

NHS HARROW
CLINICAL COMMISSIONING GROUP

CONSTITUTION

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FOREWORD

This Constitution set out NHS Harrow's CCG's responsibilities for commissioning care for its patients. It describes the governing principles, rules and procedures that the group will establish to ensure probity and accountability in the day to day running of the clinical commissioning group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the group.

The Constitution applies to all of the member practices; the group's employees, individuals working on behalf of the group and to anyone who is a member of the group's governing body (including the governing body's audit and remuneration committees) and any other committees established by the group or its governing body. Every member practice, employee or other person working on behalf of the group, or members of the governing body or any committees is responsible for knowing, complying with and for upholding the arrangements for the governance and operation of the group as described in this constitution.

General Practices within NHS Harrow have come together to form the NHS Harrow Clinical Commissioning Group (CCG) we serve a GP registered population of 234,467 at the preceding 1st April 2012.

Our long term goals are that:

- Harrow residents and patients will live healthier more independent lives;
- Vulnerable people in Harrow will have improved life chances and inequalities will be removed;
- Children in Harrow will have the best start in life, growing into confident individuals and responsible citizens;
- Local public services will be delivered through seamless, responsive, efficient partnerships.

These long terms goals will be delivered through the CCGs fundamental purpose of improving:

- the effectiveness of clinical care
- patient experience
- care pathways with standardised processes

1. INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this Clinical Commissioning Group is NHS Harrow Clinical Commissioning Group.

1.2 Statutory Framework

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

1.2.2 The NHS Commissioning Board is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups and undertakes an annual assessment of each established Clinical Commissioning Group. It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.

1.2.3 Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

1.3 Status of this Constitution

1.3.1 This Constitution is made between the members of NHS Harrow Clinical Commissioning Group and has effect from 1st day of April 2013 when the NHS Commissioning Board established it as a Clinical Commissioning Group.

1.3.2 An electronic copy of the constitution is available on <http://www.northwestlondon.nhs.uk/harrow/>. Copies of this Constitution can also be obtained upon request by contacting the Head of Administration at NHS Harrow CCG, 4th Floor, The Heights, 59 - 65, Lowlands Road, Harrow, Middlesex, HA1 3AW

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

- a) Where the Group applies to the NHS Commissioning Board and that application is granted;
- b) Where in the circumstances set out in legislation the NHS Commissioning Board varies the Group’s Constitution other than on application by the Group.

2. AREA COVERED

- 2.1 The geographical area covered by NHS Harrow Clinical Commissioning Group is coterminous with the London Borough of Harrow (“**Geographic Area**”).
- 2.2 The NHS Harrow CCG is comprised of 35 member GP practices which are all located within the boundaries of London Borough of Harrow.
- 2.3 NHS Harrow CCG is divided into six peer based groups, spanning the entire geographical area.
- 2.4 Member GP practices are all affiliated to one of the six peer groups.

3. MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

3.1.1. The following practices comprise the members of NHS Harrow Clinical Commissioning Group.

Practice Name	Address	Peer Group
The Circle Practice	516 Kenton Lane Kenton	5
Bacon Lane Surgery	11 Bacon Lane Edgware	6
Streatfield Health Centre	1 Streatfield Road Harrow	6
Honeypot Medical Centre	404 Honeypot Lane Stanmore	6
Stanmore Medical Centre	85 Crowshott Avenue Stanmore	5
Kenton Bridge Medical Centre (Dr Golden)	Kenton Road Kenton	4
The Stanmore Surgery	71 Elm Park Stanmore	5
Kenton Bridge Medical Centre (Dr Raja)	Kenton Road Kenton	4
Roxbourne Medical Centre	37 Rayners Lane South Harrow	1
Pinn Medical Centre	37 Love Lane Pinner	3
Northwick Surgery	36 Northwick Park Northwick Park Road Harrow	4
Elliott Hall Medical Centre	165-167 Uxbridge Road Hatch End	3
The Ridgeway Surgery	71 Imperial Drive North Harrow	2
St Peters Medical Centre	Colbeck Road West Harrow	4
Pinner Road Surgery	196 Pinner Road	2

	Harrow	
Hatch End Medical Centre	577 Uxbridge Road Hatch End	3
Shaftesbury Medical Centre	39 Shaftesbury Parade South Harrow	1
Charlton Medical Centre	223 Charlton Road Kenton	6
Belmont Health Centre	516 Kenton Lane Kenton	5
Pinner View Medical Centre	33 Pinner View Harrow	2
Civic Medical Centre	18-20 Bethecar Road Harrow	2
The Medical Centre	177 Streatfield Road Harrow	6
Kenton Clinic	533a Kenton Road Kenton	4
Zain Medical Centre	122 Turner Road Edgware	6
Aspri Medical Centre	1 Long Elmes Harrow Weald	5
Headstone Lane Medical Centre	238 Headstone Lane Harrow	2
Headstone Road Surgery	107 Headstone Road Harrow	2
Savita Medical Centre	48 Harrow View Harrow	2
Enterprise Practice	Belmont Heath Centre 516 Kenton Lane Kenton	5
Kings Road Surgery	204 Kings Road South Harrow	1
Simpson House	255 Eastcote Lane South Harrow	1
Harness Harrow	46 -45c South Parade, Mollison Way, Edgware,	6

Enderley Medical Centre	45 Enderley Road, Harrow Weald	3
Wasu Medical Centre	275a Kings Road, South Harrow	1
GP Direct	7a Welbeck Road West Harrow	1

3.1.2. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2 Eligibility

3.2.1 A person or entity is eligible to apply to become a Member if:

- a) Such person or entity is a provider of primary medical services pursuant to section 14A (3) of the 2006 Act, as inserted by section 25 of the 2012 Act; and
- b) Such person or entity provides primary medical services from, and is situated within, the Geographic Area as defined in Section 2 (an “Eligible Person”).

3.3 Application to become a Member

3.3.1 Any Eligible Person may apply to become a Member by making a written application to the Governing Body. Such written application must:

- a) Specify the name and address of the Eligible Person;
- b) Confirm that the Eligible Person is a provider of primary medical services pursuant to clause 3.2.1(a) of this Constitution; and
- c) Confirm that it provides primary medical services from and is situated within the Geographic Area.

3.3.2 Upon receipt by the Governing Body of the application, the Governing Body shall notify the NHS Commissioning Board of the application and request the NHS Commissioning Board’s acknowledgment that the Eligible Person is to become a Member.

3.3.3 Upon receipt by the Governing Body of the acknowledgment by the NHS Commissioning Board pursuant to clause 3.3.2 above (or, if no such acknowledgment is received, within 28 days of the Governing Body’s request for acknowledgment), the Governing Body may declare that the Eligible Person is to become a Member.

3.3.4 Before becoming a Member, the Eligible Person must:

- a) Sign a copy of this Constitution (as may be varied or amended from time to time pursuant to clause 1.4 of this Constitution); and

- b) Make a written declaration that it will act consistently with the provisions of this Constitution including, without limitation, the Responsibilities of Members set out at clause 3.4 below.
- 3.3.5 An Eligible Person shall be deemed to become a Member on the first day of the month after it has complied with clause 3.3.4 above.
- 3.3.6 Upon any Eligible Person becoming a Member, the Governing Body shall within 28 days publish an updated list of Members and this Constitution on its website.

3.4 Responsibilities of Members

- 3.4.1 Each Member shall use all reasonable endeavours to:
 - 3.4.1.1 Comply with all decisions made by the Group and to act consistently with decisions made by the Group;
 - 3.4.1.2 Attend (via practice representatives) all Member Meetings including forums, peer groups and emergency or ad hoc meetings;
 - 3.4.1.3 Share referral activity with the Group;
 - 3.4.1.4 Share prescribing and commissioning related data with the Group;
 - 3.4.1.5 Share specialist skills within the Group;
 - 3.4.1.6 Share resources available for commissioning healthcare services, in a manner agreed by the Group;
 - 3.4.1.7 Maintain an open mind with regard to how healthcare services might be developed;
 - 3.4.1.8 Accept joint responsibility as part of the Group for commissioning healthcare services within the Geographic Area;
 - 3.4.1.9 Share information within the Group about the development of commissioning healthcare services;
 - 3.4.1.10 Reasonably respond to requests for information from the Group in a timely fashion;
 - 3.4.1.11 Participate in any voting within the Group in a timely fashion;
 - 3.4.1.12 Participate in and actively support in the work of Peer Groups; In most cases members will be reimbursed for their time through local enhanced schemes
 - 3.4.1.13 Maintain an on-going dialogue with the Peer Group lead and their Practice Representatives;
 - 3.4.1.14 Use all reasonable endeavours to work with and support the Group's commissioning contracts and other Group initiatives;

3.4.1.15 Operate in such a way that is consistent with any guidelines or decisions made by the Group in relation to referral activities, budgets or any other guidelines or decisions made by the Group in relation to healthcare services;

3.4.1.16 Appoint a GP Practice Representative; and

3.4.1.17 Participate fully in the implementation of the Group's plans.

3.5 Termination of Membership

3.5.1 (a) A Member's membership may only be terminated in accordance with a decision of the NHS Commissioning Board.

(b) The Governing Board shall, if it believes that a Member no longer satisfies any or part of the relevant criteria entitling that Member to be a member of the Group, in particular, if that Member should cease to be a provider of primary medical services, inform the NHS Commissioning Board.

3.5.2 If the Governing Board believes that any Member fails to carry out any of its responsibilities under this Constitution, or under relevant legislation, regulation or direction which is relevant or applicable to the governance or functions of the Group and the relevant Member can demonstrate to the reasonable satisfaction of the Governing Board, that either no failure exists, or that any such failure has been addressed or will be addressed within a reasonable timescale (to be agreed between the parties), then no further action shall be required and this shall be recorded within the minutes of the next meeting of the Governing Board.

3.5.3 Local Dispute Resolution

In the event that no agreement pursuant to 3.5.2 between the parties can be reached, either because the Governing Board is not satisfied in whole, or, in part, with any of the remedial actions or responses of the Member, or, the Member disagrees, or objects in whole or, in part with the actions or decisions of the Governing Board, then, the matter may be referred by either party to the internal Local Dispute Resolution process.

**Local Dispute Resolution may be referred to at any time within 6 months of when the matter in dispute first arose pursuant to this clause.

3.5.4 For the avoidance of doubt, any internal Local Dispute Resolution process shall be equally applicable to any individual member of the Governing Board, its committees or sub committees in the event that member is the subject of, or brings the matter to dispute:

(a) equally applicable to any individual member of the Governing Board, its committees

(b) or sub-committees in the event that member is the subject of, or brings a matter to dispute.

Stage 1 - Dispute Resolution

Where a member of the CCG or a member or officer of the Governing Board or any of its committees wishes to raise a complaint or dispute in respect of any issue arising out of the obligations under the constitution or any relevant or subsidiary matter, then that individual or person raising such dispute or complaint shall write to the Governing Board setting out the nature of the dispute/complaint, together with any supporting evidence within 3 months of the dispute having arisen, or from such time as that individual or person could reasonably have been aware of the facts giving rise to the dispute.

The Governing Board shall arrange to convene an informal meeting between the parties, with the LMC present to attempt to facilitate an informal dialogue between the parties in an attempt to resolve the matter. Such meeting shall be facilitated within 2 months of the complaint/dispute having been received or such other time as agreed between the parties.

In the event that no informal resolution is achieved, the matter may be escalated to stage 2, formal internal dispute resolution.

Stage 2

Where a dispute or complaint has not been successfully resolved by the informal process set out above, then any party to the dispute may within 60 days of the end of the informal process, request that the matter be dealt with via the formal dispute resolution procedure. This request shall be made in writing to the Accountable Officer and/or Clinical Chair of the CCG. Any party may insist that the formal dispute hearing. Other than in cases, which in the opinion of the Accountable Officer and/or Clinical Chair, and following consultation with the LMC, are considered to be frivolous or vexatious, a Local Dispute Resolution Panel (LDRP) will be convened to hear the dispute and make a determination within an agreed timeframe. Members of the LDRP will comprise, but is not limited to, the following members. The Panel will agree its own Chairman.

- A clinical member of the Governing Body of another CCG.
- A Local Authority representative.
- The local NHSCB representative
- London wide LMC manager
- Panel Secretary/Minute taker (non-voting)

The Board shall, within 60 days, on receipt of the request convene a panel or engage a mediator, to hear the dispute and shall, as soon as practicable, but in any event before 3 weeks of the panel hearing inform all parties of the date of the hearing. Either party may, if they wish, obtain legal assistance where necessary.

The panel shall make such recommendations and decisions as it thinks fit and shall after a reasonable time for deliberation inform the parties of their findings and decision. The panel shall have the power to make such recommendations as necessary and as the panel thinks fit."

Stage 3

In the event that the either party fails to adhere to the decision and/or recommendations

of the panel, or the matter giving rise to the original dispute persists, then the matter shall be referred to the NHS Commissioning Board.

4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1 The Vision of NHS Harrow Clinical Commissioning Group is to work in partnership to ensure that Harrow residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available. This will result in our residents receiving the right care, in the right setting by the most appropriately skilled clinician, which will improve the quality of care residents receive and reduce dependency in emergency and hospital.

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

4.2. Values

4.2.1 NHS Harrow recognises that good corporate governance arrangements are critical to achieving the Group's objectives.

4.2.2 The values that lie at the heart of the Group's work are:

- a) Working as one cohesive Group of Members across the Geographic Area to benefit the whole health economy, including service improvement, improving cost management and improving financial stability;
- b) Working with other Clinical Commissioning Groups, Acute Trusts, Community Trusts and Harrow Council to benefit the wider health economy;
- c) Being accountable for the benefits and outcomes patients can expect from the Group (improving health of the population in the Geographic Area; reducing inequalities in health; commissioning care that improves clinical outcomes and patients' experience); and
- d) Committing to ensuring that patients and the public are involved in the Group's decisions and developments.

4.3. Aims

4.3.1. NHS Harrow CCG aims are to:

- a) Maintain a focus on improving health and reducing health inequalities in the population we serve
- b) Ensure our patients have timely and equitable access to primary, community and secondary care services
- c) Ensure that patients and public engagement plays a central role in the commissioning process
- d) Demonstrate the principles of good governance as set out in section 4.4 of this constitution

- e) Make informed and transparent decisions that can be upheld with respect to probity
- f) Develop the NHS Harrow CCG's Governing Body so as to be effective to ensure the long term success of the organisation

The Group may from time to time update, amend or vary its missions, values and aims by issuing a mission, values and aims statement. Any such statement shall be published on the Group's website at <http://www.northwestlondon.nhs.uk/harrow/>

Principles of Good Governance

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

- a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) The Good Governance Standard for Public Services;¹
- c) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the "Nolan Principles"²;
- d) The seven key principles of the NHS Constitution;³
- e) The Equality Act 2010.

4.4. Accountability

4.4.1. The Group will demonstrate its accountability to its Members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

- a) Publishing its Constitution;
- b) Appointing independent lay members and non GP clinicians to its Governing Body;
- c) Holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);
- d) Publishing annually a commissioning plan;
- e) Complying with local authority health overview and scrutiny requirements;
- f) Producing annual accounts in respect of each financial year which must be externally audited

¹ The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and the Chartered Institute of Public Finance & Accountability (CIPFA), 2004.

² See Appendix F.

³ See Appendix G.

- g) Meeting annually in public to publish and present its annual report
- h) Having a published and clear complaints process on its website;
- i) Complying with the Freedom of Information Act 2000;
- j) Providing information to the NHS Commissioning Board as reasonably required.

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

- a) Engaging with patients and members of the public who are resident within the Geographic Area, the local authority and providers of healthcare services in accordance with its stakeholder engagement policy;
- b) Publishing a stakeholder engagement policy on its website;
- c) Consulting with its Members by participating in the Peer Groups and monthly GP forums; and
- d) Publishing a newsletter on its website.
- e) Inviting and granting Observer status to the Local Medical Committee to attend formal meetings of the Governing Body.

4.4.3. In discharging its functions, the Group through its Governing Board, committees and sub- committees shall consult the Local Medical Committee on decisions that impact on practices delivering Primary Care Services, and individual general practitioners in their professional roles. This shall be affected, for example, by holding regular standing joint consultative meetings between the Governing Board and the Local Medical Committee in accordance with an accountability framework to be agreed between the parties herein.

4.4.4. The Governing Body will throughout each year have an ongoing role in reviewing the Group's governance arrangements to ensure that it continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1 Functions

5.1.1 The functions that the Group is responsible for exercising are set out in the 2006 Act, as amended by the 2012 Act and appendix N (Statement of Principles). The NHS Harrow CCG, in accordance with the Health and Social Care Act, 2012 is therefore responsible for the following functions:

- a) Commissioning community and secondary healthcare services (including mental health services) for:
 - All patients registered with its member GP practices; and
 - All individuals who are resident within the London Borough of Harrow who are not registered with a member GP practice of any Clinical Commissioning Group (e.g. unregistered)

- b) Commissioning emergency care for anyone present in the London Borough of Harrow
- c) Paying its employees' remuneration, fees and allowances in accordance with the determinations made by the NHS Harrow CCG Governing Body and determining any other terms and conditions of service of the CCG's employees;
- d) Determining the remuneration and travelling or other allowance of members of its Governing Body.

5.1.2 In discharging its functions, NHS Harrow CCG will act consistently in accordance with the discharge by the Secretary of State and the NHS Commissioning Board of their ***duty to promote a comprehensive health service*** and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year by:

- a) Establishing a Governing Body with delegated responsibility to be the public and accountable body to the NHS Commissioning Board, providing oversight and assurance that the CCG is discharging its statutory functions with regard to securing improvement in the physical and mental health of the population it serves through commissioning health services that enable the prevention, diagnosis and treatment of mental and physical illness in those persons.
- b) Ensuring that the CCG's decision making processes for discharging these statutory functions reflect probity and transparency with robust management of conflict of interest. The Governing Body may arrange for any of its functions to be exercised on its behalf by any member of the Governing Body, any member of the CCG, any employee or any committee or subcommittee of the Governing Body as it thinks fit. The terms of any such delegation will be set out in the Scheme of Reservation and Delegation, including Standing Orders (Appendix C and Appendix D).
- c) Providing this oversight and assurance through establishing the following committee structure:
 - Audit
 - Remuneration
 - Quality, Safety & Clinical Risk
 - QIPP & Finance
 - Equality & Engagement
 - CCG Executive (CCGE)
- d) Delegating responsibility to the NHS Harrow CCG's Clinical Commissioning Group Executive Committee (CCGE), which is accountable to the CCG's Governing Body, for the strategic and operational management of the CCG to deliver its statutory duties and meets the objectives and performance requirements set out in the Secretary of State's mandate.
- e) Delegating responsibility to the NHS Harrow CCG's CCGE Committee, which is accountable to the CCG Governing Body, for ensuring that the CCG has arrangements in place to comply with the processes to monitor and measure the performance requirements set out in the mandate.

5.1.4 The NHS Harrow CCG will meet ***the public sector equality duty*** by:

- a) Delegating responsibility to the Equality and Engagement Committee of the Governing Body to provide the oversight and assurance that the CCG discharges its duties in a manner that:
 - Eliminates unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act;
 - Advances equality of opportunity between people who share a protected characteristic and those who do not;
 - Fosters good relations between people who share a protected characteristic and those who do not
 - b) Delegating responsibility to NHS Harrow CCG's CCGE Committee for ensuring that the CCG has mechanisms in place to implement and act in accordance with the CCG's Equality and Engagement Strategy.
 - c) Delegating responsibility to NHS Harrow CCG's CCGE Committee for ensuring that the CCG monitors performance against the policy objectives and provides an annual assessment of performance against these objectives to the Governing Body through the Equality & Engagement Committee
- 5.1.5 NHS Harrow CCG will assure effective partnership working with Harrow Council to develop the ***joint strategic needs assessment and joint health and well-being strategy*** by:
- a) Delegating responsibility to the NHS Harrow CCG Governing Body for producing the annual statement of accountability for the CCG in respect of its responsibilities for improving the health and well-being of their local population, working in collaboration with Harrow Council to assess the needs of the local population for the purpose of securing high quality and cost effective services to meet those needs.
 - b) Delegating responsibility to NHS Harrow's CCG's CCGE Committee for ensuring that the CCG acts in accordance with the Memorandum of Understanding, which sets out the CCG will work with the Harrows Health and Well Being Board, the areas of focus and key priorities for future development.
- 5.2 General Duties - In discharging its functions, NHS Harrow CCG will:**
- 5.2.1 Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:
- a) Delegating responsibility to the Equality & Engagement Committee of the Governing Body to provide the oversight and assurance to the CCG Governing Body that the CCG acts in accordance with the CCG's Equality and Engagement Strategy.
 - b) Delegating responsibility to NHS Harrow CCG's CCGE Committee of the Governing Body for ensuring that the CCG has mechanisms in place to implement and act in accordance with the CCG's Equality & Engagement Strategy.
 - c) Delegating responsibility to NHS Harrow CCG's CCGE Committee of the Governing Body for ensuring that the CCG monitors performance against its Equality objectives and provides an annual assessment of performance against

these objectives to the Governing Body through the Equality & Engagement Committee. In summary, NHS Harrow CCG will:

- Ensure that patients, public and staff are engaged with commissioning decisions; from individual involvement to support shared decision making to more formal consultation and engagement
- Respond to patient feedback and work with providers of healthcare in Harrow to make sure that we learn lessons from patient experience to improve the way patients and the public are treated as consumers and service users.

d) In addition, NHS Harrow CCG will:

- Adapt engagement activities to meet the specific needs of the different patient groups and communities
- Publish information about health services on the CCG's website and through other appropriate forms of media
- Monitor performance against this responsibility and provide regular reports about performance to the CCG Governing Body through its committee structure

5.2.2 NHS Harrow CCG will ***promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and has regard to the NHS Constitution*** by:

- a) Delegating the responsibility for providing assurance and oversight for delivering this duty to the NHS Harrow CCG Governing Body to ensure that the CCG:
 - Commissions health services that embody the NHS Constitution, and
 - Promotes awareness of the NHS Constitution among patients, staff and members of the public.
- b) Delegating the responsibility for strategic and operational arrangements for delivery and monitoring performance of this duty to the CCGE Committee through its regular reporting mechanisms to the CCG's Governing Body.

5.2.3 NHS Harrow CCG will act ***effectively, efficiently and economically*** by:

- a) Delegating this responsibility to NHS Harrow CCG Governing Body to provide assurance to the NHS Commissioning Board that the CCG fulfils the full range of statutory responsibilities in a manner that is effective, efficient and economical.
- b) Delegating the responsibility for strategic and operational arrangements for delivering this responsibility to the CCGE Committee of the Governing Body to ensure that the full range of responsibilities is discharged in a manner that is effective, efficient and economical.
- c) Delegating responsibility for reporting performance against this duty to the Audit Committee, which is accountable to the NHS Harrow CCG Governing Body, through its regular reporting mechanisms to the Governing Body.

5.2.4 NHS Harrow CCG will act with a view to ***securing continuous improvement to the quality of health services*** it commissions by:

- a) Delegating responsibility to the Quality, Safety & Risk Committee, which is accountable to the Governing Body, for monitoring and providing assurance and oversight that the CCG secures improvements in the quality of outcomes to be achieved from health services with specific focus on:
 - Effectiveness
 - Safety
 - Patient experience
 - Compliance with National Institute of Health and Care Excellence guidelines (formerly NICE)
- b) Delegating responsibility to the CCGE Committee for ensuring that the CCG has in place the strategic and operational arrangements to deliver continuous improvements in quality outcomes from health services.

5.2.5 Assist and support the NHS Commissioning Board in relation to the Board's duty to ***improve the quality of primary medical services***, in so far as it relates to securing continuous improvement in the quality of primary medical services provided by the NHS Harrow CCG member practices, by:

- a) Delegating responsibility to the NHS Harrow CCG Governing Body for supporting the NHS Commissioning Board to secure continuous improvement in the quality of primary care with specific focus on:
 - Effectiveness
 - Safety
 - Patient experience
 - Compliance with National Institute of Health and Care Excellence guidelines (formerly NICE)
- b) Delegating responsibility to the CCGE Committee of the Governing Body for ensuring that the CCG has in place the strategic and operational arrangements to support continuous quality improvements in primary care.

5.2.6 NHS Harrow CCG will have regard to the need to ***reduce inequalities*** by:

- a) Delegating responsibility to the Equality & Engagement Committee of the NHS Harrow CCG Governing Body to provide assurance and oversight that the CCG is working to improve the equality of access to health services and outcomes achieved between people who share a protected characteristic and those who do not.
- b) Delegating responsibility to the CCGE Committee for ensuring that the CCG has in place the strategic and operational arrangements to improve equality of access, opportunity and health outcomes as part of core business processes used to discharge the CCG's statutory responsibilities.

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

- a) Delegating responsibility to the NHS Harrow CCG Governing Body for providing assurance and oversight that the CCG will have regard to any guidance

published by the NHS Commissioning Board to promote the involvement of patients, their carers and representatives.

- b) Delegating responsibility to the CCGE Committee, to work with member practices to develop opportunities and mechanisms for patients, carers and their representatives to participate in treatment decisions and supported to make informed decisions or self manage their condition (where appropriate).

5.2.8 NHS Harrow CCG will act with a view to **enabling patients to make choices** by:

- a) Delegating responsibility for this duty to the NHS Harrow CCG Governing Body to provide assurance and oversight that the CCG exercises its statutory responsibilities in a manner that enables patients to have a choice of treatments and providers with respect to health services commissioned for them.
- b) Delegating responsibility to CCGE Committee for ensuring that the CCG monitors performance against the delivery of this duty and makes arrangements for monitoring and providing regular reports to the NHS Harrow CCG Governing Body through its regular reporting mechanisms.

5.2.9 NHS Harrow CCG will **obtain appropriate advice** from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) Delegating responsibility to the CCG's Governing Body for providing assurance and oversight that the CCG has regard to any guidance published by the NHS Commissioning Board with respect to this duty.
- b) Delegating responsibility to the CCGE Committee to obtain expert or professional advice with respect to commissioning decisions from appropriate professionals, clinical senates and/or networks that are in place.

5.2.10 NHS Harrow CCG will **promote innovation, research and use of research** by:

- a) Delegating responsibility to the QIPP and Finance Committee, which is accountable to the NHS Harrow CCG Governing Body, for providing assurance and oversight that the CCG is fulfilling its duties in this respect.
- b) Delegating responsibility for developing, implementing and monitoring innovative approaches to commissioning health services and commissioning methodologies that are based on research and have an evidence base, to the CCGE Committee, which is accountable to the NHS Harrow CCG Governing Body.

5.2.11 NHS Harrow CCG will have regard to the need to **promote education and training** for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty by:

- a) Delegating responsibility to the NHS Harrow CCG Governing Body for providing assurance and oversight that the CCG is securing an effective system for the planning and delivery of education and training locally

- b) Delegating responsibility for the delivery and monitoring of an effective system for the planning and delivery of education and training locally to the CCGE Committee.

5.2.12 NHS Harrow will act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities by:

- a) Delegating responsibility to the NHS Harrow CCG Governing Body for providing assurance and oversight that the CCG works collaboratively with its partners to secure health services which are provided in an integrated way to improve quality and reduce inequalities.
- b) Delegating responsibility to the CCGE Committee for working effectively and collaboratively with its partners to put in place health services which are provided in an integrated way to improve quality and reduce inequalities
- c) Delegating responsibility to the Clinical Commissioning Group Executive Committee for monitoring performance against delivery of this duty through the Governing Body's regular reporting mechanisms, to include the Harrow Health and Well Being Board, especially in relation to the CCG's major strategic initiatives in which greater integration plays a central role.

5.3 General Financial Duties

5.3.1 NHS Harrow CCG will perform its functions so as to:

- a) Ensure its expenditure does not exceed the aggregate of its allotments for the financial year
- b) Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year
- c) Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board
- d) Delegating responsibility to the NHS Harrow CCG Governing Body for providing oversight and assurance that the CCG has in place:
 - Robust financial procedures and systems which supports effective financial planning, management and reporting
 - A detailed financial plan that is consistent with its commissioning strategy, setting out how it will manage within the its management allowance and how it will meet any other requirements set out by the NHS Commissioning Board
 - Measures to embed awareness of financial governance within the CCG
- e) Delegating responsibility to the Audit Committee, which is accountable to the NHS Harrow CCG Governing Body, for ensuring that there are effective arrangements in place for internal, external audit and counter fraud.
- f) e). Delegating responsibility to the CCGE Committee for ensuring that the CCG has strategic and operational arrangements to ensure good compliance and understanding of the financial procedures and systems that govern the CCG's business processes.

5.3.2 NHS Harrow CCG will publish an explanation of how the group spent any payment in respect of quality made to it by the NHS Commissioning Board by:

- a) Delegating responsibility to the NHS CCG Governing Body for ensuring that any such payment is documented within the annual accounts.
- b) Delegating responsibility to the NHS Harrow CCGE Committee for ensuring that the CCG has strategic and operational arrangements in place to ensure that regulations which make provision for how such payments may be spent are adhered to (including circumstances in which such payments have been distributed to members of the CCG).

5.4. Other Relevant Legislation, Regulations, Directions and Guidance

5.4.1. The Group will:

- a) Comply with the relevant provisions of the 2006 Act, the 2012 Act and all other relevant legislation and regulations; and
- b) Comply with directions and guidance issued by the Secretary of State for Health or the NHS Commissioning Board.

5.4.2. The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this Constitution, its Scheme of Reservation and Delegation and other relevant group policies and procedures

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

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

- a) Any of its Members;
- b) Its Governing Body;
- c) Employees;
- d) A committee or sub-committee of the Group;

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

- a) The Group's Scheme of Reservation and Delegation; and
- b) For committees, their terms of reference.

6.2 Scheme of Reservation and Delegation

6.2.1 The Group's Scheme of Reservation and Delegation sets out:

- a) Those decisions that are reserved for the Members;

- b) Those decisions that are the responsibilities of its Governing Body (and its committees), the Group's committees and Sub-committees, individual Members and employees.

6.2.2 The Group remains accountable for all of its functions, including those that it has delegated or sub-contracted.

6.3 General

6.3.1 In discharging their delegated responsibilities the Governing Body (and its committees), committees, joint arrangements, joint committees, sub committees and individuals (if any) must:

- a) Comply with the Group's principles of good governance,
- b) Operate in accordance with the Group's Scheme of Reservation and Delegation,
- c) Comply with the Group's Standing Orders,
- d) Comply with the Group's arrangements for discharging its statutory duties,
- e) Where appropriate, ensure that Members have had the opportunity to contribute to the Group's decision making process,
- f) Comply with the provisions of this Constitution.

6.3.2 When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference, and individual employees and/or contractors must operate in accordance with the instructions of the Governing Body. Where there is a conflict between the terms of reference and this Constitution this Constitution shall prevail.

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

- a) Identify the roles and responsibilities of those Clinical Commissioning Groups who are working together;
- b) Identify any pooled budgets and how these will be managed and reported in annual accounts;
- c) Specify under which Clinical Commissioning Groups scheme of reservation and delegation and supporting policies the collaborative working operates;
- d) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- e) Identify how disputes will be resolved and the steps required to terminate the working arrangements;

- f) Specify how decisions are communicated to the collaborative partners.

6.4 The Members

- 6.4.1 The Members shall be involved in the operation of the Group and shall use all reasonable endeavours to contribute to the discharge of the Group's functions and duties in accordance with this Constitution, in particular with the Scheme of Reservation and Delegation.
- 6.4.2 There shall be an annual meeting of the Members at least once in any twelve (12) month period ("**Members Meeting**").
- 6.4.3 A Member Meeting can be called by the chair of the Governing Body at any time.
- 6.4.4 The Members may call a Member Meeting at any time by applying to the Governing Body in writing and being supported by not less than 51% of the Members.
- 6.4.5 The Members (via their practice representatives) shall make reasonable endeavours to attend all Member Meetings.
- 6.4.6 The person(s) calling the Members Meeting must state the purpose of the Members Meeting. The purpose of the Members Meeting may include, without limitation:
 - a) The presentation by the Governing Body to the Members of the annual accounts;
 - b) The presentation by the Governing Body to the Members of the proposed commissioning plans and/or the ratification by the Members of the proposed commissioning plans
 - c) The election or recalling of the Governing Body or any member of the Governing Body;
 - d) The consultation and/or voting on any business of the Group;
 - e) Any other business wishing to be discussed by the Members, provided such agenda item is supported in writing by not less than 51% of the Members.

6.5 The Governing Body

6.5.1. Functions

- i) The Governing Body has the functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any functions conferred by regulations made and any other functions connected with its main functions as may be specified in regulations. It has responsibility for, without limitation:
 - a) Ensuring that the Group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in

- accordance with the Groups' principles of good governance (its main function);
- b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
 - c) Approving any functions of the Group that are specified in regulations;
 - d) Receive from the Executive Committee prior to the start of each financial year the total allocations received and their proposed distribution including any sums to be held in reserve for approval
 - e) Receive from the Executive Committee a commissioning strategy which takes into account financial targets and forecast limits of available resources for approval.
 - f) Receive from the Chief Finance Officer on behalf of the Executive Committee prior to the start of the financial year the budgets for approval
 - g) Receive and review from the chief financial officer regular reports on the financial performance against budget and plan including any significant changes to the initial allocation and the uses of such funds.
 - h) Approve any consultation arrangements for the group's commissioning plan.
 - i) Approve any changes to the provision or delivery of Audit services to the group following recommendation from the Audit Committee
 - j) Receive and approve the Annual Report and Annual Accounts following recommendation from the Audit Committee.
 - k) Approve the Audit Committee Terms of reference
 - l) Ensuring that the register(s) of interest is reviewed regularly, and updated as necessary;
 - m) Ensuring that all conflicts of interest or potential conflicts of interest are declared and maintained in a register of conflicts of Interest.
 - n) Approving the creation or cessation of any sub-committee of the Executive Board
 - o) Approving the terms of reference of any sub-committee of the Executive Board

6.5.2. Composition of the Governing Body

i) The Governing Body shall not have less than thirteen (13) voting Governing Body Members and three (3) non-voting Governing Body Members and comprises of:

- a) The GP chair, which shall be selected by the Governing Body;
- b) Six (6) GP Representatives (not including the chair); One will be the Vice Chair
- c) At least two (2) lay members; ***One will be Deputy Chair***
 - i) One (1) to lead on audit, remuneration and conflict of interest matters; and
 - ii) One (1) to lead on patient and public participation matters;
- d) One (1) registered nurse;
- e) One (1) secondary care specialist doctor;(initially 1year extendable to 3years)
- f) The Accountable Officer;
- g) The Chief Finance Officer;
- h) One (1) Director of Public Health (who shall not vote);
- i) One (1) Chief Operating Officer (who shall not vote);

One (1) local authority representative (who shall not vote).

6.5.3. The Group may establish other committees from time to time.

6.5.4. A committee will only be able to establish its own sub-committees to assist them in discharging their respective responsibilities and if it has the authority to establish sub-committees in its Terms of Reference.

6.6 Committees of the Governing Body

6.6.1. The Audit Committee, which is accountable to Harrow CCG Governing Body, provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference (see appendix H) for the Audit Committee, which includes information on the membership of the Audit Committee.

6.6.2. The Remuneration Committee, which is accountable to Harrow's CCG's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees (including the Accountable Officer and Chief Finance Officer, and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee (see appendix I), which includes information on the membership of the Remuneration Committee.

6.6.6. The CCG Executive Committee - The CCG Executive Committee is accountable to the Governing Body and will oversee the operational management of the Group and will deploy staff and negotiate contracts on behalf of the Group.

6.7. Sub-Committees of the Executive Committee

6.7.1. The Quality, Safety & Clinical Risk Committee, which is accountable to the CCG Executive, provides assurance that there are effective arrangements for monitoring and improving the safety and quality of care that is commissioned on behalf of patients, including clinical governance, information governance and clinical risk management of commissioned services. The Governing Body has approved and keeps under review the terms of reference for the Quality, Safety & Clinical Risk Committee (see appendix J), which includes information on the membership of the Quality, Safety & Risk Committee.

6.7.2. The QIPP & Finance Committee, which is accountable to the CCG Executive, promotes innovation and use of new commissioning methodologies which is based on health research and evidence in commissioning services. The QIPP and Finance Committee further monitor and provide assurance to the CCG Executive that the CCG's use of resources is in line with its statutory obligations. The Governing Body has approved and keeps under review the terms of reference for the QIPP & Finance Committee (see appendix K), which includes information on the membership of the QIPP & Finance Committee.

6.7.3. Equality & Engagement Committee - The Equality & Engagement Committee is accountable to the CCG Executive and is responsible for providing oversight and assurance to the CCG Executive that the CCG acts in accordance with the public sector Equality Duty, DH Equality Delivery System and the CCG's Equality and Engagement Strategy. The Governing Body has approved and keeps under review the terms of reference for the Equality & Engagement Committee (see appendix L), which includes information on the membership of the Committee.

6.7.4. Peer Group provides assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

Each Member shall be affiliated with and shall contribute to the workings of a Peer Group. The Peer Group to which each Member shall be affiliated shall be either:

- a) As set out at Appendix B; or
- b) In the event a Member joins the Group after the date this Constitution has effect, shall be as agreed between the Member, the relevant Peer Group and the CCG Executive.

Functions

Each of the Peer Groups is accountable to the CCG Executive (which approves its Terms of Reference) and shall:

- a) Liaise with patients and the public, Members affiliated with the Peer Group, the other Peer Groups, the CCG Executive and local authorities in order to share best practice in relation to:

- i) Securing continuous improvement to the quality of healthcare services;
 - ii) Promoting integration of health and social care services;
 - c) Promoting innovation;
 - d) Promoting the involvement of patients, their carers and representatives in decisions about their healthcare; and
 - e) Engaging with Members;
- b) Regularly report its findings pursuant to clause 6.5.2(a) to the CCG Executive;
 - c) Regularly report its discussions with the CCG Executive to the Members within its Peer Group
 - d) Comply with the directions, guidelines and policies presented to it by the CCG Executive, including without limitation, focussing on specific clinical or other healthcare issues as directed by the Governing Body.

In addition, the Peer Groups shall have the powers, duties and responsibilities as set out in their relevant Terms of Reference.

Composition of the Peer Groups

Each of the Peer Groups shall be composed as follows:

- a) A chair, which shall be a GP Governing Body Member
- b) A Practice Representative for each Member affiliated to the Peer Group;
- c) A Peer Group management lead, who shall be from the CCG's management team;
- d) A practice manager lead (or nominated deputy) from each Member affiliated with the Peer Group
- e) A pharmacy lead;
- f) A finance lead;
- g) Any other individual as invited to attend Peer Group meetings from time to time by the Peer Group chair.

6.7.5. The Executive may establish other committees from time to time.

6.7.6. A committee will only be able to establish its own sub-committees to assist them in discharging their respective responsibilities and if it has the authority to establish sub-committees in its Terms of Reference.

6.8. Joint Committees

6.8.1. The Group has :

- a) A joint committee with The London Borough of Harrow Health & Wellbeing Board; and

6.8.2. The details and related documents of the arrangements of the Group's joint committees shall be published on the Group's website at <http://www.northwestlondon.nhs.uk/harrow/>

6.9. Joint Arrangements

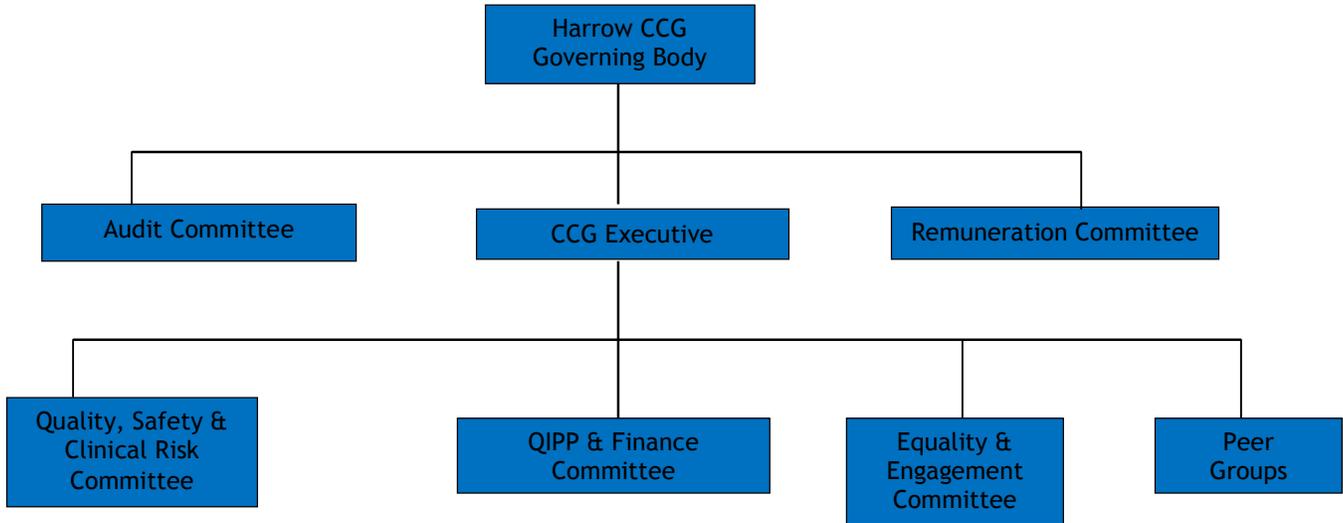
6.9.1. The Group has agreed to work collaboratively with Brent, Ealing and Hillingdon Clinical Commissioning Groups. The four CCGs have established a Chair's Forum with the intention of providing a more coherent response to the challenges and risks faced by the North West London health 'system' as a whole. The four CCGs are committed to working together in a collaborative way where a common approach is desired. The CCGs have agreed to work together on the following:

- Addressing strategic and financial risks that apply across the four CCGs and across Outer North West London;
- Implementing strategic changes that have an impact across Outer North West London (e.g. strategic changes to the provider landscape);
- Identifying commissioning intentions, priorities and plans that may impact on service provision across more than one of the four CCGs.
- Managing shared providers
- Managing relationships with the Commissioning Support Unit (CSU)

Further details including the agreed principles of collaboration are set out in a Collaboration Agreement available on the Group's website at [insert website address]

6.9.2. The parties to the Collaboration Agreement described above have also agreed to share a number of key management posts as described more fully in section 7.16 below.

Figure 1 - NHS Harrow CCG Governing Body Committee Structure



7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice Representatives represent their Member's views and act on behalf of the Members in matters relating to the Group. The role of the Practice Representative is to:

- a) Vote on behalf of the relevant Member in elections;
- b) Represent Members at:
 - (i) Peer Group meetings; and
 - (ii) Monthly GP forums, which will be called by the Governing Body and conducted in accordance with guidelines or policies set out by the Governing Body.
- c) Disseminate and report information received in relation to any of the Group's activities to the Members.

7.1.2. Each Practice Representatives must be a General Practitioner of medicine that is employed or engaged by a Member.

7.2. Clinical Leaders

7.2.1. The Governing Body may, in its discretion or upon receiving a request from any Peer Group, committee or sub-committee, appoint, employ or otherwise engage a clinical leader on behalf of such Peer Group, committee or sub-committee.

7.2.2. Clinical leaders are subject matter experts in any medical or social care field. In appointing, employing or otherwise engaging any clinical leader, the Governing Body must satisfy itself that the relevant clinical leader:

- a) Is appropriately qualified to provide advice to the relevant Peer Group, committee or sub-committee on the issue for which he or she has been engaged; and
- b) Has declared any conflicts of interest in accordance with this Constitution, as well as any guidelines, policies or directions provided by the Governing Body; and
- c) Signed a copy of the Group's conflict of interest policy.

7.2.3. The role of the clinical leader will be set out in their contract for services (which shall be determined by the Governing Body) and the clinical leader shall be remunerated in accordance with guidelines, policies and directions made by the Remuneration Committee.

7.3. Peer Groups

See section 6.7.4

7.4. All Members of the Group's Governing Body

7.4.1. Guidance on the roles of Governing Body Members is further set out in the NHS Commissioning Board's Authority document entitled "Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills". In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.

7.5. GP Representatives

7.5.1 The GP Representatives shall be elected to the Governing Body by the Members using the election process set out in section 2.2 of Appendix C (Standing Orders).

7.5.2 Each GP Representative shall share collective responsibility as a Governing Body Member to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution.

7.6. The Chair of the Governing Body

7.6.1 The chair of the Governing Body is a GP Governing Body Member and is responsible for:

- a) Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities;
- b) Building and developing the Governing Body and the Governing Body Members;
- c) Ensuring that the Group has proper constitutional and governance arrangements in place;
- d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e) Supporting the Accountable Officer in discharging the responsibilities of the Group;
- f) Contributing to building a shared vision of the mission, values and aims of the Group;
- g) Leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning intentions;
- h) Overseeing governance and particularly ensuring that the Governing Body and the wider Group behave with the utmost transparency and responsiveness at all times;

- i) Ensuring that public and patients' views are heard and their expectations understood and, as far as possible, met;
- j) Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;
- k) Ensuring that the Group builds and maintains effective relationships, particularly with health and wellbeing board(s).

7.6.2 Where the chair of the Governing Body is also the lead clinician of the Group they will have the following responsibilities:

- a) Lead the Group ensuring it is able to discharge its functions;
- b) Be the senior clinical voice of the Group in interactions with stakeholders including the NHS Commissioning Board.

7.7. The Deputy Chair of the Governing Body

7.7.1 The deputy chair of the Governing Body is a lay person and deputises for the chair of the Governing Body where he or she is absent or has a conflict of interest or is otherwise unable to act.

7.8. The Vice Chair of the Governing Body

7.8.1 The vice chair of the Governing Body is a GP and deputises for the chair and deputy chair of the Governing Body where they are both absent or have a conflict of interest or is otherwise unable to act.

7.9. Role of the Accountable Officer -is accountable to the Chair

7.9.1 The Accountable Officer of the Group is a Governing Body Member.

7.9.2 This role of Accountable Officer has been summarised by the NHS Commissioning Board Authority in its document Clinical commissioning Group Governing Body members: Roles outlines, attributes and skills as:

- a) Being responsible for ensuring that the Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b) At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- c) Working closely with the chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) of the Group's ongoing capability and capacity to meet its duties and responsibilities.

7.10. Role of the Chief Finance Officer

7.10.1 The Chief Finance Officer is a Governing Body Member. The Chief Finance Officer is responsible for the financial strategy, financial management and financial governance of the Group. Specific responsibilities associated with this role include:

7.10.1.1 Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

7.10.1.2 Making appropriate arrangements to support and monitor the Group's finances;

7.10.1.3 Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

7.10.1.4 Being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties; and

7.10.1.5 Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;

7.10.1.6 The Chief Finance Officer is accountable to the Accountable Officer

7.11. Role of the Elected GPs

7.11.1. The Elected GPs shall be elected to the Governing Body by the Members using the election process set out in section 2.2 of Appendix C (Standing Orders)

7.11.1.1. Each Elected GP shall share collective responsibility as a Governing Body Member to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution.

7.12. Registered Nurse

7.12.1. The registered nurse is a Governing Body Member.

7.12.2. The role of the registered nurse is to bring a broader view, from their perspective as a registered nurse, on health and care social care issues to underpin the work of the Group, especially the contribution of nursing to patient care.

7.12.3. In addition, the registered nurse shall have responsibility for any other duties and or functions as determined by the Governing Body from time to time.

7.13. Secondary Care Specialist Doctor

7.12.1 The secondary care specialist doctor is a Governing Body Member.

7.13.1. The role of the secondary care specialist doctor is to bring a broader view on healthcare issues to underpin the work of the Group. In particular, the secondary care specialist doctor will bring to the Governing Body (and to the whole Group) an understanding of patient care in the secondary care setting.

7.13.2. In addition, the secondary care specialist doctor shall have responsibility for any other duties and or functions as determined by the Governing Body from time to time.

7.14. Lay Member - lead on audit, remuneration and conflict of interest matters

7.14.1. The lay member leading on audit, remuneration and conflict of interest matters is a Governing Body Member.

7.14.2. The role of the lay member leading on audit, remuneration and conflict of interest matters will be to:

- a) Use their expertise and experience to bring a strategic and impartial view of the Group's work;
- b) Oversee key elements of governance, including audit, remuneration and managing conflicts of interest; and
- c) Chair the Audit Committee.

7.15. Lay Member - lead role in championing patient and public involvement

7.15.1. The lay member leading on championing patient and public involvement is a Governing Body Member.

7.15.2. The role of the lay member leading on championing patient and public involvement is to:

- a) Use their expertise and experience, as well as their knowledge as a member of the local community within the Geographic Area, to inform and enhance the Group's work and to provide a strategic and impartial view of the Group's work;
- b) Ensure that, in all aspects of the Group's work, the Group appropriately consults and liaises with members of the public within the Geographic Area in accordance with the Group's stakeholder engagement strategy;
- c) Ensure that the Group builds and maintains an effective relationship with the [Local Healthwatch];
- d) Engage with patients and members of the public within the Geographic Area and to appropriately feedback to the Governing Body recommendations from patients, carers and the public.

7.16. Joint Appointments with other Organisations -

7.16.1. The Group has the following joint appointments with other organisations:

- a) Accountable Officer (NHS Brent Clinical Commissioning Group, NHS Ealing Clinical Commissioning Group, NHS Hillingdon Clinical Commissioning Group)
- b) Chief Finance Officer (NHS Brent Clinical Commissioning Group, NHS Ealing Clinical Commissioning Group, NHS Hillingdon Clinical Commissioning Group)
- c) Lay Member with responsibility for Governance (NHS Brent CCG, NHS Harrow CCG and NHS Hillingdon CCG)
- d) Secondary Care Doctor (NHS Brent CCG, NHS Ealing CCG and NHS Hillingdon CCG)

7.16.2. All these joint appointments are supported by the Collaboration Agreement described in section 6.11 above (Joint Arrangements) and available at [insert Group's website address].

7.17. Individuals of a Description Specified in this Constitution

7.17.1. The Group has appointed the following individuals as "*individuals of a description specified in this constitution*" to the Governing Body:

- a) Director of Public Health;
- b) Chief Operating Officer; and
- c) The London Borough of Harrow representative.

7.17.2. The Director of Public Health's role is to:

- a) Support the Group to "ensure a strong clinical and multi-professional focus, which adds real value";
- b) Have oversight over the whole health agenda and provide independent, strategic, specialist public health expertise and advice to the Group to maintain the focus on population health and reducing health inequalities, including ensuring that commissioning plans are based on population need and evidence of effectiveness.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, Members, committee and sub-committee members of the Group and Governing Body Members (and its committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this Constitution at Appendix F.
- 8.1.2 They must comply with the Group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group's website at www.northwestlondon.nhs.uk/harrow/
- 8.1.3 Individuals contracted to work on behalf of the Group (including, but not limited to Clinical leaders) or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2 Conflicts of Interest

- 8.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the Group will make arrangements to manage conflicts and potential conflicts of interest that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2 A conflict of interest will include:
 - a) A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) A non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - d) A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
 - e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

- 8.2.3 Where an individual, i.e. an employee, Member, Governing Body Member, or a member of a committee or a sub-committee of the Group of its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.
- 8.2.4 If in doubt, the individual concerned should assume that a potential conflict of interests exists as set out in clause 8.3.3 and 8.3.4 below.

8.3 Declaring and Registering Interests

- 8.3.1 The Accountable Officer will be charged with maintaining the Group's one or more registers of the interests of:
- a) The Members;
 - b) The Governing Body Members;
 - c) The members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
 - d) Its employees and/or contractors (including, without limitation, any Clinical leads).
- 8.3.2 The registers will be published on the Group's website at [www.
http://www.northwestlondon.nhs.uk/harrow/](http://www.northwestlondon.nhs.uk/harrow/)
- 8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.
- 8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter to the Governing Body.
- 8.3.5 The Governing Body will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.
- 8.3.6 The lay member of the Governing Body, with particular responsibility for governance, will make themselves available to provide advice to any individual who believes they have, or may have, a conflict of interest.
- 8.3.7 The Governing Body will take such steps as it deems appropriate, and request information it deems appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the Group, the Governing Body Members, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.

- 8.4.2 The Governing Body will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes. Arrangements for the Governing Body are set out below.
- 8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Governing Body and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration.
- 8.4.4 The arrangements will confirm the following:
- a) When an individual should withdraw from specified activity, on a temporary or permanent basis;
 - b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.4.5 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Governing Body.
- 8.4.6 In any meeting where an individual is aware of an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair, together with details of arrangements which have been confirmed by the Governing Body for the management of the conflict of interests or potential conflict of interests. Where no arrangements have been confirmed, the chair may require the individual to withdraw from the meeting or part of it.
- 8.4.7 Where an individual member, employee or person providing services to the group is aware of an interest which:
- a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the individual member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual member to withdraw from the meeting or part of it. The individual member will then comply with these arrangements, which must be recorded in the minutes of the meeting.

- 8.4.8 Where the chair of any meeting of the Group, including committees, sub-

committees, or the Governing Body, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair or Vice Chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed with the Governing Body for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one by majority vote.

8.4.9 Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning Group, committees, sub-committees, or the Governing Body, will be recorded in the minutes.

8.4.10 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair, Vice Chair (or deputy) will determine whether or not the discussion can proceed.

8.4.11 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's Standing Orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with lay member lead on audit, remuneration and conflicts of interest on the action to be taken.

8.4.12 This may include:

- a) Requiring another of the Group's committees or sub-committees, the Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
- b) Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business:
 - i) A member of the clinical commissioning group who is an individual;
 - ii) An individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;
 - iii) A member of a relevant Health and Wellbeing Board;
 - iv) A member of a governing body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

8.4.13 In any transaction undertaken in support of the Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Governing Body, of the transaction.

8.4.14 The lay person lead on audit, remuneration and conflicts of interest will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

8.5 Managing Conflicts of Interest: contractors

8.5.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of interest.

8.5.2 Anyone contracted to provide services or facilities directly to the Group will be subject to the same provisions of this Constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

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

8.6.2 The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

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

8.6.3 Copies of this Procurement Strategy will be available on the Group's website at [www. http://www.northwestlondon.nhs.uk/harrow/](http://www.northwestlondon.nhs.uk/harrow/)

9. THE GROUP AS EMPLOYER

- 9.1 The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.
- 9.2 The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 9.3 The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4 The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters
- 9.5 The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6 The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7 The Group will ensure that it complies with all applicable employment law.
- 9.8 The Group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9 The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff has means through which concerns can be voiced.
- 9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website at www.northwestlondon.nhs.uk/harrow/

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 All communications issued by the Group, including the commissioning plan, annual report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues, and papers will be published on the Group's website at <http://www.northwestlondon.nhs.uk/harrow/>. The Group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2 Standing Orders

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

- a) *Standing orders (Appendix C)* - which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body;
- b) *Scheme of reservation and delegation (Appendix D)* - which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of its Governing Body, its committees and sub-committees, individual members and employees;
- c) *Prime financial policies (Appendix E)* - which sets out the arrangements for managing the Group's financial affairs.

APPENDIX A - Definitions of Key Descriptions 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	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, 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 (as inserted by section 26 of the 2012 Act)• sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act)• paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and• any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose• exercises its functions in a way which provides good value for money
Chair of the Governing Body	the individual appointed by the Group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)

<i>Committee</i>	a committee or sub-committee created and appointed by: <ul style="list-style-type: none"> • the membership of the Group • a committee/sub-committee created by a committee created/appointed by the membership of the Group • a committee/sub-committee created/appointed by the Governing Body
<i>Eligible Person</i>	a person or entity who is eligible to become a Member pursuant to Chapter 3 of this Constitution
<i>Financial Year</i>	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning Group is established until the following 31 March
<i>Geographical Area</i>	the geographical area that the Group has responsibility for, as defined in Chapter 2 of this constitution.
<i>Group</i>	NHS Harrow Clinical Commissioning Group, whose constitution this is.
<i>Governing Body</i>	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning Group has made appropriate arrangements for ensuring that it complies with: <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it
<i>Governing Body Member</i>	any member appointed to the Governing Body of the Group
<i>Clinical Directors</i>	Means the GPs that are a Governing Body Member.
<i>Lay Member</i>	a lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional or as otherwise defined in regulations
<i>Member</i>	a person or entity who is eligible to be a member pursuant to Chapter 3 of this

Constitution and either:

- is listed at Appendix B; or
- has been approved to become a member pursuant to Chapter 3 of this Constitution

provider of primary medical services to a registered patient list, who is a member of this Group (see tables in Chapter 3 and Appendix B)

NHS Commissioning Board

A body corporate established in accordance with section 1H of the 2006 Act, as inserted by section 9 of the 2012 Act

Practice Representatives

an individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 95A of the 2006 Act (as inserted by section 49 of the 2012 Act)

| Rectification Notice

Has the meaning given in clause 3.5.3.

Registers of Interests

registers a Group is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:

- the members of the Group
- the members of its Governing Body
- the members of its committees or sub-committees and committees or sub-committees of its Governing Body, and
- its employees

APPENDIX B - List of Member Practices

Practice Name	Address	Peer Group	Practice Representative's Name, Signature & Date Signed
The Circle Practice	516 Kenton Lane Kenton	5	
Bacon Lane Surgery	11 Bacon Lane Edgware	6	
Streatfield Medical Centre	177 Streatfield Road Harrow	6	
Honeypot Medical Centre	404 Honeypot Lane Stanmore	6	
Stanmore Medical Centre	85 Crowshott Avenue Stanmore	5	
Kenton Bridge Medical Centre (Dr Golden)	Kenton Road Kenton	4	
The Stanmore Surgery	71 Elm Park Stanmore	5	
Kenton Bridge Medical Centre (Dr Raja)	Kenton Road Kenton	4	
Roxbourne Medical Centre	37 Rayners Lane South Harrow	1	
Pinn Medical Centre	37 Love Lane Pinner	3	
Northwick Surgery	36 Northwick Park Northwick Park Road Harrow	4	
Elliott Hall Medical Centre	165-167 Uxbridge Road Hatch End	3	
The Ridgeway Surgery	71 Imperial Drive North Harrow	2	
St Peters Medical Centre	Colbeck Road West Harrow	4	
Pinner Road Surgery	196 Pinner Road Harrow	2	
Hatch End Medical Centre	577 Uxbridge Road	3	

	Hatch End		
Shaftesbury Medical Centre	39 Shaftesbury Parade South Harrow	1	
Charlton Medical Centre	223 Charlton Road Kenton	6	
Belmont Health Centre	516 Kenton Lane Kenton	5	
Pinner View Medical Centre	33 Pinner View Harrow	2	
Civic Medical Centre	18-20 Bethacar Road Harrow	2	
The Medical Centre	177 Streatfield Road Harrow	6	
Kenton Clinic	533a Kenton Road Kenton	4	
Zain Medical Centre	122 Turner Road Edgware	6	
Aspri Medical Centre	1 Long Elmes Harrow Weald	5	
Headstone Lane Medical Centre	238 Headstone Lane Harrow	2	
Headstone Road Surgery	107 Headstone Road Harrow	2	
Savita Medical Centre	48 Harrow View Harrow	2	
Enterprise Practice	Belmont Heath Centre 516 Kenton Lane Kenton	5	
Kings Road Surgery	204 Kings Road South Harrow	1	
Simpson House	255 Eastcote Lane South Harrow	1	
GP Direct	7a Welbeck Road West Harrow	1	
Wasu Medical Centre	275a Kings Road South Harrow	1	

Enderley Road	Enderley Medical Centre 45 Enderley Road Harrow Weald Middlesex HA3 5HF	3	
Harness Harrow	46-45c South Parade Mollison Way Edgware	6	

APPENDIX C - Standing Orders

1 STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

1.1.1 These Standing Orders (SOs) have been drawn up to regulate the proceedings of the NHS Harrow Clinical Commissioning Group so that the Group can fulfil its obligations, as set out in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2 The Standing Orders, together with the Group's scheme of reservation and delegation and the Group's prime financial policies, provide a procedural framework within which the Group discharges its business. They set out the arrangements for conducting the business of the Group, the election processes of the Group, procedures at meetings of the Group, Governing Body and any committees or sub-committees, delegation of powers, declaration of interests and standards of conduct. These arrangements must comply, where applicable, with requirements set out in the 2006 Act and 2012 Act, and related regulations.

1.1.3 The Standing Orders, Scheme of Reservation and Delegation, and prime financial policies have effect as if incorporated into the Group's Constitution. Members, employees, Governing Body Members, committee and sub-committee members and persons working on behalf of the Group (including, without limitation, Clinical Leaders) should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the Group and Scheme of Delegation

1.2.1 The 2006 Act, as amended by the 2012 Act, gives Clinical Commissioning Groups powers to delegate its functions and those of the Governing Body to certain bodies (such as committees) and persons. The Group has decided that certain decisions may only be exercised by the Group in formal session. These decisions and also those delegated are contained in the Group's Scheme of Reservation and Delegation.

2 THE CLINICAL COMMISSIONING Group: COMPOSITION OF MEMBERSHIP AND APPOINTMENT OF MEMBERS

2.1 Composition of membership

2.1.1 Chapter 3 of the Constitution provides details of the membership of the Group.

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

2.2 Key Roles

2.2.1. These standing orders set out how the Group appoints individuals to the key roles of the Governing Body.

2.2.2. The **Chair** is subject to the following appointment process:

- a) ***Nominations -Will be received from the Clinical Directors Pool and elected by all members of the Governing Body***
- b) ***Eligibility -***
 - A General Practitioner engaged or employed by a Member from Clinical Directors pool;
 - Must not be the Group's Accountable Officer, registered nurse, secondary care specialist or lay member with specialist qualifications, expertise or experience with financial management and audit matters.
- c) ***Appointment process -The appointment will be subject to satisfactory completion of the NHS assessment process for Chairs of CCGs***
- d) ***Term of office -*** the Chair shall remain in post for a period of no more than three years;

Eligibility for reappointment - shall be subject to election by governing body

- e) ***Grounds for removal from office*** - the Chair could be removed from office by the National Commissioning Board and in the following circumstances:
 - if the Chair is a GP or other Healthcare Professional if they are, or subsequently become:
 - Retired from the practice or primary care service provider,
 - Suspended by either the GMC or the PCT or any successor body;
 - Subject to serious misconduct proceedings;
 - The Practice ceases to be eligible for membership.
 - That Member ceases to hold a contract for the provision of primary medical services within the Area of the Clinical Commissioning Group
 - If the Chair is not a GP or other healthcare professional:
- f) ***Notice period*** - three months prior written notice to the NHS Commissioning Board.

2.2.3. The **Deputy Chair** is subject to the following appointment process:

- a) ***Nominations -Will be received from members on the governing body***

- b) **Eligibility** -Appointed lay members on the governing body of Harrow CCG
 - If the Chair for a meeting is a health care professional as defined in Section 14N of the 2006 Act, then all Governing Body members except the lay members are disqualified from being Deputy Chair
- c) **Appointment process -Nomination and election by members of the Governing Body**
- d) **Term of office** - the Deputy Chair shall remain in post for a period of no more than three years;
- e) **Eligibility for reappointment** - no one shall serve on the governing body as Deputy Chair for a period of more than two consecutive terms of office without a break of at least three years.
- f) **Grounds for removal from office** -
- g) **Notice period** - three months prior written notice to the Governing Body;

2.2.4. The Vice Chair is subject to the following appointment process:

- a) **Nominations -Will be received from the Clinical Directors on the Governing Body**
 - **Eligibility** - same as for Chair a General Practitioner engaged or employed by a Member from Clinical Directors pool;
- b) **Appointment process -Nomination and election by members of the Governing Body**
- c) **Term of office** - the Vice Chair shall remain in post for a period of no more than three years;
- d) **Eligibility for reappointment** - subject to election by governing body no limit
- e) **Grounds for removal from office** - the Vice Chair could be removed from office by the National Commissioning Board and in the following circumstances:
 - if the GP Vice Chair is a GP or other Healthcare Professional if they are, or subsequently become:
 - Retired from the practice or primary care service provider,
 - Suspended by either the GMC or the PCT or any successor body;
 - Subject to serious misconduct proceedings;
 - The Practice ceases to be eligible for membership.
 - That Member ceases to hold a contract for the provision of primary medical services within the Area of the Clinical Commissioning Group
 - If the Vice Chair is not a GP or other healthcare professional:

Notice period - three months prior written notice to the Governing Body;

2.2.5. The **GP Clinical Director** is subject to the following appointment process:

- a) **Nominations** - as set out in clause 2.3 (Election Process) below.
- b) **Eligibility** -
 - A General Practitioner who is either a GP Principal or employed or engaged by a Member [or is a Director of a provider];
 - Carries out at least four (4) GP working sessions for or on behalf of a Member in any usual working week.
 - Must be able to commit to 2 sessions a week for Group activities.
- c) **Appointment process** - as set out in clause 2.3 (Election Process) below.
- d) **Term of office** - three years;
- e) **Eligibility for reappointment** - subject to re election by membership of CCG
- f) **Grounds for removal from office** -
 - Retired from the practice or primary care service provider,
 - Suspended by either the GMC or the PCT or any successor body;
 - Subject to serious misconduct proceedings;
 - The Practice ceases to be eligible for membership.
 - That Member ceases to hold a contract for the provision of primary medical services within the Area of the Clinical Commissioning Group

- If the Vice Chair is not a GP or other healthcare professional:

 - Where a GP Representative ceases to carry out at least four (4) GP working sessions in a usual working on behalf of a Member.
- g) **Notice period** -
 - Three months prior written notice to the Governing Body; or
 - Where a GP Representative ceases to carry out at least four (4) GP working sessions in a usual working on behalf of a Member, one month prior written notice to the Governing Body.

2.2.6 The **Accountable Officer**, as listed in paragraph 6.5.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** - The Governing Body will nominate the Accountable Officer subject to the outcome of Group recruitment and selection processes
- b) **Eligibility** - Candidates must meet the role description requirements which shall be developed by the Governing Body in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).;
- c) **Appointment process**

- The Governing Body shall develop a role description which will be published.
- The Governing Body will appoint the Accountable Officer subject to the outcome of any applicable national assessment and recruitment process and approval by the NHS Commissioning Board.
- They will be subject to an annual review in line with Group Human Resources policies and procedures.
 - d) Term of office - They will be appointed to Governing Body as a permanent appointment;
 - e) Grounds for removal from office - The individual can only be removed from office following the application of Group Human Resources policies and procedures.
 - f) Notice period - As stipulated in their Contract.

2.2.7 The Chief Finance Officer, as listed in paragraph 6.5.2 of the group's constitution, is subject to the following appointment process:

- a) Nominations - The Governing Body will nominate the Chief Finance Officer subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).
- b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body;
- c) **Appointment process**
 - The Governing Body shall develop a role description which will be published.
 - The Governing Body will appoint the Chief Finance Officer subject to the outcome of any applicable national assessment and recruitment process and approval by the NHS Commissioning Board.
 - They will be subject to an annual review in line with Group Human Resources policies and procedures.
- d) Term of office - They will be appointed to Governing Body as a permanent appointment;
- e) Grounds for removal from office - The individual can only be removed from office following the application of Group Human Resources policies and procedures.
- f) Notice period - As stipulated in their Contract.

2.2.8 The Lay Member for Patient and Public Involvement.

- a) Nominations - they will be nominated and elected by the locality Patient Groups
- b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body;
- c) Appointments Process -the elected lay member will be subject to a competency based selection process by the Governing Body.
- d) Terms of Office - will be appointed for a 3 year term
- e) Grounds for removal from office - The individual can only be removed from office following the application of Group Human Resources policies and procedures.
- f) Notice period - 3 months

2.2. 9 The Lay Member for Audit

- a) Nominations Will be a joint appointment across the four Clinical Commissioning Groups subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).
- b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body
- c) Appointments Process - the elected lay member will be subject to a competency based selection process by the Governing Body
- d) Terms of Office - will be appointed for a 3 year term
- e) Grounds for removal from office - The individual can only be removed from office following the application of Group Human Resources policies and procedures.
- f) Notice period - 3 months

2.2.10 The following officers will be appointed on a fixed term contract initially for one year

- Registered Nurse,
- Secondary care Specialist Doctor
 - a. Nominations - they will be nominated and elected by the Governing Body
 - b. Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body;
 - c. Appointments Process -individual will be subject to a competency based selection process by the Governing Body.
 - d. Terms of Office - will be appointed for initially a 1 year term
 - e. Grounds for removal from office - The individual can only be removed from office following the application of Group Human Resources policies and procedures.
 - f. Notice period - 3 months

2.3 GP Clinical Director Election Process - (this process will be reviewed by members prior to the next election)

2.3.1 Each Member may vote in any election process and each Member may cast one (1) vote per five-hundred (500) patients registered with that Member, as determined at the beginning of the financial quarter on which the election takes place.

2.3.2 Any person may stand as a GP Representative if they are eligible in accordance with the following:

- *A principal or salaried GP*
- *working at a Harrow practice for a minimum of 4 clinical sessions per week*
- *supported by their practice to be released from practice duties for at least two sessions per week in order to undertake CCG duties (if applicable)*
- *Directors of provider companies can sit on the board but interests must be registered and minority of directors from any one Provider organisation.*
- *Maximum of one CCG Board member position out of seven will be reserved for a salaried GP. (to be reviewed at next election)*

- 2.3.3 The Governing Body must call and hold elections to replace any GP Representative if:
- a) a GP Representative's term of office is due to expire;
 - b) a GP Representative is has been disqualified or is no longer eligible to be a GP Representative; or
 - c) a GP Representative has been recalled by the Members and the Group needs to elect a replacement GP Representative.
- 2.3.4 *The Governing Body may call and hold elections for GP Representatives at any other time in accordance with its terms of reference.*
- 2.3.5 Each GP Representative shall have a term of office of three (3) years.
- 2.3.6 Any GP Representative shall be automatically disqualified if such GP Representative:
- a) dies or is declared dead;
 - b) is declared bankrupt; or
 - c) ceases to be eligible to be a GP Representative.

3. MEETINGS OF THE GROUP

3.1 Calling meetings

- 3.1.1 Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine.
- 3.1.2 The chair of the Governing Body may call a meeting of the Governing Body at any time.
- 3.1.3 One third or more members of the Governing Body may requisition a meeting of the Governing Body in writing. If the chair refuses, or fails, to call a meeting within seven (7) days of a requisition being presented, the Governing Body Members signing the requisition may forthwith call a meeting.
- 3.1.4 Before each meeting of the Governing Body, a written notice specifying the business proposed to be transacted shall be delivered to every Governing Body member (whether by hand, by e-mail or by fax), or sent by post to the usual place of business of each Governing Body member, so as to be available to Governing Body members at least three (3) clear working days before the meeting. The notice shall be signed by the chair (or by an individual authorised by the chair to sign on the chair's behalf). Want of service of such a notice on any Governing Body member shall not affect the validity of a meeting.

- 3.1.5 In the case of an Governing Body meeting called by Governing Body members in default of the chair calling the meeting, the notice shall be signed by those members (or by individuals authorised by those individuals to sign on their behalf).
- 3.1.6 Unless the chair declares otherwise during the course of a meeting, no business shall be transacted at the meeting other than that specified on the agenda, unless the provisions of clause 4.8 (*Emergency Powers and Urgent Decisions*) and 4.9 (*Suspension of Standing Orders*).
- 3.1.7 A Governing Body member desiring a matter to be included on an agenda shall make his/her request in writing to the chair at least ten (10) clear days before the meeting. The request should state whether there is any reason the item of business proposed to be transacted should not be discussed in the presence of the public (providing appropriate supporting information as applicable). Requests made less than ten (10) clear days before a meeting may be included on the agenda at the discretion of the chair. If no such requests are made, the chair shall assume that all items on the agenda are suitable to be discussed in the presence of the public.
- 3.1.8 Before each meeting, a public notice of the time and place of the meeting, and the agenda (excluding any aspects of the agenda that are deemed unsuitable to be discussed in the presence of the public pursuant to clause 3.1.7 above), shall be displayed:
- 3.1.9 at the Group's principal offices; and
- 3.1.10 on the Group's website;
- at least five (5) clear days before the meeting.

3.2 Agenda, supporting papers and business to be transacted

The agenda will be sent to members a minimum of three(3) working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will certainly be dispatched no later than three (3) clear working days before the meeting, save in emergency. The Governing Body may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. (Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to the Standing Orders).

3.3 Petitions

Where a petition has been received by the Governing Body, the Chair shall include the petition as an item for the agenda of the next meeting.

3.4 Emergency Motions

Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.5, a member of the Board may give written notice of any emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the board at the commencement of the business of

the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.5 Motions: Procedure at and during a meeting

3.5.1 Who may propose

- a) A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.

3.5.2 Contents of motions:

- a) The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:
 - (i) The reception of a report;
 - (ii) Consideration of any item of business before the Board;
 - (iii) The accuracy of minutes;
 - (iv) That the Board proceed to next business;
 - (v) That the Board adjourn;
 - (vi) That the question be now put.

3.5.3 Amendments to motions:

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

3.5.4 Rights of reply to motions:

- a) Amendments
 - (i) The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.
- b) Substantive/original motion:
 - (i) The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.5.5 Withdrawing a motion:

- a) A motion, or an amendment to a motion, may be withdrawn.

3.5.6 Motions once under debate:

- a) When a motion is under debate, no motion may be moved other than:
 - (i) An amendment to the motion;
 - (ii) The adjournment of the discussion, or the meeting;
 - (iii) That the meeting proceed to the next business;
 - (iv) That the question should be now put;
 - (v) The appointment of an “ad hoc” committee to deal with a specific item of business;
 - (vi) That a member be not further heard;

3.5.7 In those cases where the motion is either that the meeting proceeds to the “next business” or “that the question be now put” in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.

3.5.8 If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.6 Motion to Rescind a Resolution

3.6.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Governing Body may refer the matter to any appropriate committee or the Accountable Officer for recommendation.

3.6.2 When any such motion has been dealt with by the Board it shall not be competent for any member other than the Chair to propose a motion to the same effect within six (6) months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a committee or the Accountable Officer.

3.7 Chair of meeting

3.7.1 At any meeting of the Governing Body the Chair, if present, shall preside. If the Chair is absent from the meeting, the (GP) Deputy Chair if present, shall preside.

- 3.7.2 If the Chair is absent temporarily or is excluded from the decision-making process on the grounds of a declared conflict of interest, the (GP)VICE Chair, if present, shall preside. If both the (GP)Chair and (GP)VICE Chair are temporarily absent or are excluded from the decision-making process on the grounds of a declared conflict of interest, the Lay Deputy Chair who is lay member on the Governing Body shall preside.
- 3.7.3 If the Chair, VICE Chair and Deputy Chair are absent or excluded from the decision-making process on the grounds of a declared conflict of interest, the Governing Body may choose a temporary chair to preside over the meeting by majority vote of the Governing Body Members present at such meeting.

3.8 Chair's ruling

The decision of the Chair of the meeting 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.

3.9 Quorum

- 3.9.1 No business shall be transacted at a meeting unless there is a GP majority present and at least two-thirds of the whole number of the Chair and Governing Body members (including at least one member who is also a lay member of the Governing Body and one member who is not) is present and the Accountable Officer or Chief Finance Officer or Chief Operating Officer are present.
- 3.9.2 A person in attendance but without the power or status to vote at the meeting (excluding a person that may vote by proxy) may not count towards the quorum.
- 3.9.3 If the Chair or Committee member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see clause 8.2 of this Constitution) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.10 Decision making

- 3.10.1 Save as provided in Standing Orders 3.12 - Suspension of Standing Orders and 3.13 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Governing Body members present and voting on the question. In the case of an equal vote, the person presiding (i.e.: the Chair of the meeting shall have a second, and casting vote).
- 3.10.2 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.

- 3.10.3 If at least one-third of the Governing Body members present so request, the voting on any question may be recorded so as to show how each Governing Body member present voted or did not vote (except when conducted by paper ballot).
- 3.10.4 If a Governing Body member so requests, their vote shall be recorded by name.
- 3.10.5 Any Governing Body Member may nominate any person to attend a meeting of the Governing Body by proxy provided that the Governing Body Member gives the other Governing Body Members at least three (3) days' notice.
- 3.10.6 Where members have declared a conflict of interest a simple majority of the remaining members will be required.

3.11 Emergency powers and urgent decisions

3.11.1 The powers which the Governing Body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair after having consulted at least one clinical Governing Body and one non-clinical Governing body member]. .

3.11.2 For this purpose “emergency” means circumstances in which:-

- a) The group will be unable to discharge its statutory functions or be exposed to a significant level of risk if urgent action is not taken or
- b) Urgent action must be taken to prevent loss, damage or significant disadvantage to the group;

and for the avoidance of doubt, a matter is not an emergency solely because it has been omitted from inclusion in the agenda for a meeting of the group or governing body on a particular occasion.

3.11.3 The Accountable Officer shall make reasonable efforts to inform members of the proposed Emergency Action or, where it is impracticable to do so, shall inform members as soon as possible after Emergency Action has been taken but failure to do either shall not invalidate any Emergency Action.

3.11.4 The exercise of such powers by the [Accountable Officer] and Chair shall be reported to the next formal meeting of the Executive Committee and, in turn, [Governing Body] in public session for formal ratification.

3.12 Suspension of Standing Orders

3.12.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided at least two-thirds of the whole Executive Committee is present (including at least one (1) Governing Body Member who is a non-clinical member) and that at least two-thirds of those Governing Body members present are in agreement.

3.12.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

3.12.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

3.13 Application for variation and amendment of Standing Orders

3.13.1 This constitution can only be varied in two circumstances:

- a) Where the Group formally applies to the NHS Commissioning Board and that application is granted;
- b) Where in the circumstances set out in legislation the NHS Commissioning Board varies the Group's constitution other than on application by the Group.

3.14 Record of Attendance

The names of all Executive Committee members present at the meeting shall be recorded in the minutes of the Executive Committee meeting.

3.15 Minutes

3.15.1 The minutes of the proceedings of a Governing Body meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

3.15.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

3.15.3 Minutes shall be circulated in accordance with Governing Body members' wishes. In all cases, a record of the minutes shall be made available to the public on the Group's website.

3.16 Admission of public and the press

3.16.1. All meetings of the Governing Body shall be open to the public unless the business under consideration concerns:

- a) Information relating to a patient, unless it can be anonymised;
- b) Information relating to an employee or office holder, former employee or applicant for any post or office;

The terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;

Negotiations or consultation concerning labour relations between the group and its employees;

- c) Any issue relating to legal proceedings which are being contemplated or instituted by or against the group;
- d) Action being taken to prevent or detect crime or to prosecute offenders;
- e) The source of information given to the group in confidence; or

- f) Any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the group's functions.

3.16.1.a. Where a meeting is held in private, the relevant reason from the list above must be given.

3.16.2. General disturbances

- a) The Chair or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Group's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public". (Section 1 (8) Public Bodies (Admissions to Meetings) Act 1960)

3.16.3. Business proposed to be transacted when the press and public have been excluded from a meeting

- a) Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in paragraphs 3.16.1 and 3.16.2 above, shall be confidential to the Governing Body Members.
- b) The Group's Members in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Group, without the express permission of the Group. Subject to the Whistleblowing policy, this prohibition shall apply equally to the content of any discussion during the Governing Board meeting which may take place on such reports or papers.

3.16.4. Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

- a) Nothing in this Standing Order shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Group or its Committee thereof. Such permission shall be granted only upon resolution of the Governing Body.

3.16.5. Observers at Governing Body meetings

- a) The Governing Body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Governing Body

meetings and may change, alter or vary these terms and conditions as it deems fit.

4 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

4.1.1 Subject to any directions given by the NHS Commissioning Board, the Group may appoint committees and sub-committees of the Group 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 audit committee and remuneration committee of the Governing Body, the Governing Body 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, all committees and sub-committees unless stated otherwise in the committee or sub-committee's Terms of Reference.

4.2 Terms of Reference

Terms of reference shall have effect as if incorporated into the Standing Orders.

4.3 Delegation of powers by committees to sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted of the Governing Body. Where the Governing Body 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 Governing Body. The Governing Body 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 Group for action or ratification. All members of the Group and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Group seal

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

- The Chairman of the Governing Body
- The Deputy Chair
- The Accountable Officer
- The Chief Finance Officer

6.2 Execution of a document by signature

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

- The Chairman of the Governing Body
- The Deputy Chair
- The Accountable Officer
- The Chief Finance Officer

7 OVERLAP WITH OTHER GROUP POLICY STATEMENTS/PROCEDURES AND REGULATIONS

7.1 Policy statements: general principles

The Governing Body will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by the Group. The decisions to approve such policies and procedures will be recorded in an appropriate Governing Body minute and will be deemed where appropriate to be an integral part of the Group's Standing Orders.

APPENDIX D - Scheme of Reservation & Delegation

1 SCHEDULE OF MATTERS RESERVED TO THE GROUP AND SCHEME OF DELEGATION

- 1.1 The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group’s Constitution.
- 1.2 The Group remains accountable for all of its functions, including those that it has delegated.
- 1.3 A detailed Operational Scheme of Delegation [To be completed in conjunction with the NWL CSU] sets out the delegated limits and functions for individual members and officers and must be read in conjunction with schedule.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Audit Committee	Specific Board Sub-committee
REGULATION AND CONTROL	Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.	✓				
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the group’s constitution, including terms of reference for the group’s governing body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as			✓		

REGULATION AND CONTROL	<p>reserved by the group, delegated to the governing body or other committee or sub-committee or [specified] member or employee</p> <p>Prepare the group's overarching scheme of reservation and delegation, which sets out those decisions of the group <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ group's governing body ○ committees and sub-committees of the group, or ○ its members or employees <p>and sets out those decisions of the governing body <u>reserved</u> to the governing body and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ governing body's committees and sub-committees, ○ members of the governing body, ○ an individual who is member of the group but not the governing body or a specified person <p>for inclusion in the group's constitution.</p>	✓
REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation.	✓
REGULATION AND CONTROL	Prepare the group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's constitution.	✓

REGULATION AND CONTROL	Approval of the group's operational scheme of delegation that underpins the group's 'overarching scheme of reservation and delegation' as set out in its constitution.	✓
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.	
REGULATION AND CONTROL	Approve detailed financial policies	✓
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.	✓
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal	✓
MEMBERSHIP ARRANGEMENTS	Approve the arrangements for <ul style="list-style-type: none"> o identifying practice members to represent practices in matters concerning the work of the group; and o appointing clinical leaders to represent the group's membership on the group's governing body, for example through election (if desired). 	✓
MEMBERSHIP ARRANGEMENTS	Approve the appointment of governing body members, the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements) and succession planning.	✓
MEMBERSHIP ARRANGEMENTS	Approve arrangements for identifying the group's proposed accountable officer.	✓
STRATEGY & PLANNING	Agree the vision, values and overall strategic direction of the group.	✓

**Chief
Financial
Officer**

STRATEGY & PLANNING	Approval of the group's operating structure.	✓	
STRATEGY & PLANNING	Approval of the group's commissioning plan	✓	
STRATEGY & PLANNING	Approval of the group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.	✓	
STRATEGY & PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.	✓	
ANNUAL REPORT & ACCOUNTS	Approval of the group's annual report and annual accounts.	✓	
ANNUAL REPORT & ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.	✓	
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.	✓	
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.	✓	
HUMAN RESOURCES	Approve any other terms and conditions of services for the group's employees.	✓	
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the group.		Remuneration Committee

HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.		Remuneration Committee
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.		Remuneration Committee
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group.	✓	
HUMAN RESOURCES	Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group		Remuneration Committee
HUMAN RESOURCES	Approval of the arrangements for discharging the group's statutory duties as an employer.	✓	
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the group	✓	
QUALITY & SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	✓	
QUALITY & SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	✓	
OPERATIONAL &	Prepare and recommend an operational		✓

RISK MANAGEMENT	scheme of delegation that sets out who has responsibility for operational decisions within the group.	
OPERATIONAL & RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements.	✓
OPERATIONAL & RISK MANAGEMENT	Approval of the group's risk management arrangements.	✓
OPERATIONAL & RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).	✓
OPERATIONAL & RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary controls, that underpin the effective, efficient and economic operation of the group.	✓
OPERATIONAL & RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.	✓
OPERATIONAL & RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning.	✓
INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints.	✓
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data	✓

CONTRACTS & TENDERING	Approval of the group's contracts for any commissioning support.	✓	
CONTRACTS & TENDERING	Approval of the group's contracts for corporate support (for example finance provision).	✓	
PARTNESHIP WORKING	Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.	✓	
PARTNESHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.	✓	
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	✓	
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate	✓	
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.	✓	
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.		✓

APPENDIX E - 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 in the Constitution.

1.1.2 The Prime Financial Policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Financial Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation adopted by the Group.

1.1.3 In support of these Prime Financial Policies, the Group has prepared more detailed policies, approved by the Accountable Officer & Chief Finance Officer (CFO) and incorporated into the Service Agreement with the NWL CSU known as *operational financial policies*. We refer to the Prime and Detailed Financial Policies together as the Group's financial policies.

1.1.4 These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the Detailed Financial Policies. The Accountable Officer and Chief Finance Officer are responsible for approving all Detailed Financial Policies which shall be made available on the Group's website at [insert address]..

1.1.5 Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies then the advice of the [Accountable Officer & Chief Finance Officer] must be sought before acting. The user of these Prime Financial Policies should also be familiar with and comply with the provisions of the Group's Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.6 Failure to comply with Prime Financial Policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2 Overriding Prime Financial Policies

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

1.3 Responsibilities and delegation

1.3.1 The roles and responsibilities of Members of the Group, the Governing Body Members, its Committees and Sub-Committees and the committees and sub committees of its Governing Body and individual of a description specified persons are set out in the main body of this constitution and the Group's Scheme of Reservation and Delegation.

1.3.2 The financial decisions delegated by Members of the Group 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 Group to commit the Group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

1.5 Amendment of Prime Financial Policies

1.5.1. To ensure that these 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 Audit Committee, the Chief Financial Officer will recommend amendments, as fitting, to the Governing Body for approval.

1.5.2. As these prime financial policies are an integral part of the Group's Constitution, any amendment will not come into force until the Group's application to the NHS Commissioning Board to amend the Constitution has been approved.

2 INTERNAL CONTROL

Policy

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

2.1 The Governing Body will set up an Audit Committee with terms of reference agreed by the Governing Body.

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

2.3 The Chief Financial Officer will ensure that:

- Financial policies are considered for review and update annually;
- A system is in place for proper checking and reporting of all breaches of financial policies; and
- A proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3 AUDIT

Policy

The Group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

- 3.1 In line with the Audit Committee Terms of Reference, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to the Audit Committee members and the Group's Chair and Accountable 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 external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee Members, the Chair of the Group 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:
 - The Group has a professional and technically competent internal audit function; and
 - The Audit Committee approves any changes to the provision or delivery of assurance services to the Group.

4 FRAUD & CORRUPTION

Policy

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

- 4.1 The Audit Committee will satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2 All employees, individual members of the Group, Governing Body Members and individual members of any committee or sub-committee of the Group shall comply with and act consistently with the Group's formal policy, a copy of which shall be posted on the Group's website at <http://www.northwestlondon.nhs.uk/harrow/>
- 4.3 The governing body's audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5 EXPENDITURE CONTROL

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

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

5.2 The Chief Financial Officer will:

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

6 **ALLOTMENTS**

6.1 The Chief Financial Officer of the Group will:

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

7 **COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING**

Policy

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

- 7.1 The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2 Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. These variances must be based on any significant departures from agreed financial plans or budgets

- 7.4 The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5 The NHS Harrow Governing Body will approve consultation arrangements for the commissioning plan.

8 ANNUAL ACCOUNTS AND REPORTS

Policy

The Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board.

- 8.1 The Chief Financial Officer will ensure the Group:
- Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee;
 - Prepares the accounts according to the timetable approved by the Audit Committee;
 - Complies with statutory requirements and relevant directions for the publication of annual report;
 - Considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - Publishes the external auditor's management letter on the Group's internet site on <http://www.northwestlondon.nhs.uk/harrow/>.

9 INFORMATION TECHNOLOGY

POLICY - the Group will ensure the accuracy and security of the Group's computerised financial data

- 9.1 The chief finance officer is responsible for the accuracy and security of the Group's computerised financial data and shall devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- 9.2 Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- 9.3 Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

- 9.4 Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.
- 9.5 In addition the chief finance officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10 ACCOUNTING SYSTEMS

The Group will run an accounting system that creates management and financial accounts.

- 10.1 The chief finance officer will ensure:
- (i) The Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;
 - (ii) That contract for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 10.2 Where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

11 BANK ACCOUNTS

Policy

The Group will keep enough liquidity to meet its current commitments.

- 11.1 The Chief Financial Officer will review the banking arrangements of the Group at regular intervals to ensure they reflect any Secretary of State directions, best practice and represent best value for money.
- 11.2 The Chief Financial Officer will manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts.
- 11.3 The Audit Committee shall approve the banking arrangements.
- 11.4 The Chief Financial Officer will prepare detailed instructions on the operation of bank accounts.

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

Policy

The Group will operate a sound system for prompt recording, invoicing and collection of all monies due.

The Group will seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions.

The Group will ensure its power to make grants and loans is used to discharge its functions effectively.

12.1 The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

12.2 The Chief Financial Officer will establish and maintain systems and procedures for the secure handling of cash and other negotiable instruments.

12.3 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary.

12.4 The Chief Financial Officer is responsible for developing effective arrangements for making grants or loans

13 TENDERING AND CONTRACTING PROCEDURE

Policy

The Group will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending. The Group will seek value for money for all goods and services.

The Group 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 DH); and
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

The Public Contracts Regulations 2006 which transpose European Directives place legal requirement and procedures for awarding contracts above a certain threshold amount. The Department of Health has provided guidance on how these Regulations may be interpreted but this guidance is not binding on Clinical Commissioning Groups, ultimately it is for Clinical Commissioning Groups to ensure that they comply with applicable law.

13.1 The Group shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Financial Officer it is

desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the Governing Body.

- 13.2 The Governing Body may only negotiate contracts on behalf of the Group, and the Group enter into contracts, within the statutory framework set up under the 2012 Act. They shall comply with:
- (a) The Group's Standing Orders;
 - (b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - (c) Any applicable NHS Commissioning Board or Monitor guidance that does not conflict with (b)
- 13.3 In all contracts entered into by the Group, the Group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the Group.

14 COMMISSIONING

Policy

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

- 14.1 The Group will coordinate its work with the NHS Commissioning Board, local NHS Trusts, other Groups, Foundation Trusts, local authority, including through Health & Wellbeing Boards, users, carers and the voluntary sector to develop robust commissioning plans.
- 14.2 The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each SLA.
- 14.3 Where the Group makes arrangements for the provision of services by non-NHS providers it is the Accountable Officer who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided. Before making any agreement with non-NHS providers, the Group should explore fully the scope to make maximum cost-effective use of NHS facilities.
- 14.4 The Chief Financial Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under agreements. This should provide a suitable audit trail for all payments made under the agreements whilst maintaining patient confidentiality.

15 RISK MANAGEMENT AND INSURANCE

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

- 15.1 The Accountable Officer shall ensure that the Group has a programme of risk management, based on the current Department of Health assurance framework requirements, which must be approved and monitored by the Governing Body.

15.2 The programme of risk management shall include:

- (a) A process for identifying and quantifying risks and potential liabilities;
- (b) Engendering among all levels of staff a positive attitude towards the control of risk;
- (c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (d) Contingency plans to offset the impact of adverse events;
- (e) Audit arrangements including; internal audit, clinical audit, health and safety review;
- (f) A clear indication of which risks shall be insured;
- (g) Arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current Department of Health guidance.

15.3 Insurance: Risk Pooling Schemes administered by NHSLA

The Governing Body shall decide if the Group will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

15.4 Insurance arrangements with commercial insurers

There is a general prohibition on NHS bodies entering into insurance arrangements with commercial insurers. The Governing Body will only enter into a commercial insurance arrangement in exceptional circumstances, such arrangements to be recommended by the Audit Committee.

15.5 Arrangements to be followed by the Governing Body in agreeing Insurance cover

- (a) Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.
- (b) Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Finance Officer will draw

up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

- (c) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

16 PAYROLL

POLICY - the Group will put arrangements in place for an effective payroll service

- 16.1. The Chief Finance Officer will ensure that the payroll service selected:
 - a) Is supported by appropriate (i.e. contracted) terms and conditions;
 - b) Has adequate internal controls and audit review processes;
 - c) Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll

17 NON-PAY EXPENDITURE

Policy

The Group will seek to obtain the best value for money goods and services received.

- 17.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3 The Chief Financial Officer will:
 - (a) Advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the Group's 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 Accountable Officer:

- (a) Shall 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) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) Shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

The Group shall maintain an asset register recording fixed assets. The Accountable Officer is 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.

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

APPENDIX F - Nolan Principles

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

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

APPENDIX G - NHS Constitution

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

- 1 **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to Groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
- 2 **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
- 3 **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
- 4 **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
- 5 **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
- 6 **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
- 7 **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

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

Terms of Reference

1. Introduction

- 1.1 The Audit Committee (the Committee) is established in accordance with Harrow CCGs constitution, standing orders and scheme of delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Audit Committee and shall have effect as if incorporated into the CCG's constitutions and standing orders.

2. Membership

- 2.1 The Audit Committee shall be appointed by the CCG as set out in the CCG's constitution and may include individuals who are not on the governing body. The Audit Committee shall comprise:
 - Chair of the Audit Committee (Lay member with a lead on audit, remuneration and conflict of interest)
 - CCG Clinical Representative
 - One other Lay Member
- 2.2 In the event of the Committee Chair being unable to attend a meeting, he/she will contact a member of the Committee and request that they deputise. This would normally only be in the event of unforeseen circumstances as committee meetings are arranged in conjunction with the availability of the Committee Chair.
- 2.3 At least once a year the Audit Committee will meet with the External and Internal Auditors without any Executive Director present.
- 2.4 The following representatives of the CCG may be required to attend at the Committee's request:
 - CCG Chair
 - CCG Clinical Directors/Leaders
 - CCG Directors
 - CCG Executive Directors and senior managers
 - CSU Executive Directors and senior managers
- 2.5 The Accountable Officer and/or Chief Finance Officer will be invited to attend and will discuss at least annually with the Audit Committee the process for assurance that supports the Statement on Internal Control.
- 2.6 Regular attendance at committee meetings leads to improved engagement and governance. Members are expected to attend at least 75% of all meetings.
- 2.7 External advisors expected to attend include external audit, internal audit and Counter-fraud.

2.8 In the event that an attendee is unable to attend a meeting, it is their responsibility to ensure that a nominated deputy is properly briefed and empowered to act on their behalf.

2.9 Frequency of attendance by members and attendees will be reviewed by the Committee Chair at least annually.

3. Secretary

3.1 A suitable individual from the Accountable Officer's team shall be the secretary to the Committee.

4. Quorum

4.1 No business shall be transacted unless the Chair and at least one member, either lay or clinical is present.

5. Frequency and notice of meetings

5.1 The Audit Committee shall meet not less than a minimum of three times a year.

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

5.3 The External Auditor will have open access to the Chair of the Audit Committee as and when required.

6. Remit and responsibilities of the Committee

6.1 Integrated governance, risk management and internal control

6.1.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, for the CCG and across the whole of the CCG's activities that support the achievement of the CCG's objectives.

6.1.2 Its work will dovetail with that of the Quality Committee, which the CCG will establish to seek assurance that robust clinical quality is in place.

6.1.3 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 each clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of each clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

6.1.4 In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

6.2 Internal audit

6.2.1 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 each clinical commissioning group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within each of the clinical commissioning groups.
- An annual review of the effectiveness of internal audit.

6.3 External audit

6.3.1 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 each clinical commissioning group and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to each clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6.4 Other assurance functions

6.4.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning groups.

6.4.2 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).

6.5 Counter fraud

6.5.1 The committee shall satisfy itself that the clinical commissioning groups have 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.

6.6 Management

6.6.1 The committee shall request and review reports and positive assurances from members of the CCG Governing Body, Directors and managers on the overall arrangements for governance, risk management and internal control.

6.6.2 The committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

6.7 Financial reporting

6.7.1 The Audit Committee shall monitor the integrity of the financial statements of the clinical commissioning groups and any formal announcements relating to each clinical commissioning group's financial performance.

6.7.2 The Committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to each clinical commissioning group.

6.7.3 The Audit Committee shall review the annual report and financial statements before submission to the governing body and the relevant clinical commissioning group, focusing particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

7. Relationship with the governing body

7.1 The Audit Committee shall report to the CCG's Governing Body, which will approve its Terms of Reference and membership.

7.2 The minutes of the Audit Committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate. The Chair of the Committee shall draw to the attention of the relevant

CCG Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

7.3 The Audit Committee will report to each Governing Body at least annually on its work in support of the Statement on Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in each organisation and the integration of governance arrangements.

7.4 The composition of the Audit Committee shall be published in the CCG's Annual Report.

8. Policy and best practice

8.1 The Audit Committee will apply best practice in the decision making processes to demonstrate that it is discharging its duties effectively, economically and efficiently

8.2 The Audit Committee will have full authority to commission any professional or expert advice, reports or surveys it deems necessary to help it fulfil its obligations.

9. Conduct of the Committee

9.1 The Audit Committee shall uphold the vision and values of the CCG and the principles of good governance as set out in the CCG's Constitutions.

9.2 Members of the Audit Committee will comply with the Nolan Principles of Public Life and the Standing Financial Instructions/Orders of the CCG.

9.3 The Audit Committee shall review annually its performance, membership and terms of reference, which will be subject to approval by the CCG's Governing Body.

10. Freedom of Information Act 2000

10.1 The minutes of this committee are, in the main, classed as public documents. However, where part of the meeting is deemed as being exempt, this will be kept out of the public domain. The exempt information will not be included in the minutes of the meeting which will either state 'the remainder of this item/this item has been redacted in line with the exemption rules under the FOI Act'.

11. Review Date

11.1 The Committee shall review its Terms of Reference at least annually. All terms of Reference are in shadow form until 1 April 2013.

APPENDIX I - Remuneration Committee

1. Introduction

- 1.1 The Remuneration Committee is established in accordance with Harrow Clinical Commissioning Group's (CCG) constitution, standing orders and scheme of delegation. The Remuneration Committee has no powers other than those included in its terms reference.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Remuneration Committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2. Purpose

- 2.1 The purpose of the Committee is to develop and keep under review remuneration and terms of service policies for the shadow CCG and ensure there is a consistent and fair approach to its application within the overall people transition policies of NHS London and NHS North West London.

3. Authority

- 3.1 The Committee has delegated authority from the CCG Governing Body to make decisions about remuneration and terms and conditions of service as provided in these TORs.
- 3.2 The Committee is authorised to investigate any activity within its Terms of Reference and to seek information as necessary. The Committee is authorised by the CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of such other persons, including outsiders with relevant experience and expertise, as it considers necessary
- 3.3 The Remuneration Committee shall report to the CCG Governing Body which in turn reports into the Cluster Board through the Cluster Remuneration Committee on issues of remuneration and human resources.

4 Role, Responsibilities and duties

- 4.1 To agree the remuneration package, including performance-related pay and other terms of service, of the Accountable Officer;
- 4.2 With the Accountable Officer, to agree the remuneration packages, including performance-related pay and other terms of service, of the Chief Financial Officer and any other senior employee as appropriate.
- 4.3 To agree criteria annually, in line with available guidance, for the level of performance-related pay for the Accountable Officer and, with the Accountable Officer, for other eligible staff;

- 4.4 To review and agree the grading and remuneration package of any senior post that falls vacant prior to the vacancy being advertised;
- 4.5 To agree the remuneration policy and its application for clinical members supporting the work of the CCG, in line with national guidance;
- 4.6 To review and agree processes and controls for termination of employment to ensure probity, value for money and compliance with statutory guidance;
- 4.7 To approve severance and settlement payments within delegated limits
- 4.8 To consider and agree the elements to be included in remuneration packages for all members of staff, including Chairs, Lay members and other clinical members of the CCG. (eg lease cars, season ticket loans, recruitment and retention payments) outside of national arrangements

5 Membership

- 5.1 The Remuneration Committee shall be appointed by the CCG Governing Body as set out in the CCG's constitution. The Remuneration Committee shall comprise:
 - Chair of the Remuneration Committee (Lay)
 - CCG Clinical Representative
 - One other Lay Member

6 Attendees

- 6.1 The Accountable Officer will normally attend but will not be present in the event that his/her own remuneration is under discussion.
- 6.2 Senior staff should be invited to attend to provide information to the Committee when required.
- 6.3 Support and advice to the Committee will be provided by the Head of Human Resources (or person undertaking this role) and a designated secretary of the committee whose role:
 - is agreement of the agenda with the Committee Chair and the proper and timely preparation and circulation of papers.
 - Keeping a proper record of the meetings and all decisions to be taken forward.
 - Advising the Committee and its Chair on matters of process and procedure.

7 Chair

- 7.1 The Chair shall be specifically appointed to be Chair of the Committee by the CCG Governing Body and shall be a lay member on the CCG Governing Body.

8 Administration

- 8.1 The Remuneration Committee shall uphold the vision and values of the CCG and the principles of good governance as set out in the CCG's Constitutions.

- 8.2 At six month the Committee will review its own performance and report to the CCG Governing Body with recommendations for any changes to its constitution or terms of reference it considers necessary

9 Reporting

- 9.1 A report on the work of the Committee and the basis for its recommendations shall be submitted to the CCG Governing Body at the next available meeting. The CCG Governing Body will report to the Cluster Remuneration Committee in accordance with the Cluster procedures. Until the CCG becomes a statutory body the PCT will remain accountable for taking appropriate decisions on remuneration, allowances and terms of service.

10 Frequency and notice of meetings

- 10.1 The Remuneration Committee will normally meet on a quarterly basis but not less than twice a year.

11 Quorum

- 11.1 No business shall be transacted unless the Chair and at least one member, either lay or clinical are present.

12 Policy and best practice

- 12.1 The Remuneration Committee will apply best practice in the decision making processes to demonstrate that it is discharging its duties effectively, economically and efficiently.

13 Freedom of Information Act 2000

- 13.1 The minutes of this Committee are deemed as being exempt and will be kept out of the public domain.

December 2012

APPENDIX J - Quality, Safety & Risk Committee

1. Introduction

The Quality, Safety & Clinical Risk Committee is established in accordance with Harrow clinical commissioning group's constitution, standing orders and scheme of delegation. These terms of reference set out the composition, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

The Quality, Safety & Clinical Risk Committee is tasked with providing assurance that the CCG and its committees and subcommittees have in place the proper process for monitoring quality, safety, risk and driving improvement.

2. Composition

- | | |
|--|--------------|
| a) Chair: Lay member - (Deputy—Chair) or CCG GP | (Voting) |
| b) GP - CCG Member (Vice-Chair) | (Voting) |
| c) CCG Chair | (Voting) |
| d) GP- CCG Member | (Voting) |
| e) Head of Governance | (Non-voting) |
| f) Director of Quality & Safety | (Voting) |
| g) Chief Operating Officer and Executive lead for Safeguarding | (Non-Voting) |
| h) Public health representative | (Non-Voting) |
| i) CCG lead and Named GP for Children's safeguarding | (Voting) |
| j) CCG lead, Medicines Management representative and Named GP for Adult safeguarding | (Voting) |
| k) Committee secretary | |

The Chair can be a lay member or CCGB GP as decided by the Governing Body from time to time.

In the event that an attendee is unable to attend a meeting, it is their responsibility to ensure that a nominated deputy is properly briefed and empowered to act on their behalf. The replacement will have full authority to act on behalf of the normal attendee.

The CCG Deputy Chair will chair this committee and the CCG Vice Chair will chair the meeting in the event that the Committee Chair is unable to. If a conflict of interest arises for the chair, the non conflicted members of the committee will elect a chair from the remaining members for that item.

Membership maybe reviewed from time to time by the CCG Governing Body. Observers (non -voting) may be invited by after agreement with the CCGE. The Part B of the meetings will only be open to Voting members and relevant executive members of the sub-committee.

3. Attendance

Only members of the committee have the right to attend committee meetings. Other individuals may be invited to attend for all or part of any meeting as and when appropriate.

4. Quorum

Attendance should be 2 clinical members, 1 executive member, and 1 lay member for the Group to be considered quorate. A minute taker will be required to support the committee.

5. Frequency and notice of meetings

The committee shall meet at least 6 times per year.

6. Remit and responsibilities of the committee

- The duties of the committee are to be driven by the priorities for the Clinical Commissioning Group and any associated risks or areas of quality improvement and will therefore operate to a programme of business, agreed by the Executive Board that is flexible to new and emerging priorities and risks.
- The general areas of responsibility for the committee are to:
 - Seek assurance that the Commissioning Plan and strategy for the Clinical Commissioning Group fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change.
 - Provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the Clinical Commissioning Group does and continuously support the improvement of quality in primary care services. This includes jointly commissioned services.
 - The committee is responsible for developing systems to work with the NHSCB to improve the quality of specialised services. It will also use the existing patient and member practice feedback mechanisms in place to monitor the quality of specialised services.
 - Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues. Ensure effective identification of clinical risks and clear mitigation plans are in place.
 - Oversee and be assured that effective management of the Equality Duties of the Clinical Commissioning Group is in place to manage and address equality issues.
 - Provide oversight and assurance of the process and compliance issues concerning serious untoward incidents (SUIs); being informed of all Never Events and informing the Executive Board and Governing Body of any escalation or sensitive issues in good time.
 - Seek assurance on the performance of NHS organisations in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.
 - Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
 - Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

- Review annual provider Quality Accounts.
- Review patient experience through surveys and complaints and make recommendations for improvement.
- Have the overall responsibility for corporate health and safety.
- Have responsibility for CCG information governance compliance and monitoring provider information governance compliance

7. Relationship with the governing body

The Committee shall present its approved minutes to the Governing Body and Executive Board

- The Governing Body will approve the membership and terms of reference of the committee.
- The minutes of the Committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate.
- The Chair of the Committee shall write a quarterly report on the work and outcomes of the work of the Committee and report to the Governing Body regularly.
- The Chair of the Committee will bring to the attention of the Executive Board and the Governing Body any matter that the committee considers a significant risk

8. Policy and best practice

- The committee will consider the impact of its decisions on the strategic aims of the CCG and the population of Harrow
- When considering individual matters the committee will:
 - Comply with current disclosure requirements;
 - On occasion seek independent advice: and
 - Ensure that decisions are based on clear and transparent criteria.
 - Ensure that decisions are made in the knowledge of the impact on the nine protected groups as defined in the NHS Equality Delivery System
- The committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations
- The Committee will annually review its performance, membership and terms of reference.
- The papers for each meeting will be circulated 5 working days in advance.

9. Conduct of the committee

- The committee will make decisions based on evidence and in line with the values of the CCG and the Nolan Principles of Public Life.

- The committee will review these terms of reference annually and report the outcome of the review to the Governing Body

10. Freedom of Information Act 2000

The minutes and papers of this Group are, in the main, classed as public documents. However, where part of the meeting is deemed as being exempt, this will be kept out of the public domain. The exempt information will not be included in the minutes of the meeting which will state 'the remainder of this item/this item has been redacted in line with the exemption rules under the FOI Act'

6th November 2012

APPENDIX K - QIPP & Finance Committee

Terms of Reference

1. Introduction

- 1.1 The Quality, Innovation Productivity & Prevention (QIPP), Research and Finance Committee (the committee) is established in accordance with NHS Harrow's Clinical Commissioning Group's constitution, standing orders and scheme of delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of this Committee and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders

2. Composition

- CCG Board Clinical Directors (two members of which one will be the Chair of the Governing Body)
- Chief Operating Officer
- Chief Finance Officer
- Accountable Officer
- Lay member (Lead for Equality)
- Lay member (Chair of Audit Committee)

3. Quorum

- The Committee will be quorate if the Chair, 1 Clinical Director, 1 Lay member, the Chief Finance Officer or his/her representative and the Accountable Officer or his/her representative are present

4. Frequency and notice of meetings

- The Committee shall meet monthly or more frequently as required

5. Remit and responsibilities of the committee

- 5.1 The committee is authorised through the Scheme of Delegation and Standing Financial Instructions to undertake the range of duties detailed below.

- 5.2 Promote innovation

- By providing assurance to the Governing Body that the CCG is discharging this duty
- Receive an annual assessment of performance against these objectives from the CCGE

- 5.3 Promote research and the use of research by:

- Providing assurance and oversight against this duty to the Governing Body that the CCG is discharging this duty
- Ensure that the CCG promotes research into matters relevant to health services
- Ensure the CCG promotes the use of evidence obtained from research in health services in discharging its duties

- Promote collaborative working across the CCG and other groups for the purpose of reporting.
- 5.4 General Duties:
- Work with the Joint Audit Committee to ensure that the CCG does not exceed the aggregate of its allotments for the financial year
 - Receive monthly monitoring reports on QIPP and Finance performance highlighting key risks, response plans and monthly forecasts.
 - Continuously assess financial and non-financial risks relating to the QIPP plans and ensure the CCG has in place measures and mitigation to manage risk.
 - Ensure that the QIPP plan is supported by robust financial planning.
 - Review annual budget and Medium Term Financial Plans (MTFP).
 - Review performance of key objectives and targets as set in the Annual Outcomes Framework.
 - Receive and Review Business Cases and Procurement procedures as required

6. Relationship with other committees

- 6.1 The QIPP Research and Finance Committee shall report to NHS Harrow's Clinical Commissioning Group's Governing Body who will approve its Terms of Reference and membership. All minutes to be shared with the CCG Governing Body.
- 6.2 The minutes of the QIPP Research and Finance Committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate.
- 6.3 The Chair of the QIPP Research and Finance Committee shall draw to the attention of the CCGE Committee any issues that require disclosure, or require executive action.
- 6.4 The QIPP Research and Finance Committee will also report any matters that the group feels would assist the CCGE Committee in carrying out its work such as the result of projects the group has instigated related to additional analysis or managerial review of key areas critical to the CCG achieving its objectives.
- 6.5 Practice Level Performance and two way accountabilities and practice budgets to be reported to the Committee
- 6.6 Receive reports on performance based at practice or network level where appropriate
- 6.7 Matters arising from the Peer Groups are to go to the CCGE for discussion in the first instance.
- 6.8 Receive regular reports and review the operation and performance of LES schemes.

7. Policy and best practice

7.1 The committee will apply best practice in the decision-making processes to demonstrate that it is discharging its duties effectively, economically and efficiently

8. Conduct of the committee

8.1 The QIPP Research and Finance Committee shall uphold the values of the CCG and the principles of good governance as set out in the CCG's Constitution.

8.2 The QIPP Research and Finance Committee shall review annually its performance, membership and terms of reference.

6th November 2012

APPENDIX L - Equality & Engagement Committee

Terms of Reference

1. Introduction

- 1.1 The Equality and Engagement Committee is established in accordance with NHS Harrow's Clinical Commissioning Group's constitution, standing orders and scheme of delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2. Composition

- a) Lay member - (Chair)
- b) GP - CCG Member
- c) GP- CCG member
- d) Equality & Engagement Lead
- e) LINK/Health watch chair (Patient experience)
- f) Nurse Lead
- g) HR Lead
- h) Health Improvement Lead
- i) Commissioning Lead
- j) The Chair may ask for any officer to attend a committee meeting, such officer will not be entitled to vote

Membership to this sub-committee maybe amended by the CCGB, to reflect the local NHS requirements e.g. with regards to engagement with third sector engagement.

3. Attendance

Only members of the committee have the right to attend committee meetings. Other individuals may be invited to attend for all or part of any meeting as and when appropriate.

4. Quorum

- 4.1 No business shall be transacted unless the following members are present:
 - 1 Lay Member
 - 1 Patient representative
 - 1 CCG member

5. Frequency and notice of meetings

- The committee shall meet at least 4 times per year.

6. Remit and responsibilities of the committee

- Meet the public sector equality duty by:

- Providing oversight and assurance that the CCG is eliminating unlawful discrimination harassment and victimisation and their conduct prohibited in the 2010 Act
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not
- Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:
 - Provide oversight and assurance that the CCG has mechanisms in place to implement and act in accordance with the CCG’s Equality, Diversity and Engagement Policy. Receives an annual assessment of performance against these objectives from the CCGE
- Have regard to the need to reduce inequalities by:
 - Providing oversight and assurance that the CCG acts in accordance with the CCG’s Equality and Diversity Engagement Policy which specifies the CCG’s approach to reducing inequalities and states how this will be reflected in the CCG’s planning and delivery of services
- Receive an annual assessment of performance against these objectives from the CCGE
- Promote the involvement of patients, their carers and representatives in decisions about their healthcare by:
 - Providing oversight and assurance that the CCG acts in accordance with the CCG’s Equality and Diversity Engagement Policy.
- Receiving an annual assessment of performance against these objectives from the CCGE

7. Relationship with the governing body

- The Committee shall present its approved minutes to the Governing Body and Executive Board
- The Committee shall write an annual report on the work and outcomes of the work of the Committee.

- The Chair of the Committee will bring to the attention of the Executive Board and the Governing Body any matter that the committee considers a significant risk

8. Policy and best practice

- The committee will consider the impact of its decisions on the strategic aims of the CCG and the population of Harrow
- When considering individual matters the committee will:
 - Comply with current disclosure requirements;
 - On occasion seek independent advice: and
 - Ensure that decisions are based on clear and transparent criteria.
 - Ensure that decisions are made in the knowledge of the impact on the nine protected groups as defined in the NHS Equality Delivery System
- The committee would have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations

9. Conduct of the committee

- The committee will make decisions based on evidence and in line with the values of the CCG and the Nolan Principles of Public Life.
- The committee will review these terms of reference annually and report the outcome of the review to the Governing Body.

APPENDIX M - Clinical Commissioning Group Executive (CCGE) Committee

Terms of Reference

1. Introduction

- 1.1 The Clinical Commissioning Group Executive (CCGE) is established in accordance with NHS Harrow's Clinical Commissioning Group's constitution, standing orders and scheme of delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.
- 1.3 The CCGE will operate as an executive group of NHS Harrow's CCG Governing Body and, therefore, hold delegated responsibility from the Governing Body for the strategic and operational management of the CCG.

2. Composition

- The executive committee comprises the following people:
 - a) The Chair of the Governing Body
 - b) The Clinical Directors from the Governing Body;
 - c) The Accountable Officer
 - d) The Chief Finance Officer
 - e) The Chief Operating Officer
 - f) Local Nurse
 - g) All Lay Members (optional)
 - h) The chair of the Executive Committee may also invite a Group management lead and a public health representative to attend the Executive Committee meetings.

3. Attendance

- Any member of the CCG is welcome to attend the Executive Board meeting, with the prior permission of the Chair
- The Executive Board may from time to time invite other officers, Members or stakeholders to attend one or more Executive Board meetings, whether held in public or private session.
- No attendee shall have the right to vote at an Executive Meeting.
- No attendee shall have the right to speak at an Executive Meeting unless invited to do so by the chair of the meeting

4. Quorum

To be quorate for the purpose of decision making, the CCGE shall be quorate when the Chair of the CCGE and 5 members are present including at least three GP Clinical Directors and two executive directors.

If attendance at the meeting is not quorate, decisions will be deferred given the absence of decision making capacity.

5. Frequency of meetings

The Executive Committee shall meet at least 12 times per year.

5.1 Authority

5.2 The CCGE Committee is authorised through the Scheme of Delegation and Standing Financial Instructions to undertake the range of duties detailed below.

- Ensuring the strategic and operational arrangements of the CCG enable the CCG to achieve the objectives and performance requirements within capital and resource limits set out in the secretary of State's mandate during the period specified
- Ensuring the CCG has arrangements in place to comply with the processes to review and measure performance set out in the mandate

5.3 Meet the public sector equality dutyⁱ by:

- Ensuring the CCG has mechanisms in place to implement and act in accordance with the CCG's Equality and Engagement Strategy
- Ensuring the CCG monitors performance against the policy objectives and provides an annual assessment of performance against these objectives to the Governing Body through the Equality & Engagement Committee

5.4 Work in partnership with its local authority to develop joint strategic needs assessments and joint health and well-being strategies by:

- Ensuring the CCG acts in accordance with the Memorandum of Understanding which set out how the CCG will work with the Harrow Health and Well-Being Board

5.5 Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decision affecting the operation of commissioning arrangements by:-

- Ensuring the CCG has mechanisms in place to implement and act in accordance with the CCG's Equality and Engagement Strategy

5.6 Promoting awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution by:

- Taking responsibility or strategic and operational arrangements for delivery of this duty through regular reporting to the Governing Body
- Ensuring the CCG acts with a view to securing health services are provided in a way which promotes the NHS Constitution

- Promoting awareness of the NHS Constitution amongst patients, staff and members
- 5.7 Act effectively, efficiently and economicallyⁱⁱ by:
- Taking responsibility for strategic and operational arrangements to fulfil this responsibility ensure that the full range of responsibilities are discharged in a manner that is effective, efficient and economical
 - Taking responsibility for reporting against duty through its regular reporting mechanisms
- 5.8 Act with a view to securing continuous improvement to the quality of services by:-
- Ensuring the CCG has in place the strategic and operational arrangements for managing quality
 - Monitoring the CCG’s achievements and effectiveness with respect to this policy through regular reports to the CCG’s Governing Body through the Quality, Safety & Risk Committee
- 5.9 Assist and support the NHS Commissioning Board in relation to the Board’s duty to improve the quality of primary medical services by
- Ensuring the CCG has in place the strategic and operational arrangements to manage quality
- 5.10 Have regard to the need to reduce inequalities by:
- Ensuring the CCG has in place operational mechanism to implement and act in accordance with the CCG’s Equality and Engagement Strategy
 - Ensuring the CCG monitors performance against the policy objectives and provides an annual assessment of performance against these objectives through the Equality & Engagement Committee regular reporting mechanisms
- 5.11 Promote the involvement of patients, their carers and representatives in decisions about their healthcare by:
- Ensuring the CCG has mechanisms in place to implement and act in accordance with the CCG’s Equality & Engagement Strategy
 - Ensuring the CCG monitors performance against the policy objectives and provides an annual assessment of performance against these objectives through the Equality & Engagement Committee regular reporting mechanisms
- 5.12 Secure continuous improvement to the quality of services by:-
- Ensuring that the CCG has in place strategic and operational arrangements
- 5.13 Act with a view to enabling patients to make choices by:

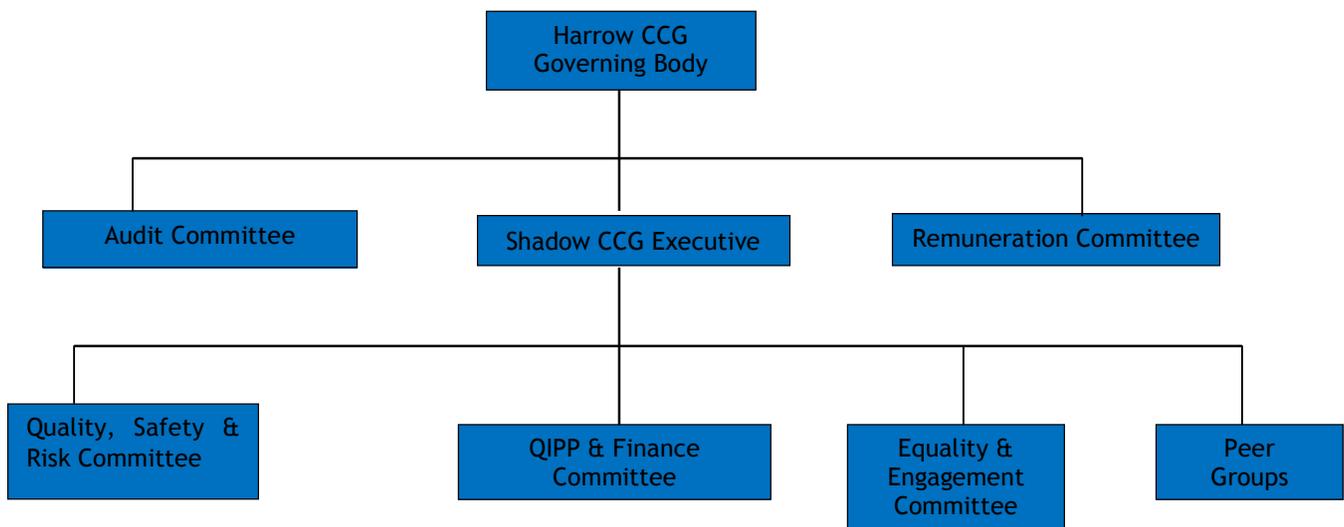
- Ensuring that the CCG monitors performance against the delivery of this duty and makes arrangements for monitoring and providing regular reports to the Governing Body through its regular reporting mechanisms
- 5.14 Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:
- Ensuring the CCG has mechanisms in place to obtain professorial and expert advice to enable it to effectively discharge its functions in the:-
 - The prevention, diagnosis or treatment of illness and
 - The protection or improvement of public health
 - Exercising the roles and responsibilities set out in Section 7 of the constitution
- 5.15 Promote innovation by:
- Ensuring the CCG works collaboratively with recognised educational bodies to ensure that health care services are appropriately commissioned
 - Monitoring effectiveness and achievement against this duty by regular reports to the QIPP Committee
- 5.16 Promote research and the use of research by:
- Ensuring that the CCG has in place strategic and operational arrangements for delivery of this duty and monitoring the achievements and effectiveness of delivery through regular reports to the QIPP Committee
- 5.17 Have regard to the need to *promote education and training* for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty by:
- The delivery of effective systems for the planning and delivery of education and training locally
 - Monitoring performance against deliver of this duty through regular reports to the CCG’s Governing Body
- 5.18 Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities by:-
- Securing health services which are provide in an integrated way to improve quality and educe inequalities

6. Decision-Making

- 6.1 The CCGE decision-making process aims to be inclusive and representative of member views. It is expected that the CCGE will operate as an executive group of the Governing Body and will attempt to make consensus decisions. Where a consensus cannot be reached, the chair may ask the CCGE members to vote.
- 6.2 The GP Representatives of each Peer group is able to make decisions on behalf of their respective Peer groups.
- 6.3 In accordance with the Standing Orders and Standing Financial Instructions, some decisions may require approval by the CCG Governing Body and/or the Strategic & Regulatory Body.

7. Sub-committees

- 7.1 The CCGE governance and accountability structure that will enable it to effectively discharge the range of delegated responsibilities is illustrated below.



- 7.2 The sub-committees accountable to the CCGE shall provide regular updates to the CCGE through submission of formal minutes and quarterly reports (as a minimum), in accordance with their delegated functions and responsibilities.
- 7.3 The Sub-Committees Terms of Reference will describe the accountability arrangements to the CCGE as well as the mechanisms and frequency by which the CCGE will be kept apprised of delegated functions held by each of the sub-committees that are accountable to the CCGE.

8. Relationship with other committees

- 8.1 The CCGE shall report to NHS 's Clinical Commissioning Group's Governing Body who shall approve its Terms of Reference and membership.
- 8.2 The minutes of the CCGE sub-committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate.

CCG Sub Committee Structure

- 8.3 The Chair of the CCGE shall draw to the attention of the Governing Body any issues that require disclosure, or require executive action.
- 8.4 The CCGE shall also report any matters that the group feels would assist the Governing Body in carrying out its work such as the result of projects the group has instigated related to additional analysis or managerial review of key areas critical to the CCG achieving its objectives.

9. Policy and best practice

- 9.1 The committee will apply best practice in the decision making processes to demonstrate that it is discharging its duties effectively, economically and efficiently

10. Conduct of the Committee

- 10.1 The CCGE sub-committee shall uphold the values of the CCG and the principles of good governance as set out in the CCG's Constitution.

APPENDIX N -Statement of Principles in relation to Patient and Public Involvement

- **General Duties** - in discharging its functions the CCG will:

Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements⁴ by:

(the term “user” in this section will be considered to mean patients, potential future patients, carers/family members & organisations which represent and support patients).

- a) Applying the following **Statement of Principles** for Patient & Public Involvement (PPI) in the operation of the CCG:
 - (i) The CCG, its employees (including any sub-contractors/consultants) and its constituent member GP practices will be clear about what involvement means, have a strong commitment to involve users at all levels of the CCG and have a shared understanding of its purpose and be clear about the difference between working for and working with users.
 - (ii) The CCG will be clear about the objectives of any PPI work, its rational, relevance and connection to organisational and health priorities.
 - (iii) The CCG will be honest & transparent about what can change and what is not negotiable - and will communicate the reasons why.
 - (iv) The CCG is committed to the meaningful engagement of users (including Healthwatch) and will ensure that these views influence the commissioning of services by the CCG. The CCG will also ensure that the views of under-represented or hard to reach groups are fully incorporated into this process.
 - (v) The CCG fully recognise the vital contribution carers make to the local health economy. Therefore, the CCG is fully committed to ensuring that carers and their support/representative organisations are meaningfully involved in the commissioning process and are able to effectively influence the CCG’s decision making process.
 - (vi) The CCG will ensure that patient experience and feedback from users (including Healthwatch) is measured and analysed effectively, and is used to influence the decision making process. The CCG is committed to providing and publishing evidence of how PPI is influencing its commissioning and decision making processes.
 - (vii) The CCG is committed to the principle that PPI begins early in the planning stages, so that the views of users are able to effectively influence decisions of the CCG prior to finalisation of commissioning plans.
 - (viii) The CCG will ensure that PPI is a continual, on-going involvement process and is committed to ensuring that PPI influences the CCG at all stages of the commissioning cycle (from planning to delivery & monitoring of services):

- Strategic planning: Engaging with communities to identify health needs and aspirations; and involving the public in decisions about priorities and strategies.
- Service (re)design: Involving users & patient organisations in service (re)design and improvement.
- Specifying outcomes and procuring services: Involving users and their representatives (including Healthwatch) in specifying service outcome measures for improving service quality; and patient centred procurement and contracting.
- Patient centred monitoring and performance management: Involving users and their representatives (including Healthwatch) in the monitoring and performance management of commissioned services and in managing service demand.

(ix) The CCG is committed to the principal that meaningful PPI will ensure that it is able to commission services that best meet the health needs of the community and is an essential tool in driving improvements in the quality of the services that the CCG will commission on behalf of its local community.

(x) The CCG recognises that this can only be achieved if we work in partnership with providers, strategic partners, patients, carers, patient representatives (including Healthwatch) and the wider community we serve. The NHS Constitution for patients states patients: *'have the right to be involved, directly or through a representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'*.

b) The CCG will ensure that it has a systematic approach to co-ordinating the gathering, organising and analysing of user intelligence/experience. The CCG will ensure that effective structures and mechanisms are in place, and adequately resourced, such that this information can be used in the commissioning processes in a timely & appropriate manner.

c) The CCG will establish a patient engagement sub-committee that will provide the CCG with assurance that the PPI Principles set out in section 5.2.1(a) are been applied throughout the workings of the CCG and to ensure that meaningful PPI is been effectively used to influence the commissioning processes. The sub-committee will ensure that the PPI structures, networks and mechanism that are developed by the CCG continue to be fit-for-purpose. The sub-committee membership will include patient representation, carers, LINk/Local Healthwatch (or any future, equivalent organisation), members of the voluntary sector, member(s) of the CCG Board and any other members that are appointed by the CCG as required. The sub-committee will report directly to the CCG Board/committee.

d) The CCG will set out a Patient Engagement Policy, following consultation with key stakeholders (including users, carers, Healthwatch, & voluntary sector organisations). The Patient Engagement Policy will clearly set out and define how the CCG will fulfil its statutory PPI duties. The Policy will be made publically available (including copies at GP practices and the CCG's website) and will be subject to review on an annual basis. Any significant or material changes to the Policy will only be agreed following meaningful

consultation with key stakeholders including Local Healthwatch, patient representatives, carers and the voluntary sector.

e) The CCG will ensure that it undertakes meaningful involvement with the practice-based Patient Participation Groups (PPG) and will ensure that these are adequately supported & resourced so that the CCG is interconnected with the views of its constituent practice populations. The CCG will ensure that these views are able to effectively inform on and influence the commissioning process. The CCG will also ensure that the views of the practice-based (PPG) and other key stakeholders (including Healthwatch) are effectively used to improve the quality of GP services provided by the CCG's constituent practices.

f) The CCG, together with its Patient Engagement sub-committee, will publish a separate Annual PPI Report that sets out its patient engagement Policy; the CCG's future plans for meaningful PPI; as well as reporting on how the involvement and views of patients & the public has influenced the commissioning process, the decisions reached by the CCG, and the quality outcomes (patient/user experiences) of the services commissioned by the CCG. The Annual PPI Report will also set out how the views of PPGs have influenced the delivery of improved GP services. Where these views and/or decisions diverge, or where the quality of services delivered has been material affected; the Annual PPI Report will set out the rationale for any of the differences. The CCG will ensure that its Annual PPI Report is published in a manner which makes it readily, timely & easily accessible to the public, including placing a copy on the CCG website.

[GUIDANCE: The Health & Social care Bill 2012: 14Z15: "a clinical commissioning group must prepare a report (an "annual report") on how it has discharged its functions" - and in this report they must in particular report how they have discharged their duty under 14Z2 (patient & public involvement). So, it should not be much more work for the CCG to publish a separate Annual PPI report?]

(g). The CCG is committed to adopting and further developing locally-generated London Borough of Harrow policies such as the Carers strategy. This will be undertaken in partnership with the key stakeholders including users, carers, organisations representing patients and the London Borough of Harrow. These policies will be subject to annual review by the CCG to ensure that policies are being implemented and where necessary policies are updated following meaningful involvement of key stakeholders. The results of the CCG's annual review of these policies; their implementation & progress updates will be published in Annual Reports that are made readily & freely available to the public (for example by publication on the CCG's website).

(h). The CCG will operate in a manner that ensures that its decisions and commissioning processes are made in an open and transparent way so that all stakeholders; including users, carers, organisations representing patients (including Healthwatch) and the public, can observe or be party to the process and understand the rationale for any decision. This will include ensuring that meetings of its key decision making bodies/boards are held in public (except where this is not in the best interests of the public) and meeting documents are made freely and readily available to the public (for example, by publishing meeting documents on the CCG's website in a timely manner). The CCG will also ensure that users & members of the public are able to freely petition the CCG on issues of concern; that successful petitions will be fully considered by the CCG Board/Committee and the issues raised will form part of the CCG's decision making process. This commitment to transparency in the way the CCG operates will include refraining from commissioning services that seek to restrict, in any form, the principals of transparency and accountability that the CCG upholds.

(i). The CCG will ensure effective integration with the Health and Wellbeing Board.

(j). The CCG will ensure that all current & future service providers commit to the CCG's PPI Guiding Principles set out above. The CCG will also ensure that all current & future service providers provide timely, user-centred feedback to inform on the quality of service provided and that service providers quantitatively demonstrate how they have used that information to improve the quality of the service(s) they delivery.

(k). The CCG will ensure that there is an effective **Complaints Policy** and a robust reporting process. The CCG will ensure that the reporting process will capture & record compliments/complaints collected from all commissioned service providers (including commissioning support service organisations), from Healthwatch (or any future, equivalent organisation) and directly from patients & the public. The CCG will produce an Annual Complaints Report that will set out the number, range & type of complaints the CCG has gathered from each commissioned service provider (and other bodies e.g. Healthwatch); how many of those complaints were resolved to the satisfaction of the complainant; how many were un-resolved or are pending resolution; and what actions the CCG has taken to address the issues raised and/or how the CCG has undertaken lesson learning from this process. The Annual CCG Complaints Report will be published in a timely manner and made freely available to the public in an easy and accessible manner such as publication on the CCG's website and distribution to all the CCG's constituent practices.

The CCG will ensure that all users, carers and the public are fully informed of their right to choice in the health & care sectors, including shared decision making. The CCG will ensure that patients and the public have access to appropriate information on conditions, treatment, available services, safety, access, effectiveness and experience, and that information is available in a range of appropriate formats.

APPENDIX O - Intra-Practice Agreement

NHS Harrow Clinical Commissioning Group: Intra-Practice Agreement

This agreement is for the provision of NHS Harrow CCG Commissioning work.

On behalf of the above practice I confirm the following:

The practice understands that the Constitution of Harrow CCG sets out the arrangements made by the CCG to meet its responsibilities. It describes the governing principles, rules and procedures to ensure probity and accountability in the day to day running of the organisation.

On behalf of the practice (insert name here) _____, I would like to apply to be a member of the Harrow CCG and agree with the Principles of the terms and conditions set out in this Constitution.

Signed on behalf of the Member:

Signed on Behalf of the CCG

Print Name:
.....

Designation:
.....

Date:
.....
