS Swindon CCG
 - Chief Operating Officer, NHS Swindon CCG
 - Chief Finance Officer, NHS Swindon CCG
 - Executive Nurse (clinical), NHS Swindon CCG
- b. The following attendees;
- Associate Director for Primary Care, NHS Swindon CCG
 - [Director of Commissioning, NHS England South Central]
 - [Head of Primary Care, NHS England South Central]
 - Wessex LMC Executive Representative
 - Director of Public Health, Swindon Borough Council & Health & Well Being representative
 - An Executive Healthwatch Swindon representative

Governing Body. To ensure appropriate oversight and assurance of the PCCC the CCG Audit Committee Chair should not hold the office of chair of the PCCC.

18. The Committee may invite any person to attend meeting to provide advice and/or expertise as required.

Meetings and Voting

19. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
20. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

21. Four voting members of the Committee must be present for the quorum to be established, with a lay member and non-clinical majority.

Frequency of meetings

22. Meetings will normally take place on a quarterly basis, at least 4 times per annum, and at other times as required through invoking the approved decision making framework.
23. Meetings of the Committee shall:
 - a) be held in public, subject to the application of 23(b);
 - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
24. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
25. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..
26. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
27. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
28. The Committee will present its minutes to South Central Area Team of NHS England and the Governing Body of NHS Swindon CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 25 above.
29. The CCG will also comply with any reporting requirements set out in its constitution.
30. The Terms of Reference will be reviewed at least annually with final approval being sought from NHS Swindon CCG. Amendments will be made, where appropriate, to reflect the experience of PCCC in fulfilling its functions and reviewing its performance, membership and terms of reference. Amendments will also need to take into account any updated national model terms of reference and local need.

Accountability of the Committee

31. The Committee to have delegated authority from NHS Swindon CCG Governing Body:

- To carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act
- To assist and support NHS England in discharging its duty under section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services.
- To work with NHS England to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF, and IT intra-operability.
- To comply with public procurement regulations and with statutory guidance on conflicts of interest
- To consult with Local Medical Committee and demonstrate improved outcomes reduced inequalities and value for money when developing a local QOF scheme or DES.
- To approve the arrangements for discharging the group's statutory duties associated with its GP practice commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.

Procurement of Agreed Services

The below is taken from the Next Steps in primary care co-commissioning document for further guidance on this please see link: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

32. The committee must comply with public procurement regulations and with statutory guidance on conflicts of interest. The committee may vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances. If the committee fails to secure an adequate supply of high quality primary medical care, NHS England may direct the CCG to act.
33. If the Committee are found to have breached public procurement regulations and/or statutory guidance on conflicts of interest, NHS Improvement may direct the CCG or NHSE to act. NHS England may, ultimately, revoke the CCG's delegation. Any proposed new incentive schemes should be subject to consultation with the Local Medical Committee and be able to demonstrate improved outcomes, reduced inequalities and value for money.

Consistent with the NHS Five Year Forward View and working with CCGs, NHS England reserves the right to establish new national approaches and rules on expanding primary care provision – for example to tackle health inequalities.

Decisions

34. The Committee will make decisions within the bounds of its remit.
35. The decisions of the Committee shall be binding on NHS England and NHS Swindon CCG.
36. The Committee will produce an executive summary report which will be presented to South Central Area Team of NHS England and the Governing Body of NHS Swindon CCG each quarter for information.

Schedule 1: Delegation

The NHS Swindon CCG functions with delegated authority cover are:

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about 'discretionary' payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) management of the Delegated Funds in the Area;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions

The Responsibilities remaining with NHS England (Reserved Functions) are:

- a) management of the national performers list;
- b) management of the revalidation and appraisal process;
- c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
- d) Capital Expenditure functions, decision making;
- e) section 7A functions under the NHS Act (public health programmes/services);
- f) functions in relation to complaints management;
- h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

Schedule 2 - The membership of the Committee shall consist of:

The following voting members;

- Chair: A Lay Member (PPI) of the NHS Swindon CCG Governing Body
- Vice-Chair: Lay Member
- Accountable Officer, NHS Swindon CCG
- Clinical Chair, NHS Swindon CCG
- Governing Body GP representative, NHS Swindon CCG
- Practice Manager representative, of the NHS Swindon CCG Governing Body
- Chief Operating Officer, NHS Swindon CCG
- Chief Finance Officer, NHS Swindon CCG
- Executive Nurse (clinical), NHS Swindon CCG

The following non-voting members;

- Associate Director for Primary Care, NHS Swindon CCG
- [Director of Commissioning, NHS England South Central]
- [Head of Primary Care, NHS England South Central]
- Wessex LMC Executive Representative
- Director of Public Health, Swindon Borough Council & Health & Well Being representative
- An Executive Health Watch Swindon representative

To ensure appropriate oversight and assurance of the PCCC the CCG Audit Committee Chair should not hold the office of chair of the PCCC.

April 2018

Appendix 3: Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

- 1.1.1 These Standing Orders have been drawn up to regulate the proceedings of the NHS Swindon Clinical Commissioning Group so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the NHS Swindon CCG is established.
- 1.1.2 The Standing Orders, together with the CCG's Scheme of Reservation and Delegation, and the CCG's Prime Financial Policies provide a procedural framework within which the CCG discharges its business. They set out:
- a) the arrangements for conducting the business of the CCG;
 - b) the general terms of appointment;
 - c) the procedure to be followed at meetings of the CCG, the Governing Body and any Committees or Sub-Committees of the CCG or the Governing Body;
 - d) the process to delegate powers and appointments of Committees; and
 - e) the use of the seal and the authorisation of documents.
- 1.1.3 These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate of any relevant guidance (under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance).

The Standing Orders, Scheme of Reservation and Delegation (within the Prime Financial Policies) have effect as if incorporated into the CCG's Constitution. CCG members, employees, members of the Governing Body, members of the Governing Body's Committees and Sub-Committees, members of the Group's Committees and Sub-Committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation 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 CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as Committees) and certain persons. The CCG 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 CCG's Scheme of Reservation and Delegation.

2. THE CLINICAL COMMISSIONING GROUP

2.1 Composition of Membership

2.1.1 Chapter 3 of the CCG's Constitution provides details of the membership of the CCG.

2.1.2 Chapters 4 and 5 of the CCG's Constitution provide details of the governing structure used in the CCG's decision-making processes. Chapter 5 of the Constitution also outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of practice representatives.

2.2 Key Roles

2.2.1 Paragraph 5.5 of the CCG's Constitution sets out the composition of the CCG's Governing Body whilst the Governance Handbook identifies certain key roles and responsibilities within the CCG and its Governing Body.

2.2.2 The role of the practice representative is to:

- a) represent the practice at CCG meetings;
- b) with respect to consent, privacy and confidentiality, while enabling sharing, identify and represent the needs of the practice's patient population;
- c) promote equality and human rights;
- d) Actively engage with the CCG to help improve services within the area seeking excellence in clinical care, patient safety, patient experience and the accessibility of services
- e) be fair transparent, measured and thorough in decision-making and management of public money;
- f) make sound decisions individually and collectively, seeking long-term financial stability and best value for the benefits of patients, service users and the community;
- g) work collaboratively and constructively and uphold decisions of the Governing Body through implementation and delivery;
- h) look for the impact of decisions and demonstrate leadership in the reporting of concerns;
- i) gather and share the views and experiences of patients and carers;
- j) seek assurance that frameworks are sound and that the CCG is fit to serve its patients and service users, and the community;

- k) be ready to be held publicly to account for the CCG decisions and the use of public money
- l) uphold the law and be fair and honest in all dealings.

2.3 General Terms of Appointment

- 2.3.1 All members of the Governing Body shall be able to demonstrate the leadership skills necessary to fulfil the responsibilities of the roles and be able to establish credibility with all stakeholders and partners. All appointments will be made in line with good practice and regulations.
- 2.3.2 All candidates for roles on the Governing Body will need to declare they are eligible and complete declarations of interest.
- 2.3.3 The posts which are appointed to including the Accountable Officer and Chief Financial Officer will be members of the Governing Body for the duration of their employment with the CCG. These positions will be appointed through an open selection process and the posts will be advertised widely.
- 2.3.4 It is important that the Clinical Chair retains the confidence of the member practices. If the member practices, feel this is not happening they should raise it with the member practices representatives on the Governing Body. If all the member practices representatives are unanimous in a vote of no confidence then the ability of the Clinical Chair to continue in post would be reviewed by the Governing Body.
- 2.3.5 The length of term, before being required to stand for re-election / appointment, for elected members of the Governing Body, will be 4 years, with a maximum of two terms of office.
- 2.3.6 The terms for individual members, including member practices representatives, will be staggered so they do not all come to an end at the same time. Individuals will be eligible to be elected for one additional term.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1 Calling Meetings

- 3.1.1 Ordinary meetings of the CCG shall be held at regular intervals (with a minimum of 10 meetings per annum) at such times and places as the CCG may determine.
- 3.1.2 The Committees of the Governing Body will have a regular schedule of meetings as determined by the Chair of the Committee.

3.2 Agenda, Supporting Papers and Business to be transacted

- 3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Company Secretary at least 10 working days (excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.
- 3.2.2 NHS Swindon CCG may determine that certain matters will appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. The CCG may also determine that all papers presented should be in a prescribed format. However, the Chair may waive this requirement if, in their opinion, urgency requires that a paper be presented in another format.
- 3.2.3. Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website and will also be available on request from the CCG.

3.3 Petitions

Where a petition has been received by the CCG at least 10 working days (excluding weekends and Bank Holiday), prior to the date of the meeting, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.4 Chair of a Meeting

- 3.4.1 At any meeting of the CCG, Governing Body or of a Committee or Sub-Committee, the Chair of the CCG, Governing Body, Committee or Sub-Committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.
- 3.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or Deputy a member of the CCG, Governing Body, Committee or Sub-Committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5 Chair's Ruling

- 3.5.1 The decision of the Chair of the Governing Body or any other Committee on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies at the meeting, shall be final.

3.6 Quorum

- 3.6.1 Meetings of the Governing Body will have a clinical majority. A quorum will be reached when at least five (5) voting members of the Governing Body are present. The attendees should include specifically the Accountable Officer (or nominated deputy) or the Chief Finance Officer, one (1) Lay Member and three (3) Clinicians.
- 3.6.2 There may be instances in which a significant number of Governing Body members are prevented from participating in discussion or voting due to declared conflicts of interest. In these highly unusual instances an alternative quorum of three (3) of the remaining voting members present will apply. This quoracy must include at least one (1) Lay member, and either the Accountable Officer (or nominated deputy) or the Chief Financial Officer and one (1) Clinician. Use of the alternative quorum will be recorded in the minutes.
- 3.6.3 There may be occasions where a clinical majority is not achievable, however decision-making will still take place in accordance with paragraph 3.6.2 above.
- 3.6.4 The Accountable Officer (or deputy) will reserve the right to refer a decision to the Governing Body should an item or issue arise where it is judged that Governing Body approval would secure essential corporate governance.
- 3.6.5 For all other of the Group's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Decision Making

- 3.7.1. Chapters 4 and 5 of the CCG's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally, it is expected that decision making at meetings will be by consensus of members. Should this not be possible then a vote of members will be required, the process for which is set out below:
- 3.7.2. For votes at meetings of the Governing Body:
- a) **Eligibility** – Only members with voting rights;
 - b) **Casting of votes** – At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot;
 - c) **Casting vote** – in the event that a vote is tied and no decision can be reached at the discretion of the Chair, the Chair shall exercise a second and casting vote.

- 3.7.3. Should a vote of the Governing Body be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.7.4 For all other meetings of the CCG's Committees and Sub-Committees, including the Governing Body's Committees and Sub-Committees, the process for holding a vote is set out in the appropriate terms of 3.7.2.

3.8 Emergency Powers and Urgent Decisions

- 3.8.1 The Clinical Chair or the Chair of the Governing Body, in consultation with the Accountable Officer / Chief Financial Officer of NHS Swindon CCG may call a meeting of the Governing Body at any time.
- 3.8.2 The powers which NHS Swindon CCG has reserved to itself may, in an emergency or where an important decision must be made urgently, be exercised by the Clinical Chair together with the Accountable Officer after having consulted at least two other members of the Governing Body (one of whom should be a Lay Member). The exercise of such powers by the Clinical Chair and Accountable Officer shall be reported to the next formal meeting of NHS Swindon CCG in public session for ratification. In the interim, the power remains with the Clinical Chair and the Accountable Officer.
- 3.8.3 50% or more of the member practices of NHS Swindon CCG may requisition a meeting in writing. If the Clinical Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

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 the NHS England, any part of these Standing Orders may be suspended at any meeting, provided at least two thirds of those members present at the meeting of the Governing Body signify their agreement to suspension.
- 3.9.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

3.10 Record of Attendance

The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's Committees / Sub-Committees present shall be recorded in the minutes of the respective Governing Body Committee / Sub-Committee meetings. These are then reported in the CCG's Annual Report.

3.11 Minutes

3.11.1 NHS Swindon CCG will record:

- The names of GP individuals and Locality representation;
- The name of NHS Swindon CCG administrator responsible for taking and drafting minutes;
- The minutes will be formally agreed at the next meeting of the Governing Body, Committee, Sub-Committee and this will be recorded in the minutes;
- The minutes will be formally signed off by the Chair of the meeting; and
- The minutes (where appropriate) will be made available to attendees and members of the public.

3.12 Admission of Public and the Press

3.12.1 NHS Swindon CCG will hold meetings in public on a regular basis at such times and places as NHS Swindon CCG may determine.

3.12.2 Members of the public and representatives of the press may attend all public meetings of NHS Swindon CCG Governing Body.

3.12.3 The public and representatives of the press, shall be required to withdraw upon the CCG Governing Body resolving as follows:

‘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 (Admissions to Meetings) Act 1960;

The above resolution shall be taken in public and there shall be a public statement, either on the agenda or made by the Chair of the meeting, setting out in broad terms the nature of the business to be discussed (which does not breach the confidentiality of the subject matter);

Subject to the requirements of the Freedom of Information Act 2000.

3.12.4 Matters to be dealt with by NHS Swindon CCG following the exclusion of representatives of the press, and other members of the public shall be referred to

as “Part II meeting”) and shall be confidential to the members attending the meeting.

- 3.12.5 Members and officers or any employee of NHS Swindon CCG in attendance shall not reveal or disclose the contents of papers or minutes from a Part II meeting, without the express permission of the Accountable Officer or Clinical Chair. This prohibition shall apply equally to the content of any discussion during the Part II meeting which may take place on such reports or papers.

4. COMMITTEES AND SUB-COMMITTEES OF NHS SWINDON CCG

4.1 Appointment of Committees and Sub-Committees

- 4.1.1 The CCG may appoint Committees and Sub-Committees of the CCG, subject to any regulations made by the Secretary of State and make provision for the appointment of Committees and Sub-Committees of its Governing Body.

- 4.1.2 Other than where there are statutory requirements, such as in relation to the Governing Body’s Audit Committee, Remuneration Committee, or Primary Care Commissioning Committee, the CCG shall determine the membership and terms of reference of Committees and Sub-Committees and shall, if it requires, receive and consider reports of such Committees at the next appropriate meeting of the Group.

- 4.1.3 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body’s Committees and Sub-Committee and all Committees and Sub-Committees unless stated otherwise in the Committee or Sub-Committee’s terms of reference.

4.2 Terms of Reference

- 4.2.1 Terms of reference shall have effect as if incorporated into the CCG’s Constitution. The terms of reference can be amended by the Committees when appropriate and approved by Governing Body without the need to revise the CCG Constitution.

4.3 Delegation of Powers by Committees to Sub-Committees

- 4.3.1 Where Committees are authorised to establish Sub-Committees, they may not delegate executive powers to the Sub-Committee unless expressly authorised by the CCG.

4.4 Approval of Appointments to Committees and Sub-Committees

- 4.4.1 NHS Swindon CCG shall approve the appointments to each of the Committees and Sub-Committees which it has formally constituted including those of the Governing Body. Where the CCG determines that persons, who are neither

members nor employees, shall be appointed to a committee or sub-committee the terms of such appointment shall be within the powers of the CCG. The CCG shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. NHS Swindon Clinical Commissioning Group's seal

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

- a) The Accountable Officer;
- b) The Chief Finance Officer;
- c) The Executive Nurse;
- d) The Chief Operating Officer

6.1.2 The Accountable Officer shall keep a register of the seal's use.

6.2. Execution of a document by signature

6.2.1. The following individuals are authorised to execute a document on behalf of the Group by their signature;

- a) The Accountable Officer;
- b) The Chief Finance Officer;
- c) The Executive Nurse;
- d) The Chief Operating Officer

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

7.1 Policy statements: general principles

The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific Groups of staff employed by NHS Swindon Clinical

Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate Committee or Sub-Committee minute and will be deemed where appropriate to be an integral part of the CCG's Standing Orders.

Appendix 4: 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 CCG's Constitution.
- 1.1.2. The prime financial policies are part of the CCG's control environment for managing its financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Financial Officer effectively perform their responsibilities and should be used in conjunction with the Scheme of Reservation and Delegation.
- 1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the Chief Financial Officer known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the Clinical Commissioning Group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Financial Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on its website. Documentation will also be available upon request for inspection at:

NHS Swindon Clinical Commissioning Group
The Pierre Simonet Building
North Swindon Gateway
North Latham Road
Swindon
SN25 4DL

This information will also be available via: enquiries@swindonccg.nhs.uk

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Financial Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's Constitution, and Scheme of Reservation and Delegation.

1.1.7. Failure to comply with prime financial policies and the CCG's financial scheme of delegation can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and Delegation

1.3.1. The roles and responsibilities of the CCG's members, employees, members of the Governing Body, members of the Governing Body's Committees and Sub-Committees, members of the CCG's Committees and Sub-Committees (if any) and persons working on behalf of the CCG are set out in the CCG's Constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the Group's Scheme of Reservation and Delegation.

1.4. Contractors and Their Employees

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

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Financial Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Financial Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish and maintain an Audit Committee with terms of reference agreed by the Governing Body.
- 2.2. The Governing Body is required to establish and maintain a Finance Committee with terms of reference agreed by the Governing Body.
- 2.3. The Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.4. The Chief Financial Officer will ensure that:
 - a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY - the CCG will maintain an effective and independent Internal Audit function and fully comply with the requirements of external audit and other statutory reviews.

- 3.1. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the CCG to be responsible for Internal Audit and External Audit will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Financial Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the Group to be responsible for Internal Audit and the External Audit will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the Head of Internal Audit and External Auditors.
- 3.3. The Chief Financial Officer will ensure that:
 - a) the CCG has a professional and technically competent Internal and External Audit function; and

- b) the Governing Body approves any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

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

- 4.1. The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The Governing Body's Audit Committee will ensure that the Group has arrangements in place to work effectively with NHS Counter Fraud Authority.

5. EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions⁶⁴ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Chief Financial Officer will:
 - a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only; is drawn down only at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

⁶⁴

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

6. ALLOTMENTS⁶⁵

6.1. The CCG's Chief Financial Officer will:

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY - the CCG will produce and publish an annual operating plan which spans the medium term (i.e. the current and next financial years) and includes reference to the QIPP programme and⁶⁶ commissioning intentions, and explains how it proposes to discharge its financial duties. The CCG will support this with a comprehensive medium term financial plan and annual budgets.

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit comprehensive medium term financial plan and annual budgets for approval by the Governing Body.
- 7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Finance Committee. This report should include explanations for variances. These variances must be based on any significant departures from the agreed financial plan or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.5. The Governing Body will approve any required consultation arrangements for the CCG's commissioning plan⁶⁷.

⁶⁵ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁶⁶ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁷ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

8. ANNUAL ACCOUNTS AND REPORTS

POLICY - the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations⁶⁸, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

8.1. The Chief Financial Officer will ensure the CCG:

- a) prepares a timetable for producing the annual report and accounts and agrees it with its external auditors and the Audit Committee;
- b) prepares the accounts according to the timetable approved by the Audit Committee;
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and address all issues within agreed timescales; and
- e) publishes the external auditor's annual audit letter on the CCG's website. Documentation will be available upon request for inspection at:

NHS Swindon Clinical Commissioning Group
The Pierre Simonet Building
North Swindon Gateway
North Latham Road
Swindon
SN25 4DL

This information will also be available via: enquiries@swindonccg.nhs.uk

⁶⁸ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

9. INFORMATION TECHNOLOGY

POLICY - the CCG will ensure the accuracy and security of the CCG's digital financial data.

- 9.1. The Chief Financial Officer is responsible for the accuracy and security of the CCG's digital financial data and shall:
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) published May 2018;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Financial Officer may consider necessary are being carried out.
- 9.2. In addition, the Chief Financial Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

POLICY - the CCG will run an accounting system that creates management and financial accounts

- 10.1. The Chief Financial Officer will ensure:
- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility

of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should ensure rights of access for audit purposes and also ensure that adequate business continuity plans are in place to recover data should the need arise.

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

11. BANK ACCOUNTS

POLICY - the CCG will keep enough liquidity to meet its current commitments

- 11.1. The Chief Financial Officer will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions⁶⁹, best practice and represent best value for money;
- b) manage the CCG's banking arrangements and advise on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

- 11.2. The Accountable Officer shall approve the banking arrangements.

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

POLICY – the CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions⁷⁰
- ensure its power to make grants and loans is used to discharge its functions effectively⁷¹

- 12.1. The Chief Financial Officer is responsible for:

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

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

- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure the organisation incurs only budgeted, approved and necessary spending;
- seeks value for money for all goods and services;
- ensures compliance with relevant national directives (e.g. consultancy and agency spending rules)
- shall ensure that competitive tenders are invited for:
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
 - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

- 13.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Financial Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the CCG's Governing Body.
- 13.2. The Governing Body may only negotiate contracts on behalf of the CCG and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the CCG's financial scheme of delegation;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account, as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance

that does not conflict with (b) above.

70

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

71

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

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

14. COMMISSIONING

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

- 14.1. The CCG will coordinate its work with NHS England, other clinical commissioning Groups, local providers of services, local authority(ies), including through Health and Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to its Finance Committee and Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Financial Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY - the CCG will put arrangements in place for evaluation and management of its risks

- 15.1. The CCG will adopt a Risk Management Policy that will outline its approach to managing risk. A key feature of this policy will be the maintenance of a Risk Register that will be used to record and monitor risks. It is intended that the Risk Register will be presented to each meeting of the Integrated Governance Committee (IGC) to provide ongoing oversight and review.
- 15.2. An Assurance Framework will be maintained to provide details of the assurances that will be provided to the Governing Body regarding the achievement of the CCG's Annual Objectives. The Assurance Framework will identify gaps in assurances and controls regarding the objectives, along with details of the major risks that have been identified. The Assurance Framework

will also be presented to each meeting of the IGC as part of the oversight and review activity.

16. PAYROLL

POLICY - the CCG will operate an effective payroll service.

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

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

16.2. In addition, the Chief Financial Officer shall ensure that there are comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

POLICY - the CCG will seek to obtain the best value for money goods and services received.

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

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

17.3. The Chief Financial Officer will:

- a) advise the Accountable Officer on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the Scheme of Reservation and Delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY - the CCG will effectively manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG's assets.

18.1. The Accountable Officer will:

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

POLICY - the CCG will retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance.

19.1. The Accountable Officer shall:

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

AUTHORISATION LIMITS

1. SCHEME OF DELEGATION TO EMPLOYEES

1.1. Introduction

1.2. The Scheme of Delegation covers matters delegated by the CCG to its employees. It details where approval is required by the CCG's Governing Body, Committee and/or Sub-Committee.

1.3. Further delegation may be given:

- by the CCG's Governing Body in approving specific management policies
- by the Accountable Officer
- in line with the Scheme of Reservation and Delegation

1.4. Each employee will need to consider the arrangements for authorisation of expenditure against budgets that are within their responsibility and the further delegation of management/professional responsibilities where applicable.

1.5. There are a series of proformas which are required to be completed to commit and approve expenditure; these are available in the CCG's detailed financial policies which can be found on the CCG's website.

The following abbreviations apply:

CCG	Clinical Commissioning Group
AO	Accountable Officer
CFO	Chief Financial Officer
COO	Chief Operating Officer
EN	Executive Nurse
DCFO	Deputy Chief Financial Officer
FM	Finance Manager
AD	Associate Director
CMH	Commissioner Mental Health
DCMH	Deputy Commissioner Mental Health
CCS	Commissioner Children Services
CLD	Commissioner LD
EMT	Executive Management Team
SBC	Swindon Borough Council
HO CG	Head of Corporate Governance

1.6 The CCG's Governing Body exercises overall financial supervision and control by:

- Authorising the annual financial plan
- Requiring the submission and approval of budgets within the CCG's overall allocation
- Defining and approving essential procedures and systems
- Defining specific responsibilities placed on members of the CCG's Executive Management Team.

1.7 Once the CCG's Governing Body has reviewed and approved its annual plan it will delegate responsibility to its employees to commit resources in year in line with the plan subject to the financial thresholds set out in this scheme of delegation.

1.8 For the avoidance of doubt this delegation includes:

- Awarding of Contracts including the signing of appropriate contract documentation
- Payment of sums due against approved contracts
- Agreement of contract variations and subsequent amendments to contract payments
- Operation of appropriate procurement processes within agreed financial thresholds
- Budgetary delegation including approval of non-pay single orders and payroll expenditure
- Governing Body, Committees / Sub-Committee members and employees as indicated in the Scheme of Delegation; and
- Approving provision of shared services

Financial Scheme of Delegation: Authority Limits

All financial limits in this schedule are subject to adequate budgets (and balances remaining within budgets) being available. Where Authority Limits are subject to separate restrictions on individual categories of spend the lower limit will always apply.

Ref	Matters delegated	Delegated to
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1	<p><u>Bank accounts and cash</u></p> <p>(a) Maintenance and operation of bank account in accordance with mandates approved by the Government Banking Service</p> <p>(b) Authority to operate day to day banking services</p> <p>(c) Authority to determine bank signatory panel</p> <p>(d) Authority to establish direct debits and standing orders</p> <p>(e) Authority to approve manual payments on ISFE (Oracle) against <u>budgeted</u> spend</p> <p style="padding-left: 20px;">i) Up to £20,000</p> <p style="padding-left: 20px;">ii) Above £20,000</p> <p>(f) Authority to sign Cash draw down requests cash to DH subject to maximum cash drawdown limit.</p> <p>(g) Authority to approve payment of invoices and payment requests on ISFE</p> <p style="padding-left: 20px;">i) Up to £20,000</p> <p style="padding-left: 20px;">ii) Above £20,000</p> <p>(h) Authority to release the preauthorized payment files on ISFE (Oracle)</p> <p>(i) Authority to release the deductions payments to HMRC and NHS Pensions</p>	<p>(a) CFO</p> <p>(b) NHS Shared Business Services (in accordance with (a))</p> <p>(c) AO</p> <p>(d) Bank signatory panel: (2 or 3 required)</p> <p>(e)</p> <p style="padding-left: 20px;">i) DCFO</p> <p style="padding-left: 20px;">ii) CFO and AO</p> <p>(f) CFO, DCFO or FM</p> <p>(g)</p> <p style="padding-left: 20px;">i) AD, COO</p> <p style="padding-left: 20px;">ii) AO, CFO</p> <p>(h) FM</p> <p>(i) FM</p>
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Budget management

- (a) Authority to approve the Medium Term Financial Plan and annual budget
- (b) Responsibility for maintaining expenditure within approved budgets
- (c) Authority to approve budget and forecast journals in ISFE
- (d) In the case of official absence, the CFO and AO can delegate **50%** of their financial delegation to their nominated deputy.
- (e) Authority to approve spend outside Medium Term Financial Plan:
 - i) Up to £999,999
 - ii) Above £1,000,000
- (f) Authority to approve spend and invoices within agreed Medium Term Financial Plan:

As described below under relevant sections.

- (g) Authority to approve spend where the CCG is not expected to deliver its control total for a financial year or does not have a balanced Medium Term Financial Plan.

The above limits are subject to separate restrictions on individual categories of spend. If for particular spend categories these limits have been restricted, then these lower restricted limits will apply.

(a) Governing Body

(b) EMT

(c) DCFO and FM

(e)

i) AO, or CFO, after EMT approval

ii) AO and CFO, after Governing Body approval

- (g) If such circumstances are declared by the CFO and AO then all non-contracted and discretionary spend will be subject to approval by a “discretionary spend panel”. This panel will be convened to approve all such spend and shall comprise the AO, CFO and lay member representation. The panel will continue until the CFO and AO agree it is no longer required. The discretionary spend panel once convened will determine how discretionary spend should be defined.

3	<p><u>Consultancy spending controls</u></p> <p>(a) Authority to approve consultancy contracts up to £49,999 (including irrecoverable VAT and expenses)</p> <p>(b) Authority to approve consultancy contracts above £50,000 (including irrecoverable VAT and expenses)</p>	<p>(a) CFO or AO</p> <p>(b) NHS England using Business Case Approval forms (available in CCG's detailed financial policies) to england.ccgcontrols@nhs.net</p>
4	<p><u>Capital bids and schemes submissions to NHS England</u></p> <p>(a) Authority to sign PID documentation</p> <p>(b) Authority to approve journals to recognise allocations and assets within ISFE (Oracle)</p>	<p>(a) CFO or AO</p> <p>(b) DCFO or FM</p>
5	<p><u>Legal costs and other professional fees (excluding consultancy)</u></p> <p>Where aggregate commitment in any one year or total commitment is</p> <p>(a) £4,999 to £24,999</p> <p>(b) Where aggregate commitment in any one year is £25,000 or above</p>	<p>(a) AO and CFO approval</p> <p>(b) Governing Body</p>
6	<p><u>Programme Spend: Commissioning contracts</u></p> <p>For the commissioning of healthcare services:</p> <p>(i) contract variation or contract up to £999,999</p> <p>(ii) contract variation or contract of £1m or more</p>	<p>(i) AO or CFO</p> <p>(ii) AO and CFO, after Governing Body approval</p>

Programme spend: Continuing Healthcare (Adults)

- (a) Authority to agree eligibility for CHC funding
(Note: financial issues should not be considered as part of eligibility decision)
- (b) Authority to approve costs of domiciliary care packages
- i. Up to £263.82 per week for a maximum of 12 weeks (£3,166)
 - ii. Above £263.82 per week up to a maximum of £2,000 per week for a maximum of 52 weeks (£104,000).
 - iii. Above £2,000 per week
- (c) Authority to approve costs of residential care packages
- i. Up to £646.80 per week for a maximum of 12 weeks (£7,762)
 - ii. Above £646.80 per week up to a maximum of £2,000 per week for a maximum of 52 weeks (£104,000)
 - iii. Above £2,000 per week

Programme spend: Continuing Healthcare (Children)

- (a) Authority to agree eligibility for CHC funding
(Note: financial issues should not be considered as part of eligibility decision)
- (b) Authority to approve costs of packages
- i) Up to £750 a week for a maximum of 6 months
 - ii) Above £750 per week
- (c) Authority to increase the funding to enable Children's Service to recruit additional resource to support additional patients.
- (d) Authority to approve a package reduction

(a) Continuing Healthcare Panel in accordance with its Terms of Reference.

- (b)
- i. SBC Brokerage team member
 - ii. CHS Service lead or CHS Team Leader
 - iii. CFO or AO

- (c)
- i. SBC Placements team member
 - ii. CHS Service lead or CHS Team Leader
 - iii. CFO or AO

(a) CCG representative as part of a multiagency panel

- (b)
- i) CCS
 - ii) AO or CFO

(c) EMT

(d) Designated Nurse for Children or CCS

8	<p><u>Programme spend: Mental Health</u></p> <p>(a) Authority to agree eligibility for mental health placement funding <i>(Note: financial issues should not be considered as part of eligibility decision)</i></p> <p>(b) Authority to approve costs of funding</p> <ul style="list-style-type: none"> i) Up to £1,000 per week (52 weeks) ii) Up to £2,000 per week (52 weeks) iii) Above £2,000 per week <p>(c) Authority to approve a package reduction</p> <p>(d) Authority to approve ADHD assessment</p>	<p>(a) Mental health funding panel representative from CCG</p> <p>(b)</p> <ul style="list-style-type: none"> i) DCMH ii) CMH iii) AO or CFO <p>(c) CMH or DCMH</p> <p>(d) DCMH or CMH</p>
9	<p><u>Programme spend: Joint placement funding decisions (Children)</u></p> <p>(a) Authority to agree eligibility for NHS children’s placement funding <i>(Note: financial issues should not be considered as part of eligibility decision)</i></p> <p>(b) Authority to approve costs of funding</p> <ul style="list-style-type: none"> i) Up to £750 per week for a maximum of 6 months (£20,000)** ii) Above £750 per week** <p>** Costs should be supported by quotes from provider for health components.</p>	<p>(a) Multidisciplinary Funding Panel representative from CCG agrees what needs the CCG will agree to fund.</p> <p>(b)</p> <ul style="list-style-type: none"> i) CCS ii) AO or CFO

10	<p><u>Programme spend: Joint placement funding decisions (Adults)</u></p> <p>(a) Authority to agree eligibility for NHS funding towards a health need as part of a joint package of care with Swindon Borough Council</p> <p>(b) Authority to approve contribution</p> <p style="padding-left: 20px;">i) Where a joint funding matrix has been completed.</p> <p style="padding-left: 40px;">a) Up to £2,000 per week (52 weeks)</p> <p style="padding-left: 40px;">b) Above £2,000 per week</p> <p style="padding-left: 20px;">ii) Where a joint funding matrix has not been completed</p>	<p>(a) Joint Funding Panel representative from CCG for either the Mental Health or Learning Disability Panel</p> <p>(b)</p> <p style="padding-left: 20px;">i)</p> <p style="padding-left: 40px;">a) CLD or CMH</p> <p style="padding-left: 40px;">b) CFO or AO</p> <p style="padding-left: 20px;">ii) CFO or AO</p>
11	<p><u>Programme spend: Patient transport (OOA)</u></p> <p>The CCG may be contacted by a provider out of area (OOA) for prior approval of transport costs connected with the transfer of a patient to another provider. If this transfer is outside of the scope of the CCG's commissioned transport provider this will give rise to additional costs.</p>	<p>Approval can given by one of the following:</p> <p style="padding-left: 20px;">i) On Call Director</p> <p style="padding-left: 20px;">ii) CFO</p> <p style="padding-left: 20px;">iii) AO</p> <p>Where the transport request is of significant cost, clinical input should be sought before approving the spend.</p>
12	<p><u>Balance sheet and general ledger</u></p> <p>(a) Authority to approve balance sheet journals</p> <p>(b) Authority to approve reserve transactions</p> <p>(c) Authority to approve monthly VAT return</p> <p>(d) Authority to release GL interface files</p> <p>CCG finance team members are not permitted to post and authorise their own journals without manual approval from the DCFO or FM.</p> <p>SBS finance team members are allowed to post and authorise their own journals under the mandate they have from NHS England.</p>	<p>(a) DCFO or FM</p> <p>(b) DCFO or FM</p> <p>(c) CFO or DCFO</p> <p>(d) FM</p>

13	<p><u>Programme spend: LD (Blue light protocol)</u> Short notice “panel” to consider alternatives to prevent unnecessary admission to inpatient LD and MH hospital beds.</p> <p>(a) Authority to agree eligibility for health funding (b) Authority to agree funding</p>	<p>(a) CLD via Blue Light protocol meeting (b) CFO or AO</p>
14	<p><u>Condemning and disposal</u></p> <p>(a) Writing out of fully depreciated assets from the statement of financial position. (b) Authority to physically dispose of obsolete equipment i. Assets that have been previously capitalised and have a net book value of up to £1,000 ii. Equipment not capitalised but with an original cost of less than £1,000 (c) Assets with a net book value above £1,000 or equipment with an original cost above £1,000</p>	<p>(a) CFO in accordance with NHS Manual of Accounting. (b) i. CFO ii. CFO (c) Audit Committee (Losses & Special Payments Form available from the CCG’s detailed financial policies)</p>
15	<p><u>Hospitality or benefits</u></p> <p>Declaration in line with Register of Interests policy where value of any hospitality or benefit received exceeds £50 per individual per instance</p>	<p>Recipient to notify HOCG</p>

16	<p><u>Procurement card transactions</u></p> <p>Procurement card transactions up to £1,500 per item and to a maximum of £15,000 per month.</p>	(a) DCFO
17	<p><u>Losses, write-offs and compensation</u></p> <p>(a) Losses– up to £1,000 (b) Losses – above £1,000 (c) Losses where the nature is novel, contentious, involves important questions of principle or could create a precedent for other government departments (d) Severance cases</p>	<p>(a) CFO (complete proforma available in the CCG’s detailed financial policies) (b) Audit Committee (complete proforma available in the CCG’s detailed financial policies) (c) NHS England to be consulted prior to any write off or payment. CCG has no delegated authority in these areas (d) Not delegated to CCGs. HM Treasury approval required</p>

18

Procurement

The term 'contract value' is defined as the total cost of the scheme or items purchased for the duration of the contract period. This would include any VAT.

- (a) Contract value up to £5,000
- (b) Contract value above £5,000 but less than £50,000
- (c) Contract value above £50,000 but below OJEU limit
- (d) Contract value will exceed OJEU limit

In exceptional circumstances there may be situations where it may not be possible to adhere to these rules. It would not be possible to award a contract over the OJEU limit without the formal OJEU tendering procedure unless the supplier is signed up to a government framework agreement where prices would have already been negotiated.

- (e) Waiving the need for tender/quotations for contracts up to £5,000
- (f) Waiving the need for tender/quotations for contracts above £5,000 and where the supply would be under the terms of a government framework agreement
- (g) Waiving the need for tender/quotations for contracts up to £50,000 and where the supply is not under the terms of a government framework agreement.
- (h) Waiving the need for tender for a contract value above £50,000 where the supply would not be under the terms of a framework would not be possible.

Placing physical orders:

- (i) Authority to sign contracts
- (j) Authority to raise physical orders

- (a) Written quote required
- (b) Three written quotes, approval via CCG procurement evaluation template included in CCG's detailed financial policies by EMT
- (c) Sealed tender, approval via CCG Governing Body
- (d) Formal OJEU tendering procedures required

- (e) A written business case should be approved by EMT
- (f) A written business case should be approved by the Governing Body following recommendation by EMT
- (g) A written business case should be approved by the Governing Body following recommendation by EMT

- (h) Formal OJEU tendering procedures required

(i) EN, CFO, COO or AO

19	<p><u>Personnel & Pay</u></p> <p>(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 (d) All requests for upgrading/regrading (e) Pay</p> <p> i) Authority to complete standing data forms affecting pay, new starters, variations and leavers ii) Authority to complete and authorize 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)</p> <p>*EMT members may delegate approvals to their Executive PA at their discretion. ◎ The Expense manager within payroll may also intervene to approve expenses on an exceptional basis (such as where system issued may have arisen).</p>	<p>(a) EMT Member & CFO/DCFO (b) EMT Member & CFO/DCFO (c) EMT Member & CFO/DCFO (d) EMT Member & CFO/DCFO (e)</p> <p> i) EMT Member & CFO/DCFO ii) EMT Member iii) EMT Member iv) EMT Member* ◎ v) Remuneration Committee</p>
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<p>(f) Leave</p> <ul style="list-style-type: none"> (i) Approval of annual leave and study leave (ii) Annual leave – approval of carry forward (up to maximum of 5 days in 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 <p>(g) Sick Leave</p> <ul style="list-style-type: none"> (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 <p>(h) Review and approval of monthly BACS report (to generate pay slips)</p> <p>(i) Manual salary payments (via Oracle) on instruction from Head of Payroll</p> <p>(j) Authority to approve mobile phone purchase for staff</p> <p>(k) Authority to approve lease car</p>	<p>(f)</p> <ul style="list-style-type: none"> (i) Line manager, in line with policies (ii) EMT member (iii) AO (iv) EMT member (v) EMT member (vi) EMT member (vii) EMT member (viii) EMT member (ix) EMT member (x) guidance <p>(g)</p> <ul style="list-style-type: none"> i) Line manager, in line with policies ii) EMT member iii) guidance <p>(h) DCFO / FM</p> <p>(i) CFO/ DCFO</p> <p>(j) EMT member</p> <p>(k) CFO/AO</p>
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	<p>(l) Authority to approve relocation packages</p> <ul style="list-style-type: none"> i) Executive Director ii) Staff Member <p>(m) Severance payments</p> <ul style="list-style-type: none"> i. Special severance payments made to staff that are not made under either legal or contractual obligation 	<p>(l)</p> <ul style="list-style-type: none"> i) Remuneration committee ii) AO <ul style="list-style-type: none"> i. Department of Health Governance & Assurance Committee (GAC) approval before HM Treasury approval (See Managing Public Money Annex 4.13)
20	<p><u>Off payroll engagements</u></p> <p>(a) Authority to approve off payroll staff/agency resource</p> <ul style="list-style-type: none"> i. Costs below £600 per day (excluding VAT, expenses but including agency fees) with planned engagement of less than 6 months ii. Agency engagements that are for a period greater than 6 months iii. Agency engagements with a cost above £600 per day (excluding VAT, expenses, but including agency fees) iv. Office holder roles (Executive or Non-Executive Governing body roles) 	<ul style="list-style-type: none"> i. EMT member and CFO/DCFO ii. NHS England via a CCG Agency Business Case Approval form iii. NHS England via a CCG Agency Business Case Approval form. iv. NHS England via a CCG Agency Business Case Approval form. <p>This form can be found in the CCGs detailed financial policies.</p>

21	<p><u>Individual Funding Requests</u></p> <p>Application for treatments not normally funded by NHS Swindon i.e. treatments for patients with exceptional clinical circumstances to current treatment policy or individual request for experimental treatment.</p>	(a) IFR panel via IFR request form (available in the CCG's detailed financial policies)
22	<p><u>Primary Care</u></p> <p>Submission of GP payment schedules to Primary Care Support England</p> <ul style="list-style-type: none"> a) Up to £50,000 b) Above £50,000 <p>Approval of QOF payments on CQRS</p> <ul style="list-style-type: none"> c) Up to £50,000 d) Above £50,000 <p>Approval of activity to support financial claims (QOF, LES, Reimbursements)</p> <p>Optician LES payments</p>	<ul style="list-style-type: none"> a) DCFO, FM b) AO or CFO c) DCFO, FM d) AO or CFO <p>AD Primary Care</p> <p>CFO</p>

<p>23</p>	<p><u>On call arrangements</u></p> <p>The CCG operates an on-call rota whereby CCG staff members are required to dial into conference calls with providers in the event of operational crisis. These calls can occur both in hours and out of hours.</p> <p>a) OOA transport b) Reallocation of existing resources c) Approval for additional resources</p>	<p>(a) On call director (b) On call director (c) Only the CFO, AO, COO or EN have authority to commit financial resources. Where a request for resources is made as a result of an on-call incident, the CCG’s representative will be required to seek prior approval from either the CFO, AO, COO or EN before agreeing to additional financial commitment.</p> <p>(i) Commitments up to £20,000 – EN or COO (ii) Commitments above £20,000 – AO or CFO</p>
<p>24</p>	<p><u>STP arrangements</u></p> <p>The CCG has committed to working collaboratively with NHS organisations and local authorities across BaNES, Wiltshire and Swindon. This means that a number of work programmes and committees will be formed with the objective of looking at the healthcare economy as a whole.</p>	<p>CCG staff attending and representing the CCG should adhere to the limits within the CCG’s Financial Scheme of Delegation and act in line with the TORs for the relevant STP committees once ratified by the CCG’s governance structures. If decisions are required which will commit CCG resources that exceeds the CCG staff members’ personal delegation, then pre-approval should be sought via EMT or from the AO and CFO directly.</p>

