NHS Merton Clinical Commissioning Group
Constitution

October 2017
Dear Members

CHAIR’S STATEMENT

NHS Merton Clinical Commissioning Group has been created for and by its Member Practices with the aim of improving health outcomes for people in Merton. To achieve our vision of better care and a healthier future for Merton, we will involve and engage our patients in designing services, support them to co-produce systems of care and empower them to look after their own health.

We will measure our success by the improvements we are able to secure in the health of local people and the range and quality of services provided. We will commission services based on evidence of clinical effectiveness, patient experience, and in response to defined local and national strategic priorities. We will work proactively with our population to ensure that we engage them at all levels of our commissioning.

We are part of the NHS and will ensure that we uphold its principles and values as reflected in the NHS Constitution. We will demonstrate honesty and integrity in all of our work. We will be thoughtful and transparent in our decision-making and governance. We will be responsible stewards of public money, ensuring that we make adequate provision for adverse times.

We are responsible to our fellow Members, the Practices of Merton. As members we will co-operate to ensure that local services are delivered to the highest standards and that we collectively commission services of high quality, the best value possible and which are responsive to patients' needs. We will work collaboratively with partner organisations to ensure that care is co-ordinated and patient-centred.

We have a responsibility to support our employees, and we will enable individuals and teams to experiment and succeed and to learn and develop. We will treat people with respect and value diversity. We will enable people to fulfil their responsibilities to their families. We will encourage innovation and experiment with new ways of working, learning from mistakes and celebrating successes.

This Constitution lays out the foundations on which NHS Merton Clinical Commissioning Group will build. It defines the rights and responsibilities of Members and establishes the systems of governance which will ensure that we make the right decisions. The Constitution is our commitment to working together.

Dr Andrew Murray

Chair, Merton CCG
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Part 1: Constitution

1.1 This Constitution

- The National Health Service Act 2006 (the ‘Act’), as amended by the Health and Social Care Act 2012 requires that a Clinical Commissioning Group adopts a constitution.

- This Constitution sets out the terms on which NHS Merton Clinical Commissioning Group (the “CCG”) shall exercise its statutory function of commissioning services for the purposes of the health service in England.

- This Constitution has been in effect from 1 April 2013, being the date on which NHS England established the CCG. The last updates to the Constitution were made in October 2017 to facilitate working with our partner CCGs in SW London at Local Delivery Unit, Alliance and Sustainability and Transformation Plan levels.

- This Constitution is a document which has been agreed between, and adopted by, CCG member GP practices and the Governing Body and provides a clear and unambiguous statement to the public, patients, carers and our partners about how we will operate.

- On becoming a Member of the CCG and on its signature of this Constitution each Member GP Practice confirms it will carry out its duties and responsibilities in respect of the CCG in accordance with the terms of this Constitution.

- Words and expressions in this Constitution shall be interpreted in accordance with Schedule 1. Schedule 1 also sets out the general provisions that apply to this Constitution.

- This Constitution reflects the values and rights set out in the NHS Constitution.

- Further provisions in respect of the publication and variation of the Constitution are set out at Schedule 2.

- This Constitution is supplemented by a number of documents which set out how the CCG will operate including:

  - The CCG’s Standing Orders which set out the arrangements for meetings and the appointment processes to elect the CCG’s representatives, including the Governing Body;
The Scheme of Reservation and Delegation which sets out those decisions which are the responsibility of the CCG, its Governing Body, its committees and sub-committees, individual members and employees; and

- Prime Financial Policies, which set out the arrangements for managing the CCG’s financial affairs
- The CCG Conflicts of Interest Policy
Part 2: The CCG

2.1 Name
This Constitution sets out the governance arrangements adopted by NHS Merton Clinical Commissioning Group (the “CCG”).

2.2 Area
The CCG shall carry out its functions in respect of the geographical Area known as the London Borough of Merton as delineated on the map at Appendix 1: Merton Borough.

2.3 Principal Purpose
The principal purpose of the CCG is the commissioning of services for the purposes of the health service in England.

The vision and strategic goals of the CCG are set out at paragraph 2.6.

The duties of the CCG are set out at paragraph 2.7 and Schedule 3.

2.4 Status
The legal status of the CCG is as follows:

- The CCG is a body corporate established under the Act.
- The CCG is accountable to Parliament by way of the Secretary of State and to NHS England.
- The Secretary of State may arrange for the CCG to exercise any public health function of the Secretary of State in accordance with the Act.
- Where the Secretary of State arranges for the NHS England (NHSE) to exercise a function, the NHSE may arrange for the CCG to exercise that function.
- Where the CCG assumes responsibility for a function it shall be liable for any rights or liabilities arising in respect of the exercise by the CCG of that function.

2.5 Composition
The CCG is a statutory body constituted by the GP Practices in the Area.

Subject to the requirements set out in this Constitution:

- All GP Practices in the Area shall be eligible to become members of the CCG in accordance with Part 3 of this Constitution;
• The Governing Body shall oversee the executive functions of the CCG as undertaken by its appointed officers. The Governing Body is composed of appointed, elected and other members;
• GP Member Practices shall form an association known as the Practice Leads Forum. The purpose of the Forum shall be to discharge the powers delegated to it in this Constitution. The Forum shall not trade or make a profit from its activities;
• Each GP Member Practice shall be represented on a Practice Leads Forum by a Practice Lead nominated by each Member Practice;
• The Practice Leads shall be entitled to attend and vote at meetings of the Practice Leads Forum; and
• The Practice Leads Forum shall elect clinicians to the Governing Body as described in Part 4.

2.6 Vision and Strategic Goals
The vision of the CCG is to improve the health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of the population.

The CCG aims to improve patient experiences and health outcomes in a financially and clinically sustainable way by:

• Achieving better value through ensuring the people are able to access the right care they need, in the right setting, at the right time;
• Acting with a view to securing that health services are provided in a way which promotes' the NHS Constitution;
• In so doing we reaffirm the core value and beliefs set out in the NHS Constitution (please see Schedule 3 Paragraph 1)

We also commit to:

• Putting patients first
• Commissioning high quality care
• Commissioning preventative care
• Working together with our providers
• Providing system leadership
• Preventing Problems
• Taking action promptly

Good corporate governance arrangements are critical to achieving the CCGs objectives

We will ensure financial control and provide value for tax payers’ money
We also promote candour and disclosure in the pursuit of healthcare and patient safety (see Appendix 15)

Using an understanding of patient needs to shape services and their experiences to drive performance improvement;

- Acting with a view to securing continuous improvements in the quality of services for patients and in outcomes;
- Working with local partners and providers to integrate services across health and social care and across different care settings, including the development of services in community and primary care settings;
- Ensuring that when we commission services we have a preventative approach;
- Making 'better healthcare closer to home' real for delivering local population health outcomes;
- Agreeing, communicating and implementing an achievable vision for patient-centred healthcare services across Merton; and
- Acting as a clinically-led and managerially efficient membership organisation.

We will achieve our vision and strategic goals by:

- Using a blend of clinical and managerial skill to ensure that we commission in a way that is better than and different from what has gone before. Our commissioning strategies will be evidence-based. We will capture ideas for population health improvement, blend these with local and national priorities and develop an annual business plan that has broad consensus. With a leaner and more fluid structure, we aim to be faster at converting good ideas into reality;

- Making holistic commissioning decisions alongside our commissioning and provider colleagues, reflecting the challenge of co-morbidities and promoting integrated responses to patient needs. We will achieve a better balance in the health system so we can justify where we spend our resources on health care services for population health improvement;

- Being open and transparent in how we work. We will strive to achieve consensus for clinical change and couple clinical priorities with local democracy, working with the local authority to ensure our population has confidence in our commissioning decisions.

The strategic goals will be subject to annual checks and consultation with key partners to ensure fit for purpose to achieve the vision.
2.7 Duties

The duties of the CCG are described in the Act and are set out in Schedule 3 of this Constitution.

2.8 Functions

The CCG shall carry out the functions described in the NHS Act 2006, including, but not limited to:

- Commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
  - All people registered with Member Practices; and
  - People who are usually resident within the Area and are not registered with a member of any other clinical commissioning group;

- Commissioning emergency care for anyone present in the Area;

- Determining the remuneration and travelling or other allowances of members of the Governing Body;

- Paying its employees remuneration, fees and allowance in accordance with the determinations made by the Governing Body and determining any other terms and conditions of service of the CCG’s employees;

In discharging its functions the CCG shall act consistently with the duties of the Secretary of State and NHS England to promote a comprehensive health service and with the objectives and requirements placed on NHS England through the mandate published by the Secretary of State before the start of each financial year as set out in this constitution

2.9 Principals of Good Governance

The CCG shall conduct its business at all times in accordance with such generally accepted principles of good governance, including but not limited to:

- The highest standards of probity involving impartiality, integrity and objectivity in relation to the stewardship of public funds;

- The Nolan Principles (Schedule 7);

- The Good Governance Standard for Public Services;

- The key principles of the NHS Constitution; and

- The Equality Act 2010
2.10 Transparency

All communications issued by the CCG, including the Annual Plan, Annual Report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues and papers will be published on the CCG’s website.

The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.
Part 3: Members and Membership

The CCG is a membership body, comprising GP Practice Members. Those Member Practices are entitled to nominate representatives (Practice Leads) who may attend and vote at meetings of the Practice Leads Forum (and which acts as the CCG’s Council of Members’). The Practice Leads Forum will engage with the Governing Body to ensure commissioning decisions reflect the needs of the patients and the public in the Area.

3.1 Eligibility for Membership

A Practice may become a Member of the CCG if it is situated within the Borough of Merton and it holds a contract for the provision of primary medical services.

3.2 New Applications for Membership

New applications for membership of the CCG (New members are defined as those Practices wanting to become members after 01st July 2012) should be made in writing to the Governing Body.

A Practice shall become a member of the CCG if the Practice:

• In the opinion of the Governing Body it is eligible to become a Member;

• Has, to the satisfaction of the Governing Body completed the Membership application process determined by the Governing Body, including the submission to the Governing Body of a declaration, signed on behalf of the Practice, that the Practice shall comply and be bound by the terms of this Constitution for the period of its Membership;

• Has had its application approved by the Governing Body; and

• Has had its name entered on the Register of Members by the Governing Body.

3.3 Register of Practice Leads

The CCG shall establish and maintain a register of its Practice Leads in the Register of Interests.

3.4 Termination of Membership

A Member may terminate its Membership of the CCG on giving 6 months’ notice to the Governing Body of such intention, in which case the Member’s Membership shall terminate at the expiry of such notice period, or such later date set out in the notice, and that Member shall be removed from the Register of Members by the Governing Body.
A Member shall immediately cease to be a Member and shall be removed from the Register of Members and their Practice Leads shall cease to be eligible to attend/vote at meetings of the Practice Leads Forum subject to approval by NHS England if:

- The Practice ceases to be eligible to be a Member; and/or
- In the opinion of the Governing Body that Member has failed to comply with any material provision of this Constitution
- Further provisions detailing the eligibility requirements for Membership and the circumstances in which Membership may be terminated are described in Schedule

### 3.5 Member Representatives

Each Member Practice shall nominate an individual who is a GP to represent the Member as a Practice Lead on the Practice Leads Forum.

A Member may replace its Practice Lead from time to time by notice **in writing** to the Governing Body.

The CCG shall be entitled to consider that the Practice Lead has the authority to act on behalf of a Member until it receives notification of the replacement of that Practice Lead as detailed above.

Each Member shall authorise its Practice Lead to act on behalf of the Member as follows:

- Attend and receive notice of any meetings of the Practice Leads Forum;
- Vote at meetings of the Practice Leads Forum on behalf of the Member in accordance with this Constitution;
- Sign any written resolution on behalf of the Member;
- Receive any notices from the CCG on behalf of the Member and any notice delivered by the CCG to the Practice Lead shall be deemed to have been made or served on the Member;
- Appoint a proxy; and
- Approve or provide any consent required of the Member by the CCG in respect of the powers and duties of the Member described in this Constitution.

### 3.6 Communications and Engagement Strategy

The CCG shall establish a strategy for communicating with its Members, patients and the public, and other stakeholders.
This strategy will include details of how the CCG will engage with all stakeholders, including Members, and how the CCG will gather and collate information to influence commissioning decisions and improve health services.

A copy of the Communications and Engagement Strategy shall be published on the CCG’s website.

3.7 Members’ Duties and Responsibilities

The duties of each Member are follows:

• Duty to co-operate;

• Duty to act in good faith;

• Compliance with Standing Orders and Standing Financial Instructions;

• Attendance at meetings;

• Improving quality, innovation, prevention and productivity across the Merton health economy;

• Provide input into the Commissioning Strategy Plan;

• Provide input into the Annual Report;

• Adhering to Commissioning and Delegated Budgets; and

• Supporting Public/ Patient Engagement

Members will receive support from the CCG to fulfil these duties and when asked to take on specific functions delegated to them by the CCG Governing Body. Practice leads and others working for Members will also receive support to carry out these duties on behalf of the CCG.
4.1 The Governing Body

The CCG must have a governing body, to oversee the delivery of the CCG’s Annual Plan, lead and set the strategy for the CCG and to be accountable for the delivery by the CCG of its functions as a statutory body. Member Practices will be entitled, through their Practice Lead, to elect members to the Governing Body to ensure the Members are represented and can contribute clinical expertise at the highest level within the CCG.

The NHS Act 2006 requires the CCG to establish a Governing Body (sometimes referred to as the Board). The CCG’s Governing Body shall be known as the NHS Merton CCG Governing Body.

The practice and procedure of the Governing Body is set out in Appendix 11 Standing Orders.

4.2 Composition

The CCG shall have a Governing Body comprising of no more than 14 voting members:

- Chair of the Governing Body;
- Accountable Officer;
- Chief Finance Officer;
- Managing Director for Merton and Wandsworth
- 3 lay members [one to chair the Audit and Governance Committee/ act as COI Guardian, one to Chair the Finance Committee and one to represent the interests of patients and the public; one of the three to act as Vice Chair of the Governing Body].
- 2 GPs who currently practice within Merton;
- Secondary Care Consultant;
- Independent Nurse Member;
- An appointed Local Authority representative.

Up to two other members may be appointed if deemed necessary for the Governing Body to carry out its functions.
The Chair of Merton Local Medical Committee (LMC) will attend meetings in public of the Governing Body as a non-voting participant and non-public meetings of the Governing Body, subject to the agreement of the Chair of the Governing Body and/or Accountable Officer, as a non-voting participant.

The Governing Body will maintain a clinical majority and be chaired by a GP. The Composition of the Governing Body is set out in Schedule 5.

4.3 Members of the Governing Body
The following may become members of the Governing Body:

- A Member of the CCG who is an individual;
- An individual appointed by virtue of Regulations in the Act;
- Individuals who are Health Care Professionals;
- Individuals who are Lay Persons; and
- Individuals who are otherwise specified in this Constitution.

Further provisions detailing the eligibility requirements for membership of the Governing Body and the circumstances in which membership of the Governing Body may be terminated are described in Schedule 6.

4.4 Appointment/Nomination/Election of members to the Governing Body

Appointed Members
NHS England on the recommendation of the Members shall appoint individuals to the following positions on the Governing Body:

- The Chair of the Governing Body, who will have been previously elected by the Membership;
- Accountable Officer;
- Chief Finance Officer; and
- Managing Director

Together the above shall be referred to as the ‘Appointed Members’.

Provisions outlining the appointment and roles of the Appointed Members are set out in Schedule 6.

Elected Members
Members of the CCG shall elect the Chair of the Governing Body and two GPs, all of whom shall be GPs from Merton. Each member practice will have one vote per role.
• Other Members (appointed by CCG via interview process)
• An appointed Local Authority representative – by invitation
• Any other nominees at the discretion of the Governing Body – by invitation

4.5 Meetings of the Governing Body

Meetings of the Governing Body must be held in public, except where the CCG has resolved that it would not be in the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings to permit members of the public to attend a meeting or part of a meeting. Further provisions describing the practice and procedure of the Governing Body are set out in Appendix 11 Standing Orders.

4.6 Voting Rights of Members of the Governing Body

Subject to the provisions of the Governing Body Terms of Reference, all members of the Governing Body shall be entitled to vote at Governing Body meetings.

4.7 Functions

The core functions of the Governing Body are to:

• Ensure that the CCG has made appropriate arrangements to:
• Exercise its functions effectively, efficiently and economically; and
• Comply with such generally accepted principles of good governance as are relevant to it. In particular, the Governing Body shall ensure that appropriate arrangements are put in place to ensure the CCG complies with the Seven Principles of Public Life as described by the Nolan Committee (the ‘Nolan Principles’) which are set out at Schedule 7 to this Constitution.
• Determine the remuneration, fees and allowances payable to the employees of the CCG or to other persons providing services to it;
• Determine the allowances payable under a pension scheme established under the Act; and
• Such other functions connected with the exercise of its main function as may be determined by the CCG and set out in this Constitution at Schedule 8.

The Governing Body shall have regard to any Guidance published by NHS England in respect of the exercise by the Governing Body of its functions.

4.8 Exercise of Functions
The functions of the Governing Body may be exercised by any of the following on their behalf:

- Any committee or sub-committee of the Governing Body;
- A Member of the Governing Body; or
- A Member of the CCG who is an individual (but is not a member of the Governing Body);
- An individual of a description described in the Constitution

In discharging its functions the Governing Body (and its committees and individuals must):

- Comply with the principles of good governance described in this Constitution;
- Operate in accordance with the CCG’s Scheme of Reservation and Delegation;
- Comply with the CCG’s Standing Orders;
- Comply with the CCG’s arrangements for discharging its statutory duties; and
- Where appropriate ensure that Member Practices have had the opportunity to contribute to the CCG’s decision making process
Part 5: Committees

The CCG may appoint committees and sub-committees to assist it in carrying out its functions. A CCG committee may be composed of individuals from outside the CCG enabling the CCG to benefit from the expertise of individuals with a broad range of skills and experience.

5.1 Committees

The CCG may appoint committees or sub-committees. The committees or sub-committees may consist of or include persons other than Members or employees of the CCG.

The CCG shall ensure that each committee or sub-committee adopts and complies with terms of reference detailing the duties and responsibilities of the committee or sub-committee and the procedure of that committee or sub-committee.

The CCG shall ensure that any duties and responsibilities delegated to a committee of the CCG are described in the CCG’s Scheme of Reservation and Delegation.

The Governing Body shall delegate responsibilities to the following three Committees:

- Audit and Governance Committee (Appendix 4)
- Remuneration Committee (Appendix 5)
- Clinical Quality Committee (Appendix 6)

The CCG has established a further 5 committees making eight in all.

- Finance Committee (Appendix 7)
- Charitable Funds Committee (Appendix 8)
- Clinical Transformation Board (Appendix 9)
- Primary Care Commissioning Committee (Appendix 10)
- Committee for Collaborative Decision Making (Appendix 11)

5.2 Audit and Governance Committee

The Governing Body shall establish an Audit and Governance Committee. The composition of the Audit and Governance Committee will accord with any published national guidance.

The Audit and Governance Committee is accountable to the Governing Body, shall be chaired by a Lay Person Member and shall perform such financial monitoring, reviewing and other functions as are considered appropriate by the
Governing Body. The duties and responsibilities of the Audit and Governance Committee shall include:

• Assisting the CCG in discharging its functions under paragraphs 4.7 and 4.8 above;
• Carrying out such other functions connected with the exercise of its main function at paragraph 2.7 above as may be determined by the Governing Body and which are set out in the Audit and Governance Committee Terms of Reference which are appended to this Constitution at Appendix 4 and (where necessary) delegated to the Audit and Governance Committee under the CCG’s Scheme of Reservation and Delegation;
• Identifying strategic risks;
• Monitoring compliance;
• Providing assurance; and
• Assuring adherence to the principles of good governance, as described in paragraph 2.10.1

The Audit and Governance Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Audit and Governance Committee ToR Addendum;

5.3 Remuneration Committee

The Governing Body shall establish a Remuneration Committee. The composition of the Remuneration Committee shall accord with any published national guidance.

The Remuneration Committee shall be chaired by a Lay member, and the duties and responsibilities of the Remuneration Committee shall include:

• Making recommendations to the Governing Body as to the discharge of its functions under paragraphs 4.7 and 4.8 above; and
• Carrying out such other functions connected with the exercise of the functions described at paragraph 4.7 above as may be determined by the Governing Body and which are set out in the Remuneration Committee Terms of Reference which is appended to this Constitution at Appendix 5 and (where necessary) are delegated to the Remuneration Committee under the CCG’s Scheme of Reservation and Delegation.

• The Remuneration Committee must comply with any Regulations setting out provisions in respect of its functions.

The Remuneration Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Remuneration Committee ToR Addendum;
5.4 Clinical Quality Committee

The Governing Body shall establish a Clinical Quality Committee. The composition of the Clinical Quality Committee shall accord with any published national guidance.

The Clinical Quality Committee shall be chaired by the Governing Body Lay Member with lead for patient and public involvement, and the duties and responsibilities of the Clinical Quality Committee shall include:

- Making recommendations to the Governing Body as to the quality and safety of the providers from which services have been commissioned by the Governing Body including safeguarding children and adults.

- Reviewing any Serious Incidents (SIs) and Never Events; and seeking assurance that providers have robust risk management and mitigation plans in place.

The Clinical Quality Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Clinical Quality Committee ToR Addendum;

5.5 Finance Committee

The Governing Body shall establish a Finance Committee. The composition of the Finance Committee shall accord with any published national guidance.

The Finance Committee shall be chaired by a Lay member, and the duties and responsibilities of the Finance Committee shall include:

- Review of strategic and operational financial plans and the current and forecast financial position of the CCG, including progress on the QIPP plan.

- Review, scrutinise financial reports, business cases and performance report summaries before presentation to the Governing Body.

- Providing assurance to the Governing Body and the Audit and Governance Committee of the completeness and accuracy of the financial information provided to the Governing Body.

The Finance Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Finance Committee ToR Addendum;
5.6 Charitable Funds Committee

The Governing Body shall establish a Joint Charitable Funds Committee with NHS Sutton Clinical Commissioning Group, reflecting the joint nature of donations made to the former Sutton and Merton PCT. The composition of the Charitable Funds Committee shall accord with any published national guidance. Leadership of the Committee will be as agreed between the CCGs.

The Charitable Funds Committee shall be chaired by a Lay member, and the duties and responsibilities of the Charitable Funds Committee shall include:

- Overseeing the day to day management of Charitable Funds on behalf of Sutton CCG (the Corporate Trustee to whom the Fund has been transferred).
- Ensuring that the accounts of the Charitable Funds are subject to internal and external audit scrutiny and receive reports as appropriate
- Ratifying the formal transfer of charitable funds to independent NHS Providers, formerly integral elements of PCT corporate structure, which have achieved NHS Trust status (such transfers may only take place in accordance within the agreed Department of Health and Charity Commission regulatory framework).

The Charitable Funds Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Charitable Funds Committee ToR Addendum;

5.7 Clinical Transformation Committee

The Governing Body shall establish a Clinical Transformation Committee. The Clinical Transformation Committee shall be chaired by a GP Governing Board Member, and the duties and responsibilities of the Clinical Transformation Committee shall include:

- Identifying a transformation programme and driving delivery of strategic changes to the Merton health and care system that will improve outcomes for local people and ensure that services are financially sustainable
- Leading on the development of a co-ordinated approach to public, patient and clinical engagement across the local health and care system in order to explain the rationale for change and to ensure effective engagement in designing and delivering the programme of work.

5.8 Primary Care Commissioning Committee (Appendix 10)

The Governing Body shall, establish a Primary Care Commissioning Committee with a composition in accord with any published national guidance.
Primary Care Commissioning Committee shall be chaired by a Lay member, and the duties and responsibilities of the Primary Care Commissioning Committee shall include:

- Carrying out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.
- Exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference
- Participating in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Primary Care Commissioning Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Primary Care Commissioning Committee ToR Addendum;

5.9 Committee for Collaborative Decision Making (Appendix (11))

The Committee for Collaborative Decision Making always operates using a “Committees in Common” arrangement with other CCGs;

The Governing Body shall establish a Committee for Collaborative Decision Making. The Committee for Collaborative Decision Making shall be chaired by a Governing Board Member, and the duties and responsibilities of the Committee for Collaborative Decision Making Committee shall include:

- Making decisions on any organisational and healthcare service changes proposed by the South West London Strategic Commissioning Partnership;
- Making decisions on any subsequent strategies and/or programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process.
Part 6: Commissioning

The CCG must have regard to any guidance published by NHS England in respect of the exercise by the CCG of its commissioning functions.

6.1 Annual Plan

The CCG shall prepare an Annual plan before the start of each Financial Year in accordance with the Act (the “Annual Plan”) and any guidance published by NHS England. The Annual Plan must set out how the CCG proposes to exercise its functions during the relevant Financial Year.

The Annual Plan must, in particular, explain how the CCG proposes to discharge its responsibilities in relation to its duties to:

- Act with a view to securing continuous improvements in the quality of services for patients and in outcomes, with particular regard to clinical effectiveness, safety and patient experience.

- Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them.

- Promote the involvement of individual patients, and their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment.

- Act with a view to enabling patients to make choices about aspects of health services provided to them.

- Promote innovation in the provision of health services.

- Promote research on matters relevant to the health service, and the use of evidence obtained from research.

- Act with a view to securing that health services are provided in an integrated way, and that provision of health services is integrated with provision of health-related or social care services, where the CCG considers that this would improve quality of services or reduce inequalities.

- Have regard to the need to promote education and training of current or future health service staff.

- Ensure that appropriate facilities are made available to any university which has a medical or dental school in connection with clinical teaching or research.
• The CCG shall publish the Annual Plan and supply a copy to NHS England before any date specified by NHS England in a direction and to any relevant Health and Wellbeing Board.

• The CCG may revise the Annual Plan after it has been published. Following a revision, the CCG must prepare and publish a document detailing the changes it has made to the Annual Plan. The CCG shall supply a copy of the revised Annual Plan to NHS England before any date specified by them and to any Relevant Health and Wellbeing Board. If the CCG revises the Annual Plan in a way in which the CCG considers to be significant, the CCG must also publish a copy of the revised Annual Plan.

• A copy of the Annual Plan as amended from time to time shall be available at the CCG’s place of business and shall be published on the CCG’s website.

6.2 Consulting on Annual Plans

Where the CCG is preparing an Annual Plan or revising an Annual Plan in a way which the CCG considers significant, the CCG must:

• Consult individuals for whom it has responsibility for the purposes of Section 3 of the NHS Act 2006; and

• Involve any relevant Health and Wellbeing Board in revising or preparing the Annual Plan.

6.2.1 In particular, the CCG shall:

• Give the Merton Health and Wellbeing Board a draft of the Annual Plan or, as the case may be, a copy of the revised Annual Plan; and

• Consult the Merton Health and Wellbeing Board on whether the draft Annual Plan takes proper account of each Joint Health and Wellbeing Strategy published by the Merton Health and Wellbeing Board which relates to the period (or any part of the period) to which the Annual Plan relates.

• Include in the published Annual Plan or, in circumstances where the CCG revises a published plan in a way in which the CCG considers significant, the revised Annual Plan:
  ° A summary of the views expressed by individuals consulted under 6.2 above;
  ° An explanation of how the CCG took account of those views; and
A statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the Annual Plan under paragraphs 6.2 and 6.2.1 above.

Have regard to any guidance published by NHS England in relation to drafting, revising and consulting on the contents of the Annual Plan.

6.3 Any Qualified Provider (“AQP”)

In drafting the Annual Plan, the CCG must have regard to:

• The ‘Procurement Guide for Commissioners of NHS-funded Services’ published on 30 July 2010 and any document which supersedes it;

• ‘Operational Guidance to the NHS - Extending Patient Choice of Provider’ published on 19 July 2011 and any document which supersedes it; and

• Any other documentation setting out how the AQP model is to function

When commissioning services from those providers who are qualified to do so under the national list of services the CCG must ensure that those qualified still meet the requirements, namely that they:

• Are registered with the Care Quality Commission and licensed by NHS Improvement where required, or meet equivalent assurance requirements;

• Will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law;

• Accept NHS prices;

• Can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and

• Reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols.
7.1 Annual Report

- In every Financial Year the CCG shall prepare an Annual Report (incorporating the CCG Annual Governance Statement) on how it has discharged its functions in the previous Financial Year.

- The Annual Report will be prepared in accordance with the Act and any directions given to the CCG by NHS England.

- Provisions describing the contents of and the procedures in respect of the publication of the Annual Report are set out in Schedule 9.
8.1 Permitted Disclosures of Information

The CCG may disclose information obtained by it in the exercise of its functions if the disclosure is:

- Made under or pursuant to regulations under Sections 113 or 114 of the Health and Social care (Community Standards) Act 2003 (Complaints About Health Care and Social Services);
- Made in accordance with any enactment or court order;
- Necessary or expedient for the purposing of protecting the welfare of an individual;
- Made to any person in circumstances where it is necessary or expedient for the person to have the information for the purposes of exercising functions of that person under any enactment;
- Made for the purposes of facilitating the exercise of any of the CCG’s functions;
- Made in connection with the investigation of a criminal offence (whether or not in the United Kingdom);
- Made for the purpose of criminal proceedings (whether or not in the United Kingdom); or
- If the information has previously been lawfully disclosed to the public

8.2 The CCG’s right to disclose information under paragraphs 8.1.1 above may be exercised notwithstanding any rule of common law which would otherwise prohibit or restrict the disclosure.
Part 9: Third Party Engagement/Collaborative Working

9.1 Patients and the Public

The Governing Body shall make arrangements to ensure that patients and the public are involved in the planning and development of the Annual Plan. Such arrangements shall include service commissioning in accordance with its duty at paragraph 13 of Schedule 3 of this constitution.

9.2 Local Authority

The CCG will work in partnership with Merton Borough Council to reduce health and social inequalities.

Partnership working between the CCG and Merton Borough Council might include joint commissioning. In this instance, the CCG may make arrangements with Merton Borough Council in respect of:

- Delegating any of the CCG’s commissioning functions to the Council;
- Exercising any of the commissioning functions jointly

For purposes of the arrangements described in 9.2., the CCG may:

- Agree formal and legal arrangements to make payments to, or receive payments from the Council, or pool funds for the purpose of joint commissioning;
- Make the services of its employees or any other resources available to the Council; and
- Receive the services of the employees or the resources from the Council. Where the CCG makes an agreement with the Council as described in 9.2., the agreement will set out the arrangements for joint working, including details of:
  - How the parties will work together to carry out their commissioning functions;
  - The duties and responsibilities of the parties;
  - How risk will be managed and apportioned between the parties’
  - Financial arrangements, including payments towards a pooled fund and management of that fund;
 Contributions from both parties, including details of assets, employees and equipment to be used under the joint working arrangements; and

 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to 9.3.2; and similarly, the liability of the Council to carry out its functions will not be affected where the Council enters in said arrangements.

9.3 Health and Wellbeing Boards

From April 2013 the CCG, as a member of the Health and Wellbeing Board for the Area shall work with the local authority to develop a Joint Strategic Needs Assessment for the Area and will hold the local authority to account for the delivery of the Joint Health and Wellbeing Strategy.

The CCG shall act in partnership with the Local Authority, Public Health and other agencies with a commitment to promoting the health and well-being of the Merton population to develop a shared vision and ambition for health improvement and health and social care services.

9.4 Merton Local Medical Committee

The CCG recognises the unique role of the Merton Local Medical Committee (LMC) in representing the professional interests of GPs in the Borough. The LMC and the CCG share a common membership. The CCG shall aim to build and maintain a strong, open and effective collaborative relationship with the LMC.

In discharging its functions, the CCG, through its Governing Body and committees, shall consult the Local Medical Committee on decisions that impact on practices in their delivery of Primary Care Services, and individual general practitioners in their professional role; this will include regular attendance at meetings, by agreement.

9.5 Joint commissioning arrangements with other Clinical Commissioning Groups

The CCG may wish to work together with other CCGs in the exercise of its commissioning functions.

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

- delegating any of the CCG’s commissioning functions to another CCG;
- exercising any of the commissioning functions of another CCG; or
- exercising jointly the commissioning functions of the CCG and another CCG

For the purposes of the arrangements described at paragraph 9.5 the CCG may:

- make payments to another CCG;
• receive payments from another CCG;
• make the services of its employees or any other resources available to another CCG; or
• receive the services of the employees or the resources available to another CCG.

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

For the purposes of the arrangements described at paragraph 9.5, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 9.5.iii above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

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

• How the parties will work together to carry out their commissioning functions;
• The duties and responsibilities of the parties;
• How risk will be managed and apportioned between the parties;
• Financial arrangements, including, if applicable,
  o payments towards a pooled fund;
  o management of that fund;
  o contributions from the parties, including details around assets, employees; and
  o equipment to be used under the joint working arrangements.

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements, pursuant to paragraph 9.5.

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

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

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

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

9.6 Joint commissioning arrangements with NHS England for the exercise of CCG functions

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

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

The arrangements referred to above may include other CCGs.

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

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

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

• How the parties will work together to carry out their commissioning functions;
• The duties and responsibilities of the parties;
• How risk will be managed and apportioned between the parties;
• Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
• Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 9.6.
The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

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

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

9.7 Joint commissioning arrangements with NHS England for the exercise of NHS England’s functions

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

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

- Exercise such functions as specified by NHS England under delegated arrangements;
- Jointly exercise such functions as specified with NHS England.

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

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

For the purposes of the arrangements described above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
Where the CCG enters into arrangements with NHS England as described at paragraph 9.7.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements

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

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

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

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

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

9.8 Joint Appointments with other Organisations

The CCG may make joint appointments including joint appointments with other CCGs. Any such joint appointments will be supported by a memorandum of understanding between the organisations that are party to these joint appointments.
9.9 NHS England (NHSE)

- The CCG shall work with NHS England (the operating name for the Commissioning Board Authority) to improve the quality of primary care services; ensuring that local service re-design promotes innovation and reducing health inequalities.

- The CCG will work in partnership with NHS England to improve quality of specialist services

- The CCG will be accountable to NHS England

9.10 Public Health

The CCG will develop a Memorandum of Understanding with Public Health Merton that outlines:

- Public Health input into joint commissioning with the Local Authority/CCG with regards to core Public Health functions;

- Public Health specialist support and capacity into the CCG; and

- CCG support and capacity into the commissioning elements of Public Health core functions
10.1 Conflicts of Interest

The Governing Body shall develop and maintain a conflicts of interest policy (the “Conflicts of Interest Policy”).

A copy of the Conflicts of Interest Policy as amended from time to time by the Governing Body will be published on the CCG’s website.

The CCG shall appoint a Conflict of Interest Guardian who will normally be the Audit Committee Chair and whose responsibilities shall be to:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

10.2 Registers of Interest

The CCG shall create and maintain registers of the interests of:

- All CCG employees, including:
  - All full and part time staff;
  - Any staff on sessional or short term contracts;
  - Any students and trainees (including apprentices);
  - Agency staff
  - Seconded staff.
  - self-employed consultants
  - other individuals working for the CCG under a contract for services
- Members of the governing body: All members of the CCG’s committees, sub-committees/sub-groups, including:
  - Co-opted members;
– Appointed deputies; and
– Any members of committees/groups from other organisations.

• All members of the CCG (i.e., each practice)

This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by the following groups:
– GP partners (or where the practice is a company, each director);
– Any individual directly involved with the business or decision-making of the CCG.

Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG. Members;

The Registers of Interest record all declarations of interest as set out below and in the CCG’s Managing Conflicts of Interest Policy.

The Registers of Interest shall be available for public inspection on written request.

The CCG shall have regard to guidance published by the NHS Commissioning Board (currently June 2017) on the discharge of CCG functions in respect of conflicts of interest.

Conflicts of Interest shall be managed in accordance with the CCG’s Managing Conflicts of Interest Policy, which is available on the Wandsworth CCG website.

The CCG will satisfy itself as a minimum on an annual basis that its registers of interest are accurate and up-to-date, and will ensure that only decision-making staff are included on the published register.

10.3 Governing Body

The CCG shall collate and maintain a Register of Interests of each Member of the Governing Body. The Register of Interests shall include all relevant personal or business interests as defined by the CCG’s Conflicts of Interest Policy, held by a Governing Body Member.

All Members of the Governing Body must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring Members of the Governing Body to notify the CCG of a relevant interest or a change to an existing interest noted on the Register of Interests. Failure by a Governing Body Member to so notify the CCG or to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Governing Body Member from the Board.
Where the business of the Governing Body requires a decision on an area in which a member holds a significant conflict of interest, the Chair of the Governing Body shall ensure that the Member Representative in question takes no part in the discussion or subsequent decision making. The CCG’s Conflicts of Interest Policy states what could be considered a conflict of interest and the procedure for evaluating proposals where more than one member of the Governing Body holds a significant interest pertaining to the business of the CCG.

Should the Chair of the Governing Body have a conflict of interest, then the Chair of the Governing Body shall take no part in the discussion or subsequent decision making, and the Vice Chair (Lay Member) shall chair the discussion and subsequent decision making.

10.4 Practice Leads Forum

The CCG shall collate and maintain a Register of Interests for each member of the Practice Leads Forum. The register of interests shall include all relevant personal or business interests as defined by the CCG’s Conflicts of Interest Policy, held by a Practice Lead on the Practice Leads Forum.

All Practice Leads of the Practice Leads Forum must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring members of the Practice Leads Forum to notify the CCG of a relevant interest or a change to an existing interest noted on the register. Failure by a Practice Lead to so notify the CCG or to fail to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Practice Lead from the Practice Leads Forum.

Where the business of the Practice Leads Forum requires a decision on an area in which a Practice Lead holds a significant conflict of interest, the Chair of the Governing Body, working with the chair of the Practice Leads Forum, shall ensure that the Practice Lead in question takes no part in the discussion or subsequent decision making. The CCG’s Conflicts of Interest Policy describes examples of interests that are likely to be considered ‘significant’.

10.5 Declaration of Interests

Each Governing Body member, Practice Lead, CCG employee or any other person working on behalf of the CCG shall declare any personal or business interest as defined in the CCG’s Conflicts of Interest Policy immediately on becoming aware of such interest. The CCG’s Conflicts of Interest Policy shall set out the procedure for making the declaration. Such declaration shall
include details of the nature and extent of the interest, including details of any benefit already received or which is expected to be received.

Any question of whether an interest is a conflict of interest or potential conflict of interest as defined by the CCG’s Conflicts of Interest Policy or whether an interest should be recorded or removed from the Register of Interests shall be for the consideration of the Accountable Officer.

Any member of the Governing Body or Practice Lead, CCG employee or any other person working on behalf of the CCG must absent themselves from any meeting or part of a meeting in which any personal or business interests conflicts, or has the potential to conflict, with the business of the CCG in accordance with the CCG’s Conflicts of Interest Policy. In such circumstances, the individual shall not be counted as part of the quorum for the meeting and shall not be entitled to vote.
Part 11: Employment, Remuneration and Expenses

11.1 Staff

The CCG may appoint such persons to be employees of the CCG as it considers appropriate.

The CCG must:

- Employ its employees on such terms and conditions as the CCG considers appropriate; and

- Pay its employees remuneration and travelling or other allowances as determined either by NHS Terms and Conditions or for Very Senior Managers (VSMs) by the Governing Body.

The CCG may, for or in respect of its employees, make arrangements for providing pensions, allowances or gratuities. Such arrangements may include the establishment and administration, by the CCG or another party, of one or more pension schemes.

The terms and conditions arrangements described above include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of employees who suffer loss of office or employment or loss or diminution of emoluments.

11.2 Governing Body

The CCG sets the rates of pay for Governing Body members and may pay members of the Governing Body such remuneration and travelling or other allowances, pensions and/or gratuities as it considers appropriate.

The arrangements described at paragraph 11.1 above may include the establishment and administration, by the CCG or another party, of one or more pension schemes of which the members of the Governing Body may become members where appropriate.

The arrangements described at paragraph above (3rd paragraph of 11.1) include arrangements for the provision of pensions, where appropriate, allowances or gratuities by way of compensation to or in respect of any members of the Governing Body who suffer loss or diminution of emoluments.

Paragraph above (second paragraph of 11.2) does not apply to Members or employees of Members of the CCG.
For the avoidance of doubt, the CCG may make arrangements for the provision of pensions for employees in accordance with paragraph above (3rd paragraph of 11.1) and such employees shall not also be entitled to become members of any pension scheme established pursuant to paragraph 3 of 11.2 by virtue of their membership of the Governing Body.

11.3 Accountable Officer

- The CCG must have a Accountable Officer.
- The Accountable Officer is to be appointed by NHS England.
- The CCG may, for or in respect of its Accountable Officer, make arrangements for providing remuneration and travelling or other allowances, pensions, allowances or gratuities, including arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of the Accountable Officer where that Accountable Officer suffers loss of office or loss or diminution of emoluments.

11.4 Chief Finance Officer

- The CCG must have a Chief Finance Officer.
- The Chief Finance Officer is to be appointed by NHS England.
- The CCG may, for or in respect of its Chief Finance Officer, make arrangements for providing remuneration and travelling or other allowances, pensions, allowances or gratuities, including arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of the Chief Finance Officer where that Chief Finance Officer suffers loss of office or loss or diminution of emoluments.

11.5 Managing Director – Merton & Wandsworth

- The CCG must have a Managing Director – Merton & Wandsworth.
- Managing Director will be appointed to the governing body, following an application and selection process;

11.6 Additional Powers in Respect of Payment of Allowances

The CCG may pay such travelling or other allowances as it considers appropriate to any of the following:
- Members of the CCG who are individuals;
- Individuals, including Member Representatives, authorised to act on behalf of a Member in dealings between the Member and the CCG; and
• Members of any committee or sub-committee of the CCG or the Governing Body.
Schedules

Schedule 1 Definitions
Schedule 2 Additional Information on the Constitution
Schedule 3 CCG Duties, Responsibilities and Powers
Schedule 4 Membership: Eligibility and Termination of Membership
Schedule 5 Composition of the Governing Body
Schedule 6 Additional Information for Governing Body Membership
Schedule 7 The Seven Principles of Public Life (The Nolan Principles)
Schedule 8 CCG Functions
Schedule 9 Annual Report: Contents and Publication
Schedule 10 NHS England

This document contains 10 Schedules
## Schedule 1: Definitions

1.1 The following words and phrases shall be interpreted as set out below:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td><strong>Accountable Officer</strong></td>
<td>See Accountable Officer</td>
</tr>
<tr>
<td><strong>Annual Report</strong></td>
<td>The report prepared by the CCG at the end of each Financial Year describing how the CCG has discharged its functions in the previous Financial Year.</td>
</tr>
<tr>
<td><strong>Appointed Members</strong></td>
<td>Members appointed to the Governing Body in accordance with paragraph 4.4.</td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td>The geographical area to be covered by the CCG</td>
</tr>
<tr>
<td><strong>Audit and Governance Committee</strong></td>
<td>A formal committee of the Governing Body appointed by the Governing Body in line with the MCCG Constitution.</td>
</tr>
<tr>
<td><strong>Accountable Officer</strong></td>
<td>An individual who is appointed to be accountable for the exercise by the CCG of any of its functions by NHS England in accordance with the Act and whose duties and responsibilities are set out in this Constitution.</td>
</tr>
<tr>
<td><strong>Commissioning Board Authority</strong></td>
<td>See NHS England</td>
</tr>
<tr>
<td><strong>Commissioning Functions</strong></td>
<td>The functions of Clinical Commissioning Groups in arranging for the provision of services as part of the Health Service (including the function of making a request to NHS England for the purposes of Section 1427).</td>
</tr>
<tr>
<td><strong>Commissioning Plan</strong></td>
<td>The plan for commissioning prepared by the CCG in accordance with the NHS Act 2006 and pursuant to paragraph 6.</td>
</tr>
<tr>
<td><strong>Conflicts of Interest Policy</strong></td>
<td>The policy developed and maintained by the Governing Body pursuant to paragraph 10.</td>
</tr>
<tr>
<td><strong>Financial Year</strong></td>
<td>The Financial Year begins on 1 April and ends at midnight on the following 31 March.</td>
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<tr>
<td><strong>Board</strong></td>
<td>The CCG Governing Body appointed pursuant to having the responsibilities set out in Part 4.</td>
</tr>
<tr>
<td><strong>GP</strong></td>
<td>Means a general practitioner registered on a performers’ list of that NHS England.</td>
</tr>
<tr>
<td><strong>Guidance</strong></td>
<td>Measuring applicable health or social care guidance, direction or determination which the CCG has a duty to have regard to.</td>
</tr>
<tr>
<td><strong>Health and Wellbeing Board</strong></td>
<td>A committee of the local authority established by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), on which the CCG will be represented.</td>
</tr>
<tr>
<td><strong>Health Care Professional</strong></td>
<td>An individual who is a member of a profession regulated by a body mentioned in Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.</td>
</tr>
<tr>
<td><strong>Health-Related Services</strong></td>
<td>Services that may have an effect on the health of individuals but are not health services or Social Care Services.</td>
</tr>
<tr>
<td><strong>Joint Health and Wellbeing Strategy</strong></td>
<td>A strategy under Section 116A of the Local Government and Public Involvement in Health Act 2007 which is prepared and published by a Health and Wellbeing Board by virtue of Section [195 of the Health and Social Care Act 2010].</td>
</tr>
<tr>
<td><strong>Lay Person</strong></td>
<td>An individual who is not: (a) a member of the CCG; (b) a Healthcare Professional; or (c) an individual of prescribed description.</td>
</tr>
<tr>
<td><strong>Legislation</strong></td>
<td>Laws statutes, statutory instruments, regulations and directions issued from time in respect of the CCG.</td>
</tr>
<tr>
<td><strong>Local Medical Committee (LMC)</strong></td>
<td>LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>A Practice which has successfully completed the application process for Membership of the</td>
</tr>
<tr>
<td><strong>Member Engagement Strategy</strong></td>
<td>A strategy established by the CCGs for engaging with its Members in accordance with paragraph 3.8 of this Constitution.</td>
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<tr>
<td><strong>Merton CCG Board</strong></td>
<td>the group comprised as set out in Part 4 to fulfil the functions of the Governing Body of the CCG as set out in the 2006 Act and also as further set out in this Constitution. This term is interchangeable with the term “Merton CCG Governing Body”.</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>The operating name of the NHS Commissioning Board, the body established by the NHS Act 2006 (as amended by the Health and Social Care Act 2012).</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td>An individual or organisation that is a provider of primary medical services pursuant to: a general medical services contract; arrangements under section 83(2) of the Act; or arrangements under section 92 of the Act, for the provision of primary medical services of a prescribed description.</td>
</tr>
<tr>
<td><strong>Practice Lead</strong></td>
<td>An individual nominated by a Member to represent that Member on the Practice Leads Forum.</td>
</tr>
<tr>
<td><strong>Practice Leads Forum</strong></td>
<td>A committee composed of Practice Leads that meets at least 2 times per year.</td>
</tr>
<tr>
<td><strong>Register of Interests</strong></td>
<td>A written register as amended from time to time of the interests of each member of the Governing Body or Members Forum as described in part 10 of this Constitution.</td>
</tr>
<tr>
<td><strong>Register of Members</strong></td>
<td>A written register as amended from time to time of the names and addresses of the Members of the CCG established and maintained in accordance with paragraph 3 of this Constitution.</td>
</tr>
<tr>
<td>Regululations</td>
<td>Any applicable delegated or subordinate legislation or regulation.</td>
</tr>
<tr>
<td>Relevant Health and Wellbeing Board</td>
<td>A Health and Wellbeing Board established by a Local Authority whose area is co-terminus with, or includes the whole or any part of the Area of the CCG.</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>A formal committee of the Governing Body appointed by the Governing Body in line with the MCCG Constitution</td>
</tr>
<tr>
<td>Social Care Services</td>
<td>Services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).</td>
</tr>
<tr>
<td>Standing Orders</td>
<td>The Standing Orders described in paragraph 1.1.9 and set out in Appendix 11.</td>
</tr>
<tr>
<td>The Local Government Act</td>
<td>The Local Government and Public Involvement in Health Act 2007 as amended from time to time.</td>
</tr>
<tr>
<td>The Nolan Principles</td>
<td>The Seven Principles of Public Life expounded by the Nolan Committee.</td>
</tr>
</tbody>
</table>

1.2 Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular.

1.3 Unless the context otherwise requires, a reference to one gender shall include a reference to the other gender.

1.4 A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time.

1.5 A reference to a statute or statutory provision shall include all subordinate legislation made from time to time under that statute or statutory provision.

1.6 A reference to ‘writing’ or ‘written’ includes faxes [and e-mail], but not text messages or messages conveyed by way of social media websites.
1.7 Any words following the terms ‘including’, ‘include’, ‘in particular’ or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. General Provisions

2.1 Confidential Information

2.1.1 “Confidential Information” means any information which any Member may have or acquire in relation to the CCG or another Member. Information shall not be considered Confidential Information if it becomes public knowledge other than as a direct or indirect result of a breach of this provision.

2.1.2 Each Member shall at all times use all reasonable endeavours to keep confidential any Confidential Information and each Member agrees:

- to use Confidential Information only for the use for which the Confidential Information was disclosed to it; and
- not to disclose the Confidential Information to any third party or use it to the detriment of the CCG or any other Member.

2.1.3 A Member may disclose Confidential Information in the following circumstances:

- where it is required by the Member’s professional advisors where such disclosure is for a purpose related to the operation of the CCG; or
- with the consent in writing of the Member to which the Confidential Information relates; or
- where it is required by law or regulation, in which case the Member shall supply a copy of the required disclosure to the Governing Body in sufficient time to enable the Governing Body to suggest and incorporate amendments to it; or
- to comply with the law; or
- to any tax authority; or
- if the Confidential Information is disclosed within the public domain otherwise then as a breach of this provision.

The obligations of each of the Members under this provision shall continue without limit of time. The Members agree that they shall not make or permit or authorise the making of any press release or other public statement or disclosure concerning the CCG or any of the Members without the prior consent in writing of the Governing Body.
2.2 Legal Notices

2.2.1 Any legal notice given to a party under or in connection with this Constitution shall be:

- in writing;
- in English; and
- for the CCGs sent to the address or to the fax number, or, in the case of a Member or the Member Representative, for that Member, the address set out from time to time in the Register of Members.

2.2.2 The following table sets out methods by which a notice may be sent and, if sent by that method, the corresponding deemed delivery date and time:

<table>
<thead>
<tr>
<th>Delivery method</th>
<th>Deemed delivery date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery by hand.</td>
<td>At the time the notice is left at the address.</td>
</tr>
<tr>
<td>Pre-paid first class, recorded delivery post or other next working day delivery service.</td>
<td>48 hours after the date of posting.</td>
</tr>
<tr>
<td>Fax.</td>
<td>[2 hours] after the time of transmission.</td>
</tr>
</tbody>
</table>

2.2.3 For the purpose of this clause and calculating deemed receipt:

- all references to time are to local time in the place of deemed receipt; and
- if deemed receipt would occur on a Saturday or Sunday or a public holiday when banks are not open for business, or outside normal business hours (meaning 9.00am to 5.00pm) on a business day, deemed receipt will take place at 9.00 am on the day when business next starts in the place of receipt.

2.2.4 To prove service it is sufficient to prove that:

- where a notice was delivered by hand, that the notice was delivered and left at the correct address;
- where a notice was posted, that the envelope containing the notice was properly addressed and posted; and
- where a notice was sent by fax, a fax delivery report showing that the notice was properly addressed and despatched to the correct fax number.
A legal notice given under this Constitution is not valid if sent by e-mail. However, to conduct its regular daily business, the CCG may correspond with its Members using email so long as such correspondence does not constitute a legal notice in connection with the Constitution.

2.3 **No Partnership or Agency**

Nothing in this Constitution is intended to, or shall be deemed to, establish any partnership or joint venture between any of the parties, constitute any party the agent of another party, nor authorise any party to make or enter into any commitments for or on behalf of any other party.
Schedule 2: Additional Information on the Constitution

Guidance

The CCG must have regard to any Guidance published by NHS England, including Guidance on the form, content or publication.

Publication

The CCG shall publish this Constitution on the CCG’s website. If this Constitution is varied, the CCG must publish the Constitution as so varied.

The CCG must have regard to any Guidance published by NHS England in respect of the publication of the Constitution.

Variation

The CCG may apply to NHS England to vary this Constitution. Such variation may include varying the CCG’s area or its list of members. The CCG shall have regard to any Guidance published by NHS England and comply with any Regulations made in respect of varying this Constitution.

The Act sets out further circumstances in which this Constitution may be varied otherwise than by an application by the CCG to NHS England.

The appendices and annexes to this Constitution may be varied by the Governing Body as the delivery of CCG functions requires and will be reported to the membership and appropriate authorising bodies at the next available opportunity.
Schedule 3: CCG Duties, Responsibilities and Powers

**The CCG’s Duties**

The Members (appointed, elected and nominated) of the CCG shall ensure that their conduct in the exercise of their duties to the CCG complies with such generally accepted principles of good governance as are relevant to it, in particular, the Nolan Principles.

The following is a list of the statutory duties of the CCG under the Act. The CCG shall put in place arrangements to ensure it exercises its duties in accordance with Legislation and directions by NHS England and having regard to any Guidance documenting them as necessary in this constitution, the CCG’s scheme of reservation and delegation and other relevant CCG policies and procedures.

The CCG shall in exercising these duties act consistently with the Secretary of State’s duty to promote a comprehensive health service.

1. **Duty to promote the NHS Constitution**

1.1 The CCG shall adhere to the NHS Constitution’s seven principles which are as follows:

- The NHS provides a comprehensive service, available to all;

- Access to NHS services is based on clinical need, not an individual’s ability to pay;

- 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 the patient experience;

- The patient will be at the heart of everything the NHS does.

- 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 committed to providing best value for taxpayers’ money and the most cost-effective, fair and sustainable use of finite resources; and

- The NHS is accountable to the public, communities and patients it serves.

1.2 The CCG shall, in the exercise of its functions:
• Act with a view to securing that health services are provided in a way which promotes the NHS Constitution; and
• Promote awareness of the NHS Constitution amongst patients, staff and members of the public

In this paragraph “patients” and “staff” have the same meanings as in Chapter 1 of Part 1 of the Health Act 2009.

2. Duty as to Efficiency

The CCG must exercise its functions effectively, efficiently and economically.

3. Duty as to Improvement in Quality of Services

3.1 The CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. In particular the CCG must act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services. These outcomes include, in particular, outcomes which show the:

- Effectiveness of the services;
- Safety of the services; and
- Quality of the experience undergone by patients.

4 Duty in relation to Quality of Primary Medical Services

The CCG must assist and support NHS England in discharging its duty under Section 13 E of the Act (NHS England’s duty as to improvement in quality of services) so far as it relates to securing continuous improvement in the quality of primary medical services.

5 Duties as to Reducing Inequalities and the Equality Duty

5.1 The CCG must, in the exercise of its functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- Eliminate discrimination; harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010;
• Advance equality of opportunity between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it;

• Foster good relations between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it; and

• Report annually on the CCG’s progress in respect of paragraphs: 5.1.

5.2 The Equality Delivery System, now referred to as EDS 2, or future variation shall be used to enable the CCG to meet its requirements in relation to the public sector Equality Duty and aspects of the NHS Constitution and the NHS Outcomes Framework.

5.3 The CCG shall champion the use of the EDS 2 to embed areas for improvement within commissioned services.

5.4 The Governing Body will agree a number of equality objectives for the CCG to implement annually, which will be derived from stakeholder consultation. These will be published on the CCG’s website and will form the basis of an action plan for the CCG to improve performance against equality standards and outcomes.

6 Duty to Promote Involvement of each Patient

6.1 The CCG shall in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:

• The prevention or diagnosis of illness in the patients, or

• Their care or treatment.

6.2 The CCG shall have regard to any guidance published by NHS England in respect of its duty under paragraph 6.1 above.

6.3 The CCG must have regard to any Guidance issued by NHS England in respect of this duty.

6.4 All Clinical Reference Groups terms of reference and subsequent plans for re-design will include patient education and self-management.

6.5 Outcomes to achieve in respect of self-management will be included within service specifications and be monitored according to the contract.

7 Duty as to Patient Choice

7.1 The CCG must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.
7.2 The CCG will uphold the principles of patient choice in ensuring that every service it directly commissions promotes patient choice.

7.3 The CCG will ensure its Complaints function supports patients with issues over patient choice.

8 Duty to obtain Appropriate Advice

8.1 The CCG must obtain advice appropriate for enabling it effectively to discharge its functions from persons who together have a broad range of professional expertise in the prevention, diagnosis and treatment of illness and the protection or improvement of public health.

8.2 The CCG must have regard to any Guidance issued by NHS England in respect of this duty.

8.3 The CCG will obtain appropriate specialist (e.g. legal) advice when required in order to execute its legislative requirements fully.

9 Duty to Promote Innovation

9.1 The CCG must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).

9.2 The CCG will promote continuous improvement in its commissioned services. This will ensure better health outcomes are attained.

9.3 The CCG will promote health outcomes through a commitment to using different financial contractual models e.g. payment by outcomes.

10 Duty in Respect of Research

10.1 The CCG must, in the exercise of its functions, have regard to the need to promote research on matters relevant to the health service and the use of the health service of evidence obtained from research.

10.2 The CCG will work with local providers and across organisational boundaries to understand how the latest evidence can be commissioned within its contracts.

11 Duty as to Promoting Integration

11.1 The CCG must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would:

- Improve the quality of those services (including the outcomes that are achieved from their provision)
- Reduce inequalities between persons with respect to their ability to access those services; or
• Reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

11.2 The CCG will work with local stakeholders and across organisational boundaries to develop needs and evidence based services.

11.3 The CCG will ensure understanding of whole-system pathways and explore opportunities for integration to improve overall outcomes.

11.4 The CCG must exercise its functions with a view to securing that the provision of health services is integrated with the provision of Health-Related Services or Social Care Services where the CCG considers that such integration would:

• Improve the quality of the health services (including the outcomes that are achieved from the provision of those services);
• Reduce inequalities between persons with respect to their ability to access those services; or
• Reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

12 Duty as to promoting education and training

12.1 The CCG shall in exercising its functions, 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 of the duty under section 1F (1) of the Act.

13 Public Involvement

13.1 The CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information in other ways):

• In the planning of the CCG’s commissioning arrangements;
• In the development and consideration of proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and
• In decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

13.2 The CCG must have regard to any Guidance issued by NHS England in respect of this duty.

13.3 The CCG will develop and maintain annually a Patient and Public
Involvement/Engagement plan. The plan will outline:

- How the CCG will work with HealthWatch and other patient organisations; and
- How the CCG will ensure that the views of patients and their carers will inform commissioning decisions

14 Financial Duties

14.1 Expenditure

The CCG shall perform its functions so as to ensure that the CCG’s expenditure does not exceed the aggregate of the CCG’s allocations for the Financial year and expenditure which is attributable to the performance by the CCG of its functions in that Financial Year (including the CCG’s capital resource use and its revenue resource use) does not exceed the amounts specified in the Act and/or by NHS England for the relevant Financial Year.

14.2 Quality Payments

The CCG shall publish an explanation of how the CCG spent any payment in respect of quality made to the CCG by NHS England.

14.3 Use of Resources

The CCG must ensure that the use by it of its capital and revenue resources do not exceed the amount specified by any direction of NHS England.

15 Additional Powers of the CCG

15.1 Mergers

The CCG may, together with one or more other Clinical Commissioning Group, make an application to NHS England for the dissolution of the Clinical Commissioning Groups and the establishment of a new merged Clinical Commissioning Group. The requirements for such an application are described in the Act.

15.2 Dissolution

The CCG may make an application to NHS England for the CCG to be dissolved.

15.3 Raising Additional Income

The CCG may do anything specified in Section 7(2) (a), (b) and (e) to (h) of the Health and Medicines Act 1988 (provision of goods etc.) for the purpose of making additional income available for improving the health service only to the extent that its exercise does not to any significant extent interfere with the performance by the CCG of its functions.
15.4 Grants
The CCG may make payments by way of grant or loan to a voluntary organisation which provides or arranges for the provision of services which are similar to the services in respect of which the CCG has functions.

The payments may be made subject to such terms and conditions as the group considers appropriate.

16 Emergency Planning
The CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency.

17 Procurement, Patient Choice and Competition
17.1 The CCG shall:

- adhere to good practice in relation to procurement;
- protect the right of patients to make choices with respect to treatment or other healthcare services provided for the purposes of the health service; and
- put processes in place to ensure that the CCG does not engage in anti-competitive behaviour which is against the interests of people who use the services.
Schedule 4: Membership: Eligibility and Termination of Membership

Who may become a Member of the CCG?

CCG Membership will be composed of GP practices and not individual GPs. To become a member of the CCG, a GP practice must hold a contract with NHS England for the provision of primary care services such as a GMS, PMS, APMS contract or another Primary Care contract and must have their Primary site located within the Borough of Merton. For further details on eligibility for membership of the CCG and the process for approval of Members by the Governing Body of the CCG please see the CCG Constitution.

Membership Conditions

A Member shall be entitled to retain its membership of the CCG as long as that Member:

• is eligible for Membership under the Constitution;
• carries out the Member Responsibilities described in 3.7 of the Constitution;
• operates within the delegated budgets described in 3.7 of the Constitution; and
• undertakes any reasonable remedial action requested by the Governing Body in order for the CCG to meet its statutory duties

Membership is dependent on Practices having retaining their GP contract with NHSE and acting in accordance with the responsibilities of that contract.

Members will need to commit to meeting the outcomes of the CCG’s Operating Plan

Failure by a Member to comply with any of the Membership Conditions may, at the absolute discretion of the Governing Body, result in the Member having sanctions imposed on it, the most severe being a Member losing its membership status from the Clinical Commissioning Group, subject to approval by NHS England.
Schedule 5: Composition of the Governing Body

The CCG shall have a Governing Body comprising of no more than 14 voting members, comprising initially of the following 12 members:

- Chair of the Governing Body;
- Accountable Officer;
- Chief Finance Officer;
- Managing Director for Merton and Wandsworth;
- 3 lay members [one to chair the Audit and Governance Committee/ act as COI Guardian, one to Chair the Finance Committee and one to represent the interests of patients and the public; one of the three to act as Vice Chair of the Governing Body].
- 2 GPs who currently practice within Merton;
- Secondary Care Consultant;
- Independent Nurse Member;
- An appointed Local Authority representative.

Up to two other members may be appointed if deemed necessary for the Governing Body to carry out its functions.

The following may become members of the Governing Body:

- A Member of the CCG who is an individual;
- An individual appointed by virtue of Regulations in the Act;
- Individuals who are Health Care Professionals;
- Individuals who are Lay Persons;
- Appointed Members; and
- Individuals who are otherwise specified in this Constitution.

NHS England on the recommendation of the Members shall appoint individuals to the following positions on the Governing Body:

- Chair of the Governing Body, who shall also be elected by the Members;
- Accountable Officer; and
- Chief Finance Officer
- Elected members will be two GPs from Merton. Candidates are only eligible if they are a practicing GP in Merton and work a minimum of 2 clinical sessions per week.

Nominated members of the Governing Body are:

- An appointed Local Authority representative
- Managing Director for Merton and Wandsworth;
- Any other nominees at the discretion of the Governing Body
The Chair of Merton LMC will attend meetings in public of the Governing Body and other non-public meetings of the Governing Body to which he/she will be invited from time to time, as appropriate, as a non-voting participant.
Schedule 6: Additional information for Governing Body Membership

CCG Governing Body Terms of Office

1. Terms of Office
   1.1 The Chair of the Governing Body shall serve a two-year term, after which time an election will be held. The incumbent Chair of the Governing Body shall be eligible for re-election.

   1.2 The election shall be open to any GP within Merton providing they are a Partner, a Sessional GP or Locum of a Practice within Merton who works a minimum of 2 clinical sessions per week in a Merton CCG Member Practice and is on the Merton Performers List.

   1.3 Each member practice shall have one vote.

   1.4 Terms of office for clinical and Lay Person members of the Governing Body:

      • Appointed Clinical and Lay Person members of the Governing Body shall serve for a two or three-year term (in order to support staggered recruitment and succession planning) and will be eligible for re-appointment following a public process;

2. GPs on the Governing Body

   2.1 Two GPs elected to the Governing Body by the membership shall each have a two-year term of office. Each will be eligible for re-election.

   2.2 Each member practice shall have one vote for each GP role.

   2.3 To be eligible to stand for election to the Governing Body a GP must be a GP on the Merton Performers list and work a minimum of 2 Clinical Sessions a week in a Member Practice.

   2.4 The term of office will commence at a time stipulated by the Chair of the Governing Body, and this is expected to be communicated ahead of any appointments and/or election process for stated posts.

3. Disqualification of members of the Governing Body

   3.1 Members of the Governing Body shall vacate their office if any of the following occurs:
3.2 If an elected GP ceases to work within the Area for a minimum of two clinical sessions per week;

3.3 If an elected GP is suspended from providing primary medical services;

3.4 If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed unnecessary) the member becomes or is deemed to be of unsound mind; or

3.5 If the member has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the Governing Body or the CCG and is likely to bring the Governing Body or the CCG into disrepute. This includes but it is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.
Schedule 7: The Seven Principles of Public Life (the Nolan Principles)

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 material benefits for themselves, their family, or their friends.

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.

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.

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.

OPENNESS

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

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.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.
Schedule 8: CCG Functions

The statutory functions of the CCG to be exercised on behalf of the CCG by the Governing Body are as follows:

(a) ensuring the Register of Interests is reviewed regularly and updated as necessary;
(b) ensuring that all conflicts of interest or potential conflicts of interest are declared
(c) leading the settling of vision and strategy
(d) approving Annual plans
(e) monitoring performance against plans
(f) providing assurance of strategic risk.
Schedule 9: Annual Report: Contents and Publication

The Annual Report shall include the details required by the Act. In particular, the Annual Report must:

(a) explain how the CCG has discharged its duties under the Act in respect of improving the quality of the services and its duties under the Act in respect of public involvement and consultation; and

(b) having consulted any Relevant Health and Wellbeing Board, review the extent to which the CCG has contributed to the delivery of any Joint Health and Wellbeing Strategy to which it was required to have regard under Section 116B(1)(b) of the Local Government and Public in Health Act.


The CCG shall publish the Annual Report on the CCG website and present the Annual Report at the Annual General Meeting of the CCG.
1. Provision of Documents to NHS England

The Act gives NHS England the power to request documents from the CCG in certain circumstances prescribed by the Act. The CCG shall ensure arrangements are in place to ensure the CCG or any of its Members or employees comply with any such request made by NHS England, including, where requested by NHS England, supplying any documents or records kept by means of computer in legible form.

2. Power to Require Explanation

The CCG must comply with any request by NHS England under the NHS Act 2006 for the CCG to provide it with an explanation of any matter which relates to the exercise by the CCG of its functions, including an explanation of how the CCG is proposing to exercise any of its functions.

3. Intervention Powers of NHS England

NHS England has powers under the Act to direct and dissolve the CCG. In particular, NHS England may direct the CCG or the Accountable Officer of the CCG to cease to perform any functions for such period as may be specified by NHS England in any direction. In such circumstances, and where NHS England is exercising a function of the CCG or has directed another CCG to do so, the CCG must co-operate with NHS England or, as the case may be, the other CCG or its Accountable Officer as required by the Act.
### Appendices

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<th>Title</th>
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This document contains 16 Appendices
Appendix 1: Area

Merton Borough: Two-locality Structure
# Appendix 2: Register of Members

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<thead>
<tr>
<th>Merton CCG Practices</th>
<th>Latest list size</th>
<th>Practice Address</th>
<th>Tel/ Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra Surgery</td>
<td>5,453</td>
<td>39 Alexandra Road, Wimbledon SW19 7JZ</td>
<td>T: 020 8946 7578</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F: 020 8944 9451</td>
</tr>
<tr>
<td>Central Medical Centre</td>
<td>8,533</td>
<td>42-46 Central Road, Morden SM4 5RT</td>
<td>T: 020 8648 9126</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F: 020 8646 4862</td>
</tr>
<tr>
<td>Colliers Wood</td>
<td>10,082</td>
<td>58 High Street, Colliers Wood, SW19 2BY</td>
<td>T: 020 8544 2311</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F: 020 8544 9337</td>
</tr>
<tr>
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<td>10,889</td>
<td>75-79 Miles Road, Mitcham CR4 3DA</td>
<td>T: 020 8648 0822</td>
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<td>7,570</td>
<td>182 London Road, Mitcham CR4 3LD</td>
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<td>8,845</td>
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<tr>
<td>James O’Riordan</td>
<td>6,618</td>
<td>70 Stonecot Hill, Sutton SM3 9HE</td>
<td>T: 020 8407 3695</td>
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<td>F: 020 8335 5544</td>
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<td>17,218</td>
<td>1 Lambton Road, Raynes Park, SW20 0LW</td>
<td>T: 0203 883 5900</td>
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<tr>
<td>Merton Medical Practice</td>
<td>7,649</td>
<td>12-17 Abbey Parade, Merton High Street SW19 1DG</td>
<td>T: 020 8545 9620</td>
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<tr>
<td>Mitcham Family Practice</td>
<td>3,529</td>
<td>55 Mortimer Road, Mitcham, Surrey CR4 3HW</td>
<td>T: 020 8648 2432</td>
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<td>Mitcham Medical Centre</td>
<td>9,448</td>
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<td>T: 020 8540 0585</td>
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<td>Nelson Medical Practice</td>
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<td>7,483</td>
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<tr>
<td>Tamworth House</td>
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<td>T: 020 8764 2666</td>
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<tr>
<td>Vineyard Hill Road</td>
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<td>Wide Way Medical Centre</td>
<td>8,478</td>
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<td>T: 020 8623 1300</td>
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<tr>
<td>Wimbledon Village</td>
<td>11,403</td>
<td>35A High Street, Wimbledon SW19 5BY</td>
<td>T: 020 8946 4820</td>
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Appendix 3: Practice Leads Forum Terms of Reference

NHS Merton CCG Practice Leads Forum

Terms of Reference

1. Purpose

The Practice Leads Forum (PLF) plays an important role in shaping the CCG’s priorities. As a network of practices, the PLF provides opportunities for shared learning, collective problem solving, professional development and best practice exchange.

2. Scope

- To provide a forum for Practice Leads to explore how MCCG ensures commissioning reflects the needs of patients.
- To promote excellence in the provision of high quality care that is safe, effective and focused on the patient experience.
- To support MCCG to improve the health outcomes for the population and deliver excellent and innovative healthcare
- To act on behalf of the Membership in consideration and approval of requests from the CCG to NHS England on any matter concerning changes to the CCG’s Constitution.
- To act on behalf of the Membership in reviewing the CCG Annual Report and providing feedback prior to publication.

3. Objectives

- To discuss and input to MCCG strategy, operating and implementation plans
- To advise on priorities and issues as requested by the CCG
- To act as a forum to discuss and review MCCG issues relating to patient care
- To share practice progress and knowledge about primary care and local issues
- To review performance data and information reports
- To promote best practice and better working practices across all Members

4. Decision-making

The PLF is not a formal decision making body other than as a representative and forum of the membership as set out within the CCG’s constitution. Governing Body functions are not delegated to the PLF but the Governing Body is and remains
accountable to the membership and the PLF is a representative body of the membership. The PLF represents a formal relationship and link between MCCG and its Member Practices. The PLF is a network that advises and influences the Governing Body. The forum will suggest ideas and offer an evaluation on issues arising from and relating to Merton CCG business plans, commissioning strategies and operating plans.

13 (of 24 or 54%) Members Representatives (or their proxies) shall constitute a quorum.

A majority of the GP electorate present at the meeting is necessary to pass a resolution or confirm a decision. In the event of no overall majority, the Chair shall have the casting vote.

5. Membership

As required by the MCCG Constitution:

- Each Member Practice will nominate a GP (the Practice Lead) to represent the Member Practice on the PLF
- Each Member Practice will nominate a Deputy who is a GP to attend meetings, if the Practice Lead is unable to attend
- A Member Practice may replace its Practice Lead from time to time by notice in writing to the Governing Body
- MCCG will consider the Practice Lead has the authority to act on the behalf of a Member until it receives notification of the replacement in writing

Each Member will authorise its Practice Lead to act on its behalf as follows:

- Attend and receive notice of any meetings of the PLF
- Vote at meetings of PLF on behalf of the Member in accordance with MCCG Constitution.
- Sign any written resolution on behalf of the Member.
- Receive any notices from the MCCG on behalf of the Member and any notice delivered by the MCCG to the Practice Lead shall be deemed to have been made or served on the Member.
- Appoint a proxy; and
- Approve or provide any consent required by the MCCG in respect of the powers and duties of the Member described in MCCG Constitution.

6. Responsibilities

The Practice Lead must be someone within their Practice who has the mandate of the Practice to represent the clinicians within their Practice in dealings with
MCCG. They will need to be an effective communicator within their practice team and have the ability to meet actions and report back information in a timely manner.

Singly and collectively as the PLF, and working across locality boundaries, the role of a Practice Lead is to:

- Lead the review of practice patient needs
- Implement agreed care pathways
- Review reports on activity & resources, ensuring these are shared with those who make decisions regarding the use of resources in their practices (become an expert for your practice)
- Act as a channel of communication between the practice & MCCG
- Take part in change management and other development opportunities
- Take part in bringing about service change within MCCG
- Attend meetings within the locality as agreed – bi monthly
- Attend meetings of MCCG, as agreed
- Attend Practice Leads Forum – bi monthly

The role will be reviewed annually. Developmental support such as training and coaching will be provided to Practice Leads to recognise the significant level of change management that is required and the pivotal role that Practice Leads will play in embedding new ways of working to make MCCG different and better in future.

7. Frequency of meetings

Monthly, alternating between all 24 leads (the Practice Leads Forum) and smaller groups/the localities. This will enable practices to influence and give feedback to the Governing Body and ensure clear and efficient lines of communication.

8. Reporting

The PLF can elect to report back via the Locality Clinical Leads on a monthly basis, or when necessary.

9. Review

The terms of reference for the group to be reviewed annually
Appendix 4: Audit and Governance Committee Terms of Reference

NHS Merton Clinical Commissioning Group

Audit and Governance Committee

1. Authority

1.1 The Audit and Governance Committee (the Committee) is constituted as the senior standing committee of the CCG’s Governing Body. Its constitution and terms of reference shall be as set out below, subject to amendment at future Governing Body meetings. The Committee shall not have executive powers in addition to those delegated in these terms of reference.

1.2 The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff or member of the CCG and all members of staff and members of the CCG are directed to co-operate with any request made by the Audit and Governance Committee.

1.3 The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice. The Committee is authorised by the Governing Body to request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.

1.4 The Committee will have primary responsibility for monitoring and reviewing financial and other risks and associated controls, corporate governance and financial assurance.

1.5 These terms of reference and the composition of the Committee will accord with any published national guidance.

2. Purpose

2.1 The Governing Body is responsible for ensuring effective internal control including:

- exercising its functions effectively, efficiently and economically
- complying with such generally accepted principles of good governance as are relevant to it
• managing the CCG’s activities in accordance with statute, regulations and guidance
• establishing and maintaining a system of internal control to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced, and that value for money is continuously sought.

2.2 The Committee shall provide the Governing Body with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the CCG’s activities (clinical and non-clinical). In addition the Committee shall:

• assist the CCG in discharging its functions under paragraph 2.1 above
• provide assurance of independence for external and internal audit
• ensure that appropriate standards are set and compliance with them is monitored, in non-financial, non-clinical areas that fall within the remit of the Committee
• monitor corporate governance (e.g. Compliance with the Constitution, Standing Orders, Prime Financial Policies, the Scheme of Reservation and Delegation and maintenance of Registers of Interests). This shall include reviewing the CCG Register of Interests and Register of Gifts and Hospitality at each meeting of the Committee.

3. Membership

The Committee shall be appointed by the Governing Body and will consist of:

Members:
• Lay Member - Audit and Governance (Chair)
• Lay member - Patient and Public Engagement
• Chair of the Governing Body
• GP Practice Leads x 2
• Secondary Care Consultant
• Independent Nurse Member

+also Chair of the Finance Committee

A quorum shall be two Members, at least one of whom should be a Lay member.

3.1 The Committee shall be chaired by a lay person member. A role description for the Chair is attached as Annex A.
3.2 In the absence of the Chair of the Committee a decision will be taken in advance of the meeting as to which Governing Body lay member who is a member of the Committee shall Chair that particular meeting.

3.3 All or any members of the Committee may participate in a meeting by teleconference or videoconference. A person participating in this way shall be deemed to be present in person at the meeting and shall consequently be counted in a quorum.

4. Attendance

4.1 The Accountable Officer or Managing Director, Chief Finance Officer or Local Finance Director and Head of Internal Audit shall generally attend routine meetings of the Audit and Governance Committee.

4.2 A representative of the external auditors may normally also be invited to attend meetings of the Committee.

4.3 Members of the Governing Body and/or staff and executives shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

4.4 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4.5 The Chair of the Governing Body may be invited to attend meetings of the Committee as required.

4.6 A representative of the local counter fraud service will be invited to attend meetings of the Committee. Representatives from NHS Protect may be invited to attend meetings and will normally attend one meeting each year.

4.7 CCG, CSU and NHS England Member Representatives may be invited, as required, to attend meetings of the Committee.

4.8 The CFO shall designate a CCG secretary to the Committee who will provide administrative support and advice. The duties of the CCG secretary in this regard include but are not limited to:

- agreement of the agenda with the chair of the Committee and attendees together with the collation of connected papers
- taking the minutes and keeping a record of matters arising and issues to be carried forward
- advising the Committee as appropriate
- reviewing every decision to suspend the standing orders
4.9 Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit and Governance Committee.

5. Frequency of Meetings

5.1 Meetings shall be held at least four times per year with additional meetings convened where necessary.

5.2 The external auditor shall be afforded the opportunity at least once per year to meet with the Committee without the Accountable Officer or Chief Finance Officer present.

5.3 The Chair of the Governing Body and Accountable Officer should be invited to attend, at least annually, to discuss with the Committee the Annual Accounts and the process for assurance that supports the Annual Governance Statement.

5.4 The Committee members shall be afforded the opportunity to meet at least once per year with the External and Internal Auditors with no others present.

5.5 The external Auditors or Head of internal Audit may request a meeting if they consider that one is necessary.

6. Duties

6.1 Internal control, risk management and counter fraud
6.1.1. The duties of the Committee will be driven by the priorities identified by the CCG and the associated risks. It will operate to a programme of business agreed by the CCG that will be flexible to new and emerging priorities and risks.

6.1.2 To ensure the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance.

6.1.3 To maintain an oversight of the CCG’s general risk management structures, processes and responsibilities, including the production and issue of any risk and control-related disclosure statements.

6.1.4 To review the adequacy of the policies and procedures in respect of all counter-fraud and anti-bribery work.

6.1.5 To review the adequacy of the CCG’s arrangements by which CCG staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.
6.1.6 To review the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of principal risks.

6.1.7 To review the adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements.

6.1.8 The Committees work will draw on that of the Finance Committee and Clinical Quality Committee to seek assurance that robust processes are in place.

6.2 Internal audit

6.2.1 To review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs of the organisation.

6.2.2 To oversee on an on-going basis the effective operation of internal audit in respect of:

- adequate resourcing
- its co-ordination with external audit
- meeting mandatory Public Sector internal audit standards
- providing adequate independence assurances;
- having appropriate standing with the CCG
- meeting the internal audit needs of the CCG.

6.2.3 To consider the major findings of internal audit investigations; the Governing Body’s response and their implications and monitor progress on the implementation of recommendations.

6.2.4 To consider the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

6.2.5 To conduct an annual review of the internal audit function.

6.3 External audit

6.3.1 To make a recommendation to the Governing Body in respect of the appointment, re-appointment and removal of an external auditor. To the extent that that recommendation is not adopted by the Governing Body, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

6.3.2 The committee shall review the work and findings of the external auditors and consider the implications and management’s responses of their work. This will be achieved by consideration of the performance of the external auditors, as far as
the rules governing the appointment permit and 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.

6.3.3 To assess the external auditor’s work and fees on an annual basis and, based on
this assessment, make a recommendation to the Governing Body with respect to
the re- appointment or removal of the auditor. This assessment should include the
review and monitoring of the external auditor’s independence and objectivity and
effectiveness of the audit process in light of relevant professional and regulatory
standards.

6.3.4 To oversee the conduct of a market testing exercise for the appointment of an
auditor at least once every (five) years and, based on the outcome, make a
recommendation to the Governing Body with respect of the appointment of the
auditor.

6.3.5 Discussion with the external auditors of their local evaluation of audit risks and
assessment of the clinical commissioning group and associated impact on the
audit fee.

6.3.6 To develop and implement a policy on the engagement of the external auditor to
supply non- audit services.

6.3.7 To consider the provision of the external audit service, the cost of the audit and any
questions of resignation and dismissal.

6.4 Annual accounts review
6.4.1 To review the annual statutory accounts, before they are presented to the
Governing Body (who will in turn provide them to NHS England in accordance with
statutory requirements), to determine their completeness, objectivity, integrity and
accuracy. This review will cover but is not limited to:

- the wording in the governance statement and other disclosures relevant in the
terms of reference of the committee;
- the meaning and significance of the figures, notes and significant changes
- areas where judgment has been exercised
- adherence to accounting policies and practices
- adherence to the requirements and any directions given to the CCG by NHS
England
- explanation of estimates or provisions having material effect
- the schedule of losses and special payments
any unadjusted mis-statements
Letter of representation
any reservations and disagreements between the external auditors and the
Governing Body which have not been satisfactorily resolved.

6.4.2 To review the annual report before it is submitted to the Governing Body and
presented to Members of the CCG at the Annual General Meeting of the CCG, to
determine completeness, objectivity, integrity and accuracy. The Governing Body
will provide the annual report to NHS England in accordance with statutory
requirements.

6.4.3 To review all accounting and reporting systems for reporting to the Governing Body,
including in respect of budgetary control.

6.5 Standing orders, Prime Financial Policies and standards of business conduct

6.5.1 To review on behalf of the Governing Body the operation of, and proposed
changes to, the standing orders and prime financial policies, the constitution,
codes of conduct and standards of business conduct; including maintenance of
registers.

6.5.2 To examine the circumstances of any significant departure from the requirements of
any of the foregoing, whether those departures relate to a failing, an overruling or
a suspension.

6.5.3 To review the Scheme of Reservation and Delegation at least annually.

6.6 Other

6.6.1 To review performance indicators relevant to the remit of the Committee.

6.6.2 To examine any other matter referred to the Committee by the Governing Body and
to initiate investigation as determined by the Committee.

6.6.3 To annually review the accounting and non-clinical policies of the CCG
and make appropriate recommendations to the Governing Body.

6.6.4 To develop and use an effective assurance framework to guide the Audit and
Governance Committee’s work. This will include utilising and reviewing the work
of the internal audit, external audit and other assurance functions as well as
reports and assurances sought from members of the Governing Body and other
investigatory outcomes so as fulfil its functions in connection with these terms of
reference.
6.6.5 To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health (and social care) sector and professional bodies with responsibilities that relate to staff performance and functions.

6.6.6 To review the work of all the other committees of the CCG in connection with the Committee’s assurance function

6.6.7 Apply best practice in the decision making process.

6.6.8 At least annually, the Committee review its own performance, membership and Terms of Reference. Any resulting changes to the Terms of Reference of membership should be approved by the Governing Body.

6.7 Counter Fraud

6.7.1 The Committee shall 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.

7. Reporting

7.1 The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to submission of the minutes.

7.2 The Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to functions undertaken in connection with the effectiveness of risk management within the CCG; the integration of and adherence to governance arrangements and any pertinent matters in respect of which the Committee has been engaged.

7.3 The CCG’s annual report shall include a section describing the work of the Audit and Governance Committee in discharging its responsibilities.
7.4 Financial Reporting
7.4.1 The Audit and Governance Committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical commissioning group’s financial performance.

7.4.2 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 the clinical commissioning group.

8. Review
8.1 The terms of reference of the Audit and Governance Committee shall be reviewed by the Governing Body at least annually. This should take into account new guidance and developments in good governance practice.

9. Declarations of Interest
9.1 If any person (member or otherwise) has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that person to withdraw until the Committee consideration has been completed. All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.

10. Required Frequency of Attendance by Members
10.1 Members of the Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings.

11. Audit Committees in Common
11.1 The Audit & Governance Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Audit & Governance Committee ToR Addendum.
Audit Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
Role Description - Chair of the Audit and Governance Committee

The role of the Chair of the Committee goes a good deal beyond chairing meetings and is key to achieving Committee effectiveness. The additional workload should be taken into account in appointment of the Chair.

How a particular Chair manages the Committee will vary depending on the character of the individual and the needs of the specific organisation.

In addition to chairing the Committee meetings, the key activities should include the following.

1. **Agenda setting**
   Before each meeting the Chair and the Committee Secretary should meet to discuss and agree the business for the meeting. The Chair should take ownership of, and have final say in, the decisions about what business will be pursued at any particular meeting.

2. **Communication**
   After each meeting the Chair of the Audit and Governance Committee must ensure that the activities of the Committee and all matters identified for escalation are reported to the Governing Body and the Chief Finance Officer. Minutes of each meeting will be routinely provided to the Governing Body.

   The Chair should ensure that the Committee provides a suitable Annual Report to the Governing Body.

   The Chair should have bilateral meetings at least annually with the Accountable Officer, the Head of Internal Audit and the external auditor. In addition the Chair should meet any people newly appointed to these positions as soon as practicable after their appointment.

   The Chair should also ensure that all Committee members have an appropriate programme of interface with the organisation and its activities to help them understand the organisation, its objectives, business needs and priorities.

3. **Monitoring actions:**
   The Chair should ensure that there is an appropriate process between meetings for action points arising from Committee business to be appropriately pursued. The Chair should also ensure that members who have missed a meeting are
appropriately briefed on the business conducted in their absence. Chairs may choose to rely on the Secretariat to take these actions.

4. Appraisal:
   The Chair should take the lead in ensuring that Committee members are provided with appropriate appraisal of their performance as a Committee member and that training needs are identified and addressed. The Chair should themselves seek appraisal of their performance from the Accountable Officer and Chief Finance Officer in consultation with the Chair of the Governing Body.

   The Chair should ensure that there is a periodic review of the overall effectiveness of the Committee and of its Terms of Reference.

5. Appointments:
   The Chair should be involved in the appointment of new Committee members, including providing advice on the skills and experience being sought by the Committee when a new member is appointed.

6. Committee Support
   Careful consideration should be given to ensuring that the Secretariat function is not biased. The Secretariat Function shall be provided independently from the Executive via a manner which satisfies the Chair.
Appendix 5: Remuneration Committee Terms of Reference

NHS Merton Clinical Commission Group

Remuneration Committee

1. Introduction
The Remuneration Committee (the Committee) is established in accordance with NHS Merton Clinical Commissioning Group’s (MCCG) Constitution, Standing Orders and Scheme of Reservation and Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the MCCG’s constitution and standing orders.

2. Remit and responsibilities of the Committee
The actions of the Committee must be publicly defensible. The Committee should bear in mind the need for properly defensible remuneration packages - which are linked to clear statements of responsibilities – and with rewards linked to the measurable discharge of those responsibilities.

In all of their decisions and recommendations, the Committee should also remain aware that each individual NHS organisation is corporately responsible for ensuring that its pay arrangements are appropriate in terms of Equal Pay requirements and other relevant legislation.

MCCG Remuneration Committee and Governing Body, to which it reports, are public bodies. As such, they must at all times:

- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.
- Maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable.
- Be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met.
• Comply fully with the principles of the Citizen’s Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness.

• Bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance.

The Committee shall make recommendations to the Governing Body on determinations about remuneration and conditions of service for:

• Governing Body Members
• Executive Directors
• Allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
• Reviewing the performance of the Accountable Officer and other senior team members and determining annual salary awards, if appropriate.
• Considering the severance payments of the Accountable Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’ (available on the HM Treasury.gov.uk website).

All aspects of salary will be considered by the Committee, including:

• Performance-related elements and bonuses.
• Provisions for other benefits, including pensions and cars.
• Arrangements for termination of employment and other contractual terms (decisions requiring dismissal shall be referred to the Governing Body).

The Committee will also consider and approve the following issues for submission to the NHS England Remuneration Committee:

• Severance payments to the Accountable Officer and other directors.
• Termination payments requiring Treasury approval.
• Redundancy/early retirement payments to the Accountable Officer and other Directors, together with any others costing over £50,000.

3. Membership

Members of the Committee shall be appointed by the MCCG from amongst its Governing Body members. The Committee should normally consist of:-

• The Lay Member Audit and Governance (Chair)
• The Chair of the Governing Body
• The Independent Nurse Member
• The Lay Member – Patient and Public Engagement Lead
Additional members should be at the discretion of the Governing Body.

The Committee should not include full time employees or individuals who claim a significant proportion of their income from the CCG. The member practices should not be in the majority.

The Lay Member – Audit and Governance will be appointed as Chair to the Committee.

The composition of the Committee should be recorded in the annual report. In the absence of the Chair from the meeting of the Committee, a chair shall be nominated by other members attending that meeting.

4. Attendance
Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Accountable Officer, any Human Resources (HR) lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

No senior managers should be present for discussions about their own remuneration (although it is reasonable for the Accountable Officer, the HR Lead, and other senior managers where appropriate, to attend meetings of the Committee during which the remuneration of other staff is discussed). In this context, 'senior managers' are those persons in senior positions having authority or responsibility for directing or controlling the major activities of MCCG.

5. Secretary
The Secretary to the Governing Body provided by the South East CSU will provide administrative support to the Committee. The Secretary will be responsible for supporting the Chair in the management of remuneration business and for drawing the Committee’s attention to best practice, national guidance and other relevant documents, as appropriate.

6. Quorum
A quorum shall be two members and a HR adviser present, but the Chair of the Committee shall reserve the right to reconvene and rearrange a meeting should he/she feel this necessary.

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. Frequency and notice of meetings
The Committee shall normally meet at least twice a year, but additional meetings may be requested by the Chair at any time.

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

8. **Conduct of meetings**

Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Policies approved by the Governing Body and reviewed from time to time.

The secretary shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

Minutes of Committee meetings shall be circulated promptly to all attendees of the Committee and, once agreed, presented to the Governing Body Part 2.

Minutes of meetings will be taken by the Board Secretary or representative, who will service the Committee.

The minutes of the Committee meeting are confidential to members of the Governing Body and the Secretary or representative in line with exemptions from the Freedom of Information Act 2000 under section 40 (Personal Information).

9. **Reporting relationships**

It is likely that regulations will require MCCG to make available annually:

- Information on the total salary (in bands of £5,000), fees, pensions, travelling and other allowances and gratuities paid to senior managers of the MCCG, and the Chair of the Governing Body, and members of the Governing Body who are employees of the MCCG, the lay members, the secondary care doctor and independent nurse member. This should include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of any members of the Governing Body who suffer loss or diminution of emoluments.
- All recommendations of the Committee to the Governing Body as to the discharge of its functions under section14L(3)(a) and (b) [i.e. its functions to
determine the remuneration of MCCG employees] of the NHS Act 2006, except for recommendations which the MCCG considers that would not be in the public interest to publish.

- All decisions of the Governing Body in the exercise of its functions section 14L(3)(a) and (b) of the NHS Act 2006, except where the MCCG considers that it would not be in the public interest.

- The Committee Chair shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of the Governing Body, respecting individual confidentiality. The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

10. Other matters

The Committee will have delegated powers to act on behalf of the MCCG within the approved Terms of Reference.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee may apply to the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference within a cost limit determined by the Chief Finance Officer.

The Committee shall:

- Have access to sufficient resources to carry out its duties
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.
- Give due consideration to laws and regulations impacting on the work of the Committee.
- At least once a year, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body.

11. Remuneration Committees in Common

The Remuneration Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Remuneration Committee ToR Addendum.

12. These terms of reference will be reviewed annually.
Remuneration Committee
Terms of Reference Addendum
Committees in Common

Version 1.0 July 2017

Introduction
1. These Terms of Reference are an addendum to the CCG’s Terms of Reference for its Remuneration Committee. The terms in this paper should be read in conjunction with the main Terms of Reference for the Remuneration Committee.
2. The CCG has an established Remuneration Committee. The SWL CCG Governing Bodies have instructed that their Remuneration Committees should meet using a Committees in Common arrangement where their business is common to two or more CCGs. These additional Terms of Reference set out the special membership, remit, responsibilities and reporting arrangements of a meeting using the Committees in Common arrangement and are incorporated into each Clinical Commissioning Group’s Constitution and Prime Financial Policies enabling them to meet as ‘Remuneration Committees in Common (RCiC)’.

Purpose
3. The purpose of each Remuneration Committee is set out in the CCG Scheme of Delegation and the Terms of Reference for the Remuneration Committee.
4. The RCiC may consider any matter delegated by the Governing Bodies to their Remuneration Committees excluding the remuneration of its lay members.
5. The RCiC may consider any matter that is of interest to two or more CCGs.
6. The RCiC have full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

Membership – CCG Remuneration Committee
7. At a RCiC meeting, the CCG Remuneration Committee will comprise of three individuals drawn from the CCG Remuneration Committee.
8. Where a member of the Remuneration Committee is unable to attend a meeting, the CCG may nominate a deputy, who is a member of the governing body.

Membership – Remuneration CiC (RCiC)
9. The RCiC membership is made up of two elements:
   a. An independent convenor (non-voting) – This may be an externally appointed individual or a CGG lay member who is not a member of their CCG Remuneration Committee.
   b. The participating CCG Remuneration Committees (Voting)

Meetings
10. The RCiC will adopt the Wandsworth CCG Standing Orders relating to the conduct of meetings, agendas and declaration of interest with the exception of the clauses in this addendum.
Meeting Chair
11. Each of the Remuneration Committees will invite the RCiC Convenor to chair their meeting.

Frequency
12. The participating CCG Remuneration Committee chairs will agree an annual schedule of meetings with the RCiC meeting secretary. The programme will be circulated to all RCiC members.

Quoracy
13. The RCiC will agree with the Remuneration Committee Chairs the member attendance at a planned meeting such that the following quoracy rules are met:
   - At least, two members from each CCG Remuneration Committee
   - At least, one CCG Remuneration Committee lay member

Decision making
14. When making decisions the RCiC will:
   - consider best practice
   - on occasion, seek independent advice regarding remuneration for individuals.
   - comply with relevant and current disclosure requirements for remuneration.

For a decision to be taken:
15. A decision made at a CIC meeting shall be binding on the constituent CCGs when the following criteria have been met:
   - The decision is within the bounds of the CIC delegated functions;
   - Each CCG Remuneration Committee has one vote;
   - A decision has been unanimously agreed.

Voting
16. Voting will be by consensus with the outcome clearly recorded in the minutes.
17. Should the participating Remuneration Committees have a differing view and decision, a vote will be taken with each CCG Remuneration Committee having one vote. A record will be made in the minutes and the item deferred to the following meeting with advice sought from the participating CCG Chairs.
18. Should consensus still not be achieved at the next meeting, the decision made will represent that of each of the individual Remuneration Committees. A record of the decisions will be added to the minutes and a notification made to each of the CCG Governing Bodies.

In Attendance
19. The RCiC Convenor will agree with the meeting secretary the attendance of other individuals required to enable the effective decision-making of the RCiC.
20. These will include:
   - At least one Alliance Director (Accountable Officer, Chief Finance Office, Director of Quality, Director of Operational Commissioning and LDU Managing Directors.)
   - At least one Head of Human Resources or equivalent
   - At least one Head of Governance or equivalent
   - RCiC Meeting Secretary
21. The RCiC Convenor may invite to attend other officers including:
   - Chief Finance Officer
22. Where individuals attend a RCiC meeting, this will be noted as “in-attendance” in the minutes.

Conflicts of Interest
23. At no time may a member or individual attend a meeting where there is conflict of interest or a potential conflict of interest. If this event occurs, the member or individual affected must be excluded from the meeting.

24. It is the responsibility of all Members and all individuals in attendance to declare any conflicts of interest pertaining to the agenda.

25. Conflicts of interest are recorded at the beginning of each meeting. The nature of the conflict of interest and the Convenor’s decision based on consideration of this information will be formally minuted.

26. If a conflict of interest arises during the meeting, then the Convenor may request members or those in attendance to withdraw at the appropriate discussion/voting point.

27. When more than 50% of the voting members at a RCiC meeting are required to withdraw from the meeting or part of it then the remaining Convenor will consider whether the meeting is quorate. Where the meeting is not quorate the discussion will be deferred until quorum can be convened.

28. Where a quorum cannot be convened from the membership of a RCiC, the Convenor may invite on the temporary basis one or more of the following so the group can progress the item of business:
   - A lay member of the Governing body who is not a current member of the RCiC
   - A lay member of a Governing Body of another CCG

   This is subject to one individual CCG member being present at the decision making for each of the participating CCGs.

29. For clarity - The Conflicts of Interest policies of Wandsworth CCG apply to the working of the RCiC.

Confidentiality
30. Due to the potential confidential nature of some issues discussed at the RCiC meetings, external members, used within the RCiC / or at Appeal Panel stage, will be asked to sign a Confidentiality Agreement prior to becoming a member of the RCiC.

Appeals Process
31. Where an Appeal is received relating to a decision made at a RCiC meeting, the appeal will be heard at a further RCiC meeting using CCG Lay Members who have not been involved in previous discussions and decision making.

32. External Lay CCG members may be used to participate, if considered necessary.

Reporting arrangements
33. The minutes of the RCiC will be written in such a manner that where a section only applies to specific CCGs, the section can be removed for the other CCGs. This will allow a single RCiC set of minutes to be converted to individual CCG Remuneration Committee minutes by the deletion on non-applicable sections.

34. The minutes of each Remuneration Committee will be reported to each of the participating Governing Bodies for information when agreed as accurate by RCiC.
The individual CCG reporting arrangements to the Governing Body is set out in their Constitution.

35. The RCiC Convenor will, in addition, provide a written summary report to each Governing Body following each meeting of the RCiC business. This should highlight:
   - Issues
   - Decisions
   - Risks & Assurance

36. The RCiC will present an Annual Report to each Governing Body on the actions taken by the RCiC to comply with its Terms of Reference (This will be in the form of the remuneration section for each CCG Annual Report.)

Administration
37. Support for the CiC will be provided by the South West London STP Programme Office. Papers for each meeting will be sent to CiC members no later than one week prior to each meeting.

38. A full set of original papers will be supplied to the constituent CCG Corporate offices for filing and audit purposes.

Review of Terms of Reference
39. The RCiC will review its Terms of Reference annually at one of its meetings. Changes in the Terms of Reference need to be approved by each Governing Body and reflected in the appropriate Schedule in each CCG’s Constitution.
Appendix 6: Clinical Quality Committee Terms of Reference

NHS Merton Clinical Commissioning Group

Clinical Quality Committee

1. Introduction

The Clinical Quality Committee (the Committee) is established in accordance with the Clinical Commissioning Group’s Constitution, Standing Orders and Scheme of Reservation and Delegation. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. 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. Authority

The Committee is directly accountable to the Governing Body and is authorised to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.

The Committee is authorised to request funding from the Chief Finance Officer for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee is authorised to approve all clinical policies.

3. Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body and/or staff and executives.

Members:

- Lay Member Patient and Public Engagement (Chair)
- Independent Nurse Member (Deputy Chair)
- Director of Commissioning
- Director of Quality and Governance
- Clinical Locality Leads (both to attend)
• Director of Public Health
• Patient Representative

The following members of staff may be asked to attend the meetings:

• Accountable Officer/ Managing Director (as and when required)
• Chief Finance Officer/ Local Finance Director (as and when required to advise on matters that have significant financial implications)
• Senior Representatives of the Commissioning Support Services (or body that undertakes that function) and the Acute Commissioning Unit.
• Medicines Management Clinical Lead

Members of the Governing Body, and/or staff and executives may be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

4. Secretary

The Committee will be supported secretarially by a senior member of the Business Support team, whose duties in this respect shall include:

• Agreement of Agenda with the Chair and attendees and collation of papers
• Taking the minutes and keeping a record of matters arising and issues to be carried forward

5. Quorum

The meeting will be quorate when five members are present, with at least two of those present to be clinical members, and one being a member of the CCG Executive Management team.

6. Frequency and notice of meetings

The Committee will meet monthly. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven days prior to the meeting.

The Chair of the Governing Body and Accountable Officer should be invited to attend at least annually, to discuss with the Committee the process for assurance that supports the Quality and Safety plan.
7. Remit and responsibilities of the committee

The duties of the Committee are categorised as follows:

7.1 Seek assurance that Merton CCG commissioned services are being delivered in a high quality, safe manner, including against criteria set by the Care Quality Commission, Monitor and other regulatory bodies.

7.2 Oversee the performance of Merton CCG commissioned services, taking into account performance against Key Performance Indicators and the NHS and Public Health Outcomes Frameworks, with a focus on areas rated Red or where there has been deterioration in performance.

7.3 Challenge, scrutinise and ensure that exception reports, action plans and risk assessments submitted by the Commissioning Support Service (or body that undertakes the function), Joint Commissioning Unit, Locality Commissioning Groups and subgroups include robust mitigating actions and controls that would effectively address identified risk.

7.4 Review information including staff survey data, as well as, patient experience surveys, PALS queries and complaints to identify potential risks and issues.

7.5 Have oversight of the process and compliance issues concerning Serious Incidents (SIs); Central Alert Systems (CAS); National Reporting; and being informed of all Never Events and informing the Governing Body of any escalation or sensitive issues in good time. To approve the CCG quarterly and annual complaints report.

7.6 To receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews. To approve all quarterly and annual reports and provide assurance to the Governing Body on their quality.

7.7 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.

7.8 Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

7.9 Provide assurance that Merton CCG commissioned services, and jointly 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. To approve the annual Emergency Planning, Resilience and Response (EPRR) self-assessment.
7.10 Oversee and be assured that providers of commissioned services and jointly commissioned services manage risk appropriately and have robust mechanisms in place to effectively address clinical governance issues.

7.11 Oversee and promote its general duty to improve the quality of primary care so as to improve the quality of services.

7.12 To receive reports to be assurance that clinical guidance and standards have been considered and implemented where appropriate.

7.13 To ensure that the patient is at the heart of everything we do. To approve the annual Statutory Obligations to Involve Report.

The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of where actions or improvements are needed. This will include details of any evidence of potentially Serious Untoward Incidents and Never Events, other serious provider or commissioner failings or any other important matters. To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to the submission of the minutes.

The Committee will report annually to the Governing Body in respect of the fulfilment of its functions with these terms of reference. Such report shall include, but not be limited to, functions undertaken in relation to the effectiveness of risk management within the CCG; the managements of serious quality and safety incidents and any pertinent matters in respect of which the Committee has been engaged.

The CCG’s annual report shall contain a section describing the work of the Committee in discharging its responsibilities.

8. Declarations of Interest

If any person attending (member or otherwise) has an interest, pecuniary or otherwise, in may matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that person to withdraw until the committee consideration has been completed.

All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.
9. Review

The terms of reference for the Committee shall be reviewed by the Governing Body on an annual basis. This will take into account any new guidance and relevant codes of conduct / good governance practice.

10. Clinical Quality Committees in Common

The Clinical Quality Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Clinical Quality Committee ToR Addendum.
Clinical Quality Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
Merton Clinical Commissioning Group

Finance Committee

1. Introduction

1.1 The Finance Committee (the Committee) is established by the Governing Body to ensure a robust financial strategy is in place and to oversee the organisation-wide system of financial management. It will work alongside the Audit and Governance Committee to ensure financial probity in the CCG.

2. Authority

2.1 The Committee is authorised by the Governing Body to pursue any activity within these Terms of Reference and within the Scheme of Reservation and Delegation, including (without limiting the generality of the foregoing) to:

(a) seek any information it requires from CCG employees, in line with its responsibility under these terms of references and the Scheme of Reservation and Delegation

(b) require all CCG employees to co-operate with any reasonable request made by the Committee, in line with its responsibility under these terms of references and the Scheme of Reservation and Delegation

(c) review and investigate any matter within its remit and grants freedom of access to the CCG’s records, documentation and employees. The Committee must have due regard for the Information Policies of the CCG, regarding personal health information and the CCG’s duty of care to their employees when exercising its authority.

3. Remit and responsibilities of the Committee

3.1 The remit and responsibilities of the Committee are to:

(a) Keep under review strategic and operational financial plans and the current and forecast financial position of the CCG

(b) Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure. This will include actual and forecast expenditure and activity on commissioning contracts.
(c) Consider and review the financial report to be presented to the Governing Body, incorporating financial performance against budget, financial risk analysis, forecasts and robustness of underlying assumptions.

(d) Provide assurance to the Governing Body and the Audit and Governance Committee of the completeness and accuracy of the financial information provided to the Governing Body.

(e) Consider and review any external financial monitoring returns and commentary.

(f) Ensure any financial improvement plan is monitored and reviewed and appropriate actions are taken.

(g) Review by exception performance report summaries and consider performance issues in so far as they impact on financial resource.

(h) Receive a monthly report on the progress of the QIPP plan

(i) Review, scrutinise and recommend business cases to the Governing Body.

(j) Review and agree or ratify procurement decisions as appropriate in accordance with Prime Financial Policies and the Scheme of Reservation and Delegation and recommend to the Governing Body.

(k) Approve thresholds above which quotations or formal tenders should be obtained.

(l) Review and approve tender waivers or seek tenders from firms not on approved lists and ensure these are reported to the Audit and Governance Committee.

(m) Where appropriate refer issues to other committees of the Governing Body.

4. Membership

The Committee shall be appointed by the Governing Body and will consist of:

Members:

- Lay Member (Chair)+
- Chair of the Governing Body
- 2 x GP Clinical Governing Body members
- Managing Director
- Local Finance Director
- Director of Commissioning

*Not to be the Chair of the Audit and Governance Committee

If the Managing Director or Local Finance Director are unable to attend then a suitable delegate with appropriate authority should attend in their place. The executive lead officer for the Committee is the Local Finance Director.

All or any members of the Committee may participate in a meeting by teleconference or videoconference. A person participating in this way shall be
deemed to be present in person at the meeting and shall consequently be counted in a quorum.

5. Quorum

The meeting will be quorate when 2 Members are present (one of whom must be a GP Clinical Governing Body member), together with the Committee Chair and Chief Finance Officer, or representative, also present.

6. Reporting Procedures

Formal minutes of meetings shall be recorded and will go to the Governing Body.

7. Declarations of Interest

If any person attending (member or otherwise) has an interest, pecuniary or otherwise, in a matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that person to withdraw until the committee consideration has been completed.

All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.

8. Attendance and Administration

In addition to the standing members of the Committee, any other Director or co-opted Governing Body Member may attend with the agreement of the Chair of the Governing Body.

9. Frequency and notice of meetings

Meetings shall be held monthly. A notice period of at least 7 days shall be given.

10. Review

These Terms of Reference will be reviewed on an annual basis. Any resulting changes to the terms of reference should be approved by the Governing Body.

11. Finance Committees in Common
The Finance Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Finance ToR Addendum.
Finance Committee

Terms of Reference Addendum

Committees in Common

To be added, if required
1. Introduction

At a meeting of NHS South West London Primary Care Trusts Joint Board on September 14th 2012, it was agreed that the management of the Sutton and Merton Primary Care Trust Charitable Funds, would be transferred on the 1st April 2013 to a joint management arrangement between Sutton Clinical Commissioning Group, and Merton Clinical Commissioning Group. Subsequently the Fund has been transferred to Sutton CCG and Sutton CCG is the Corporate Trustee for the Fund. The CCG is accountable for charitable funds held on trust to the Charity Commission and the Secretary of State.

The Sutton and Merton Charitable Funds Committee (The Committee) will oversee the management, administration and accounting arrangements for funds held by the Sutton CCG for charitable purposes for the benefit of healthcare in Sutton and Merton.

Merton CCG has two members on the Committee who will update and report on the activities of the Committee to the Merton CCG Finance Committee.

2. Remit and Responsibilities of the Committee

2.1 The remit and responsibilities of the Committee are to:

- Oversee the day to day management of Charitable Fund.

- To advise Sutton CCG as Corporate Trustee and identify, as appropriate, suitable vehicles for the investment of charitable funds. The Committee may make investment decisions relating to the ethical investment of funds.

- Take decisions on expenditure of the CCG’s Trust funds. Requests for expenditure up to £500 can be made by a CCG manager and approved by the appropriate departmental or Functional Director.

- Requests over £500 must be approved by the whole Committee, subject to support by an appropriate Director.
• Identify potential sources of new or additional funds and grant approval for officers to act accordingly on the Committee's behalf in identifying fundraising opportunities.

• Ensure donated funds and assets are properly accounted for in accordance with the accounting standards set by the Charity Commission. The Committee will receive year to date income & expenditure reports from the Sutton CCG Chief Finance Officer at each of its meetings.

• Ensure that the accounts of the Charitable Funds are subject to internal and external audit scrutiny and receive reports as appropriate. The Committee will require officers to act upon all audit recommendations where these have been agreed with auditors.

• Ensure that all administrative and governance procedures are reviewed, at least, annually or when external changes occur. Also, ensure the development of systems and processes to meet statutory accounting and governance standards.

• Ratify the formal transfer of charitable funds to independent NHS Providers (formerly integral elements of PCT corporate structure) which have achieved NHS Trust status. Such transfers only take place in accordance within the agreed Department of Health and Charity Commission regulatory framework.

3. Membership

3.1 The Committee shall consist of at least 1 Lay Member, CCG Chief Finance Officer [or nominated representative] and at least 1 other Member of the CCG Governing Body from both Sutton CCG and Merton CCG. A Lay Member will be appointed as Chair of the Committee.

3.2 For the Committee to be quorate, at least 1 Lay Member, the Chief Finance Officer (or nominated representative) and 1 other Member, must be in attendance from both Sutton CCG and Merton CCG.

3.3 If unable to attend, Lay Members are not required to nominate a substitute.

4. Invited members

4.1 Depending upon the Agenda and particular tasks, other members may be seconded as necessary to facilitate the work of the Charitable Funds Committee.

5. Accountability

5.1 The Charitable Funds Committee will report to the Sutton CCG Governing Body. Merton members will report to the Merton CCG Finance Committee.
6. Reporting Procedures

6.1 Formal minutes of meetings shall be recorded and will go to the Sutton CCG Governing Body and be available to Merton CCG Committees and GB.

7. Declarations of Interest

7.1 If any person (member or otherwise) has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that person to withdraw until the Committee consideration has been completed. All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.

8. Frequency and notice of meetings

8.1 Before each meeting of the Charitable Funds Committee, a notice of the meeting specifying the business proposed to be transacted, and signed by a designated officer, shall normally be publicised as appropriate seven days prior to the meeting.

9. Review

9.1 These Terms of Reference will be reviewed on an annual basis. Any resulting changes to the terms of reference should be approved by the Governing Body.
Appendix 9: Clinical Transformation Committee Terms of Reference

NHS Merton Clinical Commissioning Group
Clinical Transformation Committee Draft
Terms of Reference

1. Introduction
The Clinical Transformation Committee (the Committee) is established in accordance with the Clinical Commissioning Group’s Constitution, Standing Orders and Scheme of Reservation and Delegation. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. 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. Authority
The Committee is directly accountable to the Governing Body and is authorised to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised to request funding from the Chief Finance Officer for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3. Membership
The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body and/or staff and executives.

Members – Merton CCG:

- Chair of the Governing Body
- Managing Director
- Local Finance Director
• 2 x Clinical Locality Leads (both to attend)
• 2 x GP Governing Body Members (both to attend and one to Chair)
• Independent Nurse Member (Deputy Chair)
• Secondary Care Consultant
• Clinical Director for Community Services
• Clinical Director for Mental Health

Regular Attendees – Merton CCG

• Director of Commissioning
• Director of Quality and Governance
• Representative from the patient engagement group (representing the interests of patients and the public)

Standing Invitations to attend for their particular areas:

• Clinical Directors within commissioned services
• Director of Public Health (LA)
• Director(s) – Adult and Children Social Care

The following may be asked to attend the meetings:

Other members of the Governing Body, and/or staff and executives may be invited to attend those meetings in which the Committee will consider areas of risk or operations that are their responsibility.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

4. Secretary
The Committee will be supported secretarily by a suitable member of the Business Support team, whose duties in this respect shall include:

• Agreement of Agenda with the Chair and attendees and collation of papers
• Taking the minutes and keeping a record of matters arising and issues to be carried forward

5. Quorum
The meeting will be quorate when three governing body clinicians and either the Managing Director or Local Finance Director are present

6. Frequency and notice of meetings
The Committee will meet bi-monthly. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.
A notice period of at least 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven calendar days prior to the meeting.

7. Remit and responsibilities of the Board
The Committee will identify a transformation programme and drive delivery of strategic changes to the Merton health and care system that will improve outcomes for local people and ensure that services are financially sustainable.

The duties of the Committee are categorised as follows:

- To take advice and direction from the Clinical Reference Group
- To decide on the main areas of work for the programme and to drive delivery
- To hold members of the Committee to account and to resolve any differences that arise
- To ensure resources for programme delivery are in place and to monitor the use of these resources in line with the objectives of the programme
- To ensure that agreed programmes of change support Health and Wellbeing Board priorities
- To receive and appraise progress reports against the programme’s milestones
- Where required, to approve reports to the CCG governing body of organisations within the health and care system on the work of the programme
- To understand the risks to the progress of the programme and ensure that these are mitigated appropriately
- To consider and agree any issues that require the attention of partner organisations and ensure these issues are escalated where appropriate
- To lead the development of a co-ordinated approach to public, patient and clinical engagement across the local health and care system in order to explain the rationale for change and to ensure effective engagement in designing and delivering the programme of work
- Where appropriate, to recommend for approval by the CCG Governing Body and provider boards the commissioning of specific packages of work from within the health and care economy to support delivery of the programme aims

The minutes of all meetings of the Committee shall be formally recorded and submitted together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of where actions or improvements are needed. To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to the submission of the minutes.
The Committee will report annually to the Governing Body in respect of the fulfilment of its functions with these terms of reference. Such report shall include any pertinent matters in respect of which the Board has been engaged including, but not be limited to, functions undertaken in relation to the effectiveness of risk management within the CCG.

The CCG’s annual report shall contain a section describing the work of the Committee in discharging its responsibilities.

8. Principles by which the Committee will Work

1. The Committee will commission work that results in comprehensive services that are available to all the residents of Merton.

2. Access to services will be based on clinical need alone except where provision for other considerations is made in law.

3. The Committee will actively promote the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on excellent patient experience and outcomes.

4. The patient will be at the heart of everything the Committee does

5. The Committee will work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population

6. The Committee will be committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources

7. Decisions and recommendations made by the Committee will be transparent and clear to the public, patients and staff.

8. The Committee will ensure that appropriate consultation is carried out with all stakeholders.

9. Review

The terms of reference for the Committee shall be reviewed by the Governing Body six months after it is established and at least on an annual basis thereafter. This will take into account any new guidance and relevant codes of conduct / good governance practice.
Appendix 10: Primary Care Commissioning Committee

Terms of Reference

Introduction

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006, NHS England has delegated the exercise of the functions specified in Schedule 2 of the Delegation Agreements to these Terms of Reference to Merton CCG.

2. The CCG has established the Merton CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

3. The ongoing relationship the Primary Care Commissioning Committee will have with NHS England will be revised on an ongoing basis, though this will be outlined in Schedule 4 of the Delegation Agreement.

4. It is a committee comprising representatives of the following organisations:
   - Merton CCG
   - NHS England
   - Merton Local Authority
   - LMC
   - Healthwatch

Statutory Framework

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

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

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
   a) Management of conflicts of interest (section 14O);
   b) Duty to promote the NHS Constitution (section 14P);
   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
d) Duty as to improvement in quality of services (section 14R);
e) Duty in relation to quality of primary medical services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
   • Duty to have regard to impact on services in certain areas (section 13O);
   • Duty as respects variation in provision of health services (section 13P).

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

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

Role of the Committee

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

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Merton CCG, which will sit alongside the Delegation Agreement and terms of reference.

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

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

15. This includes the following:
   • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
   • Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
   • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
   • Decision making on whether to establish new GP practices in an area;
   • Approving practice mergers; and
   • Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
16. The CCG will also carry out the following activities:
   a) To plan, including needs assessment, primary [medical] care services in Merton;
   b) To undertake reviews of primary [medical] care services in Merton;
   c) To manage the budget for commissioning of primary [medical] care services in Merton.

17. The Committee is accountable for exercising the agreed delegated functions from NHS England; these functions operate at practice level and not at individual Primary Care Contractor level.

Geographical Coverage

18. The Committee will comprise of decisions relating to Primary Care in Merton.

Membership

19. The Committee shall consist of:
   • Chair – Lay Member
   • Lay member (Vice Chair) plus third lay member
   • Associate Lay Member
   • Managing Director
   • CCG Chair
   • Local Director, Transforming Primary Care
   • CCG Chief Finance Officer
   • WCCG Secondary Care Doctor
   • General Practitioner (not within South West London)
   • Local Director for Commissioning
   • Director of Quality and Governance

Non-Voting Members
   • GP Locality Clinical Leads x3 Representatives
   • NHS England (London Regional Team) Representative
   • HealthWatch Representative
   • LMC Representative
   • Health & Wellbeing Board Representative

20. The Chair of the Committee shall be a CCG Lay Member and will be appointed at the first meeting of the Committee.

21. The Vice Chair of the Committee shall be a CCG Lay Member and will be appointed at the first meeting of the Committee.

22. The Committee may appoint ad-hoc members to advise it on specific matters within its Terms of Reference from time to time as appropriate.
23. The Committee may from time to time wish to make use of the SWL Advisory Panel that has been established by NHS England to support delegated commissioning for South West London.

24. There will be an annual review of the Committee's Membership and Terms of Reference to support its efficient functioning.

**Conflicts of Interest**

25. Conflicts of Interests will be managed in accordance with the CCG's current policy; ‘Standards of Business Conduct and Managing Conflicts of Interest Policy’.

26. Any conflicted Members will leave the meeting for the relevant discussions.

27. All non-voting Members will leave the meeting at the point that a vote is being taken to conclude the discussion.

**Meetings and Voting**

28. The Committee will operate in accordance with the CCG’s Standing Orders. The Board Secretary for Merton CCG will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

29. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

**Quorum**

30. The Committee will be quorate with 5 out of the 7 voting Members in attendance, with at least one Lay Member present who is not the Chair.

**Frequency of Meetings**

31. The Committee shall meet on the same date as the Governing Body public meetings. At least six meetings will be held in public over the financial year.

32. Meetings of the Committee shall:

   a) be held in public, subject to the application of 32(b);
   
   b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever
publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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

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

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

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

37. The Committee will present its minutes to the London Area Team of NHS England and the governing body of Merton CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 34 above.

38. The CCG will also comply with any reporting requirements set out in its Constitution.

39. It is envisaged that these Terms of Reference will be reviewed bi-annually in Year 1 and then annually thereafter, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Decisions

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

41. The decisions of the Committee shall be binding on NHS England and Merton CCG.

42. The Committee will produce an executive summary report which will be presented to the London Area Team of NHS England and the governing body of Merton of the CCG each month [could be longer period] for information.

Review
43. The Terms of Reference will be reviewed in three months (October 2016) and then annually thereafter.

**Primary Care Commissioning Committees in Common**

44. The Primary Care Commissioning Committee may meet as a “Committees in Common” with other CCGs using additional Terms of Reference as set out in the Primary Care Commissioning ToR Addendum.
Primary Care Commissioning

Terms of Reference Addendum

Committees in Common

To be added, if required
Appendix 11: Committee for Collaborative Decision Making

Terms of Reference

MERTON CLINICAL COMMISSIONING GROUP

Version 1.0 July 2017

(The Committee for Collaborative Decision Making always operates using the Committees in Common arrangement with one or more other CCGs.)

Introduction
1. The six Clinical Commissioning Groups (CCGs) in South West London (Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth) have agreed the establishment of a “Committees in Common” (CiC) arrangement for the purpose of collaborative decision making, including the decisions for recommendations made by the South West London Sustainability and Transformation Partnership. The governing body of each of the CCGs has resolved to create a “Committee for Collaborative Decision Making” that will participate in a Committees in Common arrangement. The participant CCGs for a particular CiC meeting will be determined by the nature of issue delegated to the committee. The participants may range from one other CCG to all SWL CCGs and neighbouring CCGs.

Statutory Framework
2. Under paragraph 3(3) of Schedule 1A of the National Health Service Act 2006 (inserted by the Health and Social Care Act 2012) CCGs’ constitutions may provide for their functions to be exercised by any members or employees of the CCG. Each of the CCGs provides in its Constitution a mechanism that allows specified functions to be delegated to a designated committee, which may meet with identical Committees of other CCGs in a CiC arrangement. Where the decisions of the CiC are unanimously made, the decisions are binding on the constituent CCGs.

Role of CiC
3. The effective planning & commissioning of health care or organisational capacity sometimes requires decisions to be made for populations much larger than a single CCG. The six South West London CCGs wish to collaborate, and where appropriate with neighbouring CCGs to make collaborative organisational or commissioning decisions.

4. The role of the CiC is to make decisions on behalf of the constituent CCG Governing Bodies as set out below. Such decisions will be taken by individual committees of each Governing Body that have been instructed to meet in common.

(Accountability for the Committee for Collaborative Decision Making:
5. The Committee for Collaborative Decision Making is accountable to the CCG Governing Body. The Committee operates in a Committees in Common arrangement with other
CCGs but remains as the decision making committee for the delegated Collaborative Decision Making functions. (For clarity – The CIC does not make decisions for the CCG but the CCG’s Committee for Collaborative Decision Making does make decisions for the CCG.)

Functions Delegated to the Committee for Collaborative Decision Making:
6. The CiC enables the participating Committees to make the same decision for issues delegated by their Governing Bodies in relation to:
   - Any significant change in healthcare service that affects the population of more than one CCG;
   - Any significant commissioning strategy/plan that affects the population of more than one CCG;
   - Any CCG organisational development of more than one CCG.

7. The CiC will ensure that best commissioning practice is followed in making decisions including:
   - Evidence-based proposals
   - Effective stakeholder engagement
   - Appropriate consultation

Membership – CCG Committee for Collaborative Decision Making
8. The CCG Committee for Collaborative Decision Making will comprise of three individuals:
   - 1 Lay member of the Governing Body
   - 1 Clinical governing body member
   - 1 Managerial governing body member

9. Where a member of the Committee for Collaborative Decision Making is unable to attend a meeting, they may nominate as their deputy another member (of the same class) of the governing body.

Membership - CiC for Collaborative Decision Making
10. The CiC for Collaborative Decision Making will comprise of:
   - A non-voting CIC Convenor (Either an externally appointed individual or a lay member drawn from a CCGs Governing Body)
   - The SWL CCG Committees for Collaborative Decision Making who have chosen to participate in the CiC meeting.
   - Other CCG Committees for Collaborative Decision Making for whose populations the proposals may amount to a substantial change or development in services

Non-voting attendees:
11. The following individuals will be invited to attend a CiC meeting:
   - Up to 3 NHS England Representatives as a commissioner of relevant services.
   - 1 Healthwatch Patient Representative
   - 1 Public Engagement Representative

12. There will be an annual review of the CiC’s membership to support its efficient functioning.

Meetings - Procedure
13. The CiC will adopt the Wandsworth CCG Standing Orders relating to the conduct of meetings, agendas and declaration of interest with the exception of the following clauses in this section.
14. The CCG Governing Bodies will decide when to delegate an issue for decision to its Committee for Collaborative Decision Making. (The number of CCG Governing Bodies, who make this delegation, will depend on the nature of the issue being delegated.)

15. The Committee for Collaborative Decision Making will only make decisions when it formally meets as a Committees in Common with other CCG Committees.

16. The Committee for Collaborative Decision Making meeting as a CiC will be held in public except where the CiC resolve to exclude the public on grounds of the confidential nature of the business to be discussed, in the interests of public order or because the CiC consider that it would otherwise not be in the public interest for the public to be admitted to all or part of a meeting.

17. The Committee for Collaborative Decision Making may hold private seminars with other similar committees but may not make decisions at these meetings.

18. When a CiC meeting is held, an agenda for the CCG Committee for Collaborative Decision Making will be prepared that is identical in content to the agendas for the other participating Committees.

19. A CiC meeting quorum has three components:
   a. All participating CCGs are present;
   b. Each Committee for Collaborative Decision Making has at least 2 members present; (An individual may be a member of more than one Committee.)
   c. One lay member is present.

20. The CIC may call additional experts to attend meetings on an ad hoc basis to inform discussions as appropriate.

21. The CIC will ensure the declaration and management of any conflicts of interest by ensuring the relevant CCG register is up to date. In addition, a verbal declaration should be made at the start of each meeting in relation to any conflict relevant to the discussion.

22. For a decision to be taken:
   a. The decision is within the bounds of the CIC delegated functions;
   b. Each CCG Committee has one vote;
   c. A decision has been unanimously agreed.

23. The unanimous decisions made at a CiC meeting shall be binding on the constituent CCGs.

24. Where the CIC is unable to reach a unanimous decision then:
   a. This will be recorded in the meeting minutes;
   b. The CIC chair will convene a meeting of the CCG chairs to agree a process that will allow all the CCGs to vote for a decision.

25. The Committee for Collaborative Decision Making will undertake preparation work before a CiC meeting to minimise the risk of a decision not achieving consensus.

Meetings - Frequency
26. The CIC chair, with the chairs of the participating CCGs Committee for Collaborative Decision Making, will agree a programme of meetings to reach a decision on the delegated issue. This programme may be amended.

Further Delegation of Functions
27. The CIC meeting may delegate tasks to such individuals or sub-committees as it shall see fit, provided that:
• any such delegations are consistent with the delegation of functions to the Committee for Collaborative Decision Making;
• any delegated work undertaken is formally reported to a CIC meeting.

Reporting
28. The minutes of each CIC meeting will consist of individual sets of minutes for each CCG Committee with exactly the same content. The CIC will formally verify the minutes at their next meeting.
29. Each Committee will present the agreed minutes to its Governing Body, including the minutes of any sub-committees to which responsibilities are delegated.
30. The CIC Convenor will, in addition, provide a written summary report to each Governing Body following each meeting of the CIC business. This should highlight:

- Issues
- Decisions
- Risks & Assurance

Confidentiality
31. Individuals attending CIC meeting shall respect confidentiality requirements as set out in the Wandsworth CCG Constitution or Standing Orders.

The CIC Convenor
32. Appointment of CIC Convenor
   The CCG Governing Body Chairs shall appoint a CIC Convenor by either:
   
   - Advertising and selecting an external independent individual with excellent chairmanship skills or
   - Inviting a lay member of a CCG Governing Body

   The term of office for the CIC convenor is one calendar year from appointment with possible reselection.

33. The CIC Convenor is responsible for agenda setting, resolving differences, overseeing voting arrangements and maintaining order.
34. The Chairs of the participating Committee for Collaborative Decision will invite the CIC Convenor to be an independent chair of their Committee for Collaborative Decision Making for the meeting. (For clarity, the CIC Chair is not a member of the Committee of the Collaborative Decision Making and does not contribute to any vote.)
35. The CIC Convenor does not have a vote or a casting separate vote.
36. The chairs of the Committee for Collaborative Decision Making are the vice convenors of the CiC.

Role – CIC Vice Chair
37. A CiC vice convenor will act as the CiC convenor, when necessary.

Administration
38. Support for the CiC will be provided by the South West London STP Programme Office. Papers for each meeting will be sent to CiC members no later than one week prior to each meeting.
39. A full set of original papers will be supplied to the constituent CCG Corporate offices for filing and audit purposes.
Appendix 12: Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

These standing orders have been drawn up to regulate the proceedings of the Merton Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

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:

(a) the arrangements for conducting the business of the group;

(b) the appointment of member practice representatives;

(c) the procedure to be followed at meetings of the Practice Leads Forum, the Governing Body and any committees or sub-committees of the Governing Body;

(d) the process to delegate powers,

(e) the framework around declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate1 of any relevant guidance.

The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the group’s constitution. Group members, employees, members of the Governing Body, members of the Governing Body’s committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with 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 Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.
1.2 Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group’s functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group’s scheme of reservation and delegation.

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

2.1 Composition of membership

- Part 3 and Schedule 4 of the CCG’s constitution provides details of the membership of the group (also see Appendix A to these Standing Orders).

- Part 4 and Schedule 5 of the group’s constitution provides details of the governing structure used in the CCG’s decision-making processes.

2.2 Key Roles

Part 4 (Paragraph 4.2) and Schedule 5 of the group’s constitution sets out the composition of the group’s Governing Body whilst Part 3 and Schedule 3 of the CCG’s constitution identifies certain key duties and responsibilities within the Practice Leads Forum and the Governing Body. These standing orders set out how the group appoints individuals to these key roles. The main provisions covering the Governing Body are summarised at Appendix A of these standing orders.

The roles and responsibilities of each of these key roles are further defined in NHS England guidance.

2.3 GOVERNING BODY

The roles of the Governing Body are subject to the following appointment process:

CHAIR OF THE GOVERNING BODY AND DEPUTY CLINICAL CHAIR

The roles of the Chair of the Governing Body and Deputy Clinical Chair are subject to the following appointment process:

(a) Nominations – An invitation will be made to eligible GP Members who meet the criteria to apply for the post of Chair of the Governing Body. Only nominees who are successful in the assessment and interview phase of the appointment process will be taken forward to the Membership for final selection.
(b) **Eligibility** – Application for the post of Chair of the Governing Body will be open to any NHS GP Member within Merton providing they are a Partner, a Sessional GP or Locum of a practice within Merton who works a minimum of 2 clinical sessions per week in a Merton CCG Member Practice and is on the Performers List. The incumbent Chair of the Governing Body shall be eligible for re-election providing he or she continues to be a practising NHS GP delivering a minimum of 2 sessions a week in a Merton CCG Member Practice and is on the Performers list.

(c) **The Deputy Clinical Chair**, who will be selected from amongst and by the GP Members elected to Governing Body by the Membership, may step in for the Chair of the Governing Body to lead a clinical discussion when it is not appropriate for the Chair of the Governing Body to participate in the discussion e.g. due to a conflict of interest.

(d) **Appointment process** (Chair of the Governing Body) - At the time of appointment / selection a process will be distributed to all Member Practices. This will describe a staged process whereby all applications form will be assessed by a panel (assessing skills and experience), interviews will be held with those who meet the criteria. In the event of more than one candidate arising for the post, a ballot of CCG Member Practices will take place. Thereafter the nominated candidate will proceed to a national assessment process as required.

(e) **Appointment process** (Clinical Deputy Chair) - The Deputy Clinical Chair will be selected from amongst and by the GP Members elected to Governing Body by the Membership. In the event of more than one candidate arising for the post, the Chair of the Governing Body will make a recommendation to the GB, from amongst its clinical membership, for their ratification or if unable to make a clear recommendation may refer to the Governing Body for a vote.

(f) **Term of office** - 2 years.

(g) **Eligibility for reappointment** - The Chair of the Governing Body and Deputy Clinical Chair will be eligible for reappointment if they remain a member of the Governing Body.

(h) **Grounds for removal from office** - Where the Chair of the Governing Body or Clinical Deputy Chair is a GP, upon a vote of 75% or more of the Members of the Practice Leads Forum, in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers' list or by the GMC or in the event of proven gross misconduct, suspension shall be immediate. The Member shall have the right to involve the LMC in any discussions and decisions relating to this issue.
(i) **Notice period** - Six months.

Where the Chair of the Governing Body is a GP, the remaining GPs on the Governing Body shall elect a Clinical Deputy Chair, who will deputise for the Chair of the Governing Body when the Chair of the Governing Body is not available or where the Chair of the Governing Body declares a conflict of interest and where clinical leadership is required. The Clinical Deputy Chair may assume the role of Interim Chair of the Governing Body if the Chair of the Governing Body is not available for an extended period to ensure clinical leadership of the group is maintained.

### 3. REPRESENTATIVES OF MEMBER PRACTICES

Representatives of member practices are subject to the following appointment process, which may be undertaken by an external body such as the Local Medical Committee (LMC) at the request of the electorate:

(a) **Eligibility** - All GPs who are on the Performers List at the time of the nomination and who are principals or sessional GPs. Where GPs operate as long term locums and are on the Performers List, they will be eligible if endorsed by a named Member practice in which they work.

(b) **Nominations** - each member practice will nominate a GP to represent the member practice on the Practice Leads Forum. If the nominated person is unable to attend the member practice will nominate a Deputy who is a GP to attend. A member practice may replace its Practice Lead from time to time by notice in writing to the Governing Body via the Accountable Officer.

(c) **Term of office** - To be 2 years as agreed by the Practice Leads Forum to ensure continuity.

(d) **Eligibility for reappointment** - Automatic for a second term, by agreement with the Practice Leads Forum thereafter.

(e) **Grounds for removal from office** - Upon a vote of 75% of the Practice Leads Forum requesting the removal of an elected GP member, the electorate shall be polled both on removal of the member and for a replacement in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers’ list or by the GMC or in the event of proven gross misconduct, suspension shall be immediate. The member shall have the right to involve the LMC in any discussions and decisions relating to this issue.

(f) **Notice period** - Three months.
3.2 PRACTICE LEADS FORUM

The representatives of member practices come together to form the Practice Leads Forum. This forum is chaired by the Chair of the Governing Body. Where the Chair and the Deputy is unavailable to lead such a meeting the PLF will request the role is assumed by one of its group (normally a Locality Clinical Lead), a recommendation which will be taken in consultation with the CCG Accountable Officer.

3.3 LAY MEMBERS AND VICE CHAIR

The roles of the three lay members on the Governing Body are subject to the following appointment process:

(a) **Nominations** – advertisement and application.
(b) **Eligibility** – according to national guidance in place at the time of recruitment.
(c) **Appointment process** - selection against job description and person specification.
(d) **Term of office** - To be 2 to 3 years, in order to support continuity of membership amongst the Governing Body and succession planning. The start date, term of office (between 2 and 3 years) and end date will be agreed on appointment.
(e) **Eligibility for reappointment** – post to be advertised before end of term of office. The post holder is eligible for reappointment.
(f) **Grounds for removal from office** – non-performance against agreed objectives as assessed by Chair of the Governing Body and Accountable Officer. Recommendation of Chair of the Governing Body and Accountable Officer requires approval by Practice Leads Forum.
(g) **Notice period** – 3 months.

One of the Lay Members shall act and be appointed as a Vice Chair who will act as Chair of the Governing Body when such matters as e.g. governance or conflict of interest arise as may require the Chair of the Governing Body or Deputy Clinical Chair to step aside.

3.4 INDEPENDENT NURSE MEMBER

The role of the Independent Nurse Member on the Governing Body is subject to the following appointment process:

(a) **Nominations** – advertisement and application.
(b) **Eligibility** – according to national guidance in place at the time of recruitment.
(c) **Appointment process** - selection against job description and person specification.
(d) **Term of office** - To be 2 to 3 years, in order to support continuity of membership amongst the Governing Body and succession planning. The start date, term of office (between 2 and 3 years) and end date will be agreed on appointment.

(e) **Eligibility for reappointment** – post to be advertised before end of term of office. The post holder is eligible to assume duties in accordance with national guidance and should have no direct links with services the CCG commissions. The post holder is eligible for reappointment.

(f) **Grounds for removal from office** – non-performance against agreed objectives as assessed by Chair of the Governing Body and Accountable Officer. Recommendation of Chair of the Governing Body and Accountable Officer requires approval by Practice Leads Forum.

(g) **Notice period** – 3 months.

### 3.5 SECONDARY CARE SPECIALIST DOCTOR

The role of the Secondary Care Specialist Doctor on the Governing Body is subject to the following appointment process.

(a) **Nominations** – advertisement and application.

(b) **Eligibility** – post to be advertised before end of term of office. The post holder is eligible to assume duties in accordance with national guidance and should have no direct links with services the CCG commissions. The post holder is eligible for reappointment.

(c) **Appointment process** - selection against job description and person specification.

(d) **Term of office** - To be 2 to 3 years, in order to support continuity of membership amongst the Governing Body and succession planning. The start date, term of office (between 2 and 3 years) and end date will be agreed on appointment.

(e) **Eligibility for reappointment** – post to be advertised before end of term of office. The post holder is eligible for reappointment.

(f) **Grounds for removal from office** – non-performance against agreed objectives as assessed by Chair of the Governing Body and Accountable Officer. Recommendation of Chair of the Governing Body and Accountable Officer requires approval by Practice Leads Forum.

(g) **Notice period** – 3 months.
3.6 THE Accountable OFFICER

The Accountable Officer, as listed in paragraph 11.3 of the Constitution, is subject to the following appointment process:

(a) Nominations – advertisement and application.

(b) Eligibility – according to national guidance in place at the time of recruitment.

(c) Appointment process - is to be appointed by NHS England

(d) Term of office – substantive appointment.

(e) Eligibility for reappointment – does not apply.

(f) Grounds for removal from office – CCG employment policies and procedures apply.

(g) Notice period – 6 months.

3.7 CHIEF FINANCE OFFICER

The Chief Finance Officer, as listed in paragraph 11.4 of the Constitution, is subject to the following appointment process:

(a) Nominations – advertisement and application.

(b) Eligibility – according to national guidance in place at the time of recruitment.

(c) Appointment process - is to be appointed by NHS England

(d) Term of office – substantive appointment.

(e) Eligibility for reappointment – does not apply.

(f) Grounds for removal from office – CCG employment policies and procedures apply. If the post is shared with another CCG then that CCG’s employment policies and procedures will also apply.

(g) Notice period – 3 months.

3.8 MANAGING DIRECTOR

The Managing Director, as listed in paragraph 4.2 of the Constitution, is subject to the following appointment process:

(a) Nominations – advertisement and application.

(b) Eligibility – according to national guidance in place at the time of recruitment.

(c) Appointment process - is to be appointed by NHS England
(d) **Term of office** – substantive appointment.

(e) **Eligibility for reappointment** – does not apply.

(f) **Grounds for removal from office** – CCG employment policies and procedures apply. If the post is shared with another CCG then that CCG’s employment policies and procedures will also apply.

(g) **Notice period** – 3 months.

### 3.9 GP REPRESENTATIVES ON THE GOVERNING BODY

There will be two GPs elected to the Governing Body to represent General Practice. GPs elected to the Governing Body are subject to the following appointment process, which may be undertaken by an external body such as the Local Medical Committee (LMC) at the request of the electorate:

(a) **Eligibility** - All GPs who are on the Performers List at the time of the nomination and who are principals or sessional GPs and work a minimum of 2 Clinical Sessions a week across one or more member practices.

(b) **Nominations** - Each member practice may nominate a GP to represent the Membership on the Governing Body.

(c) **Appointment process** - At the time of appointment / selection a process will be distributed to all Member Practices. This will describe a staged process whereby all nominations forms will be assessed by a panel (assessing skills and experience), interviews will be held with those who meet the criteria. In the event of more than two candidates arising for the post, a ballot of CCG Member Practices will take place. Each member practice shall have one vote for each GP role.

(d) **Term of office** – The two GPs elected to the Governing Body by the Membership shall each have a two-year term of office. The term of office will commence at a time stipulated by the Chair of the Governing Body, and this is expected to be communicated ahead of any appointments and/or election process for the stated posts.

(e) **Eligibility for reappointment** - Each will be eligible for re-election.

(f) **Grounds for removal from office** - Upon a vote of 75% of the Practice Leads Forum requesting the removal of an elected GP member, the electorate shall be polled both on removal of the member and for a replacement in which case a 3 months’ notice period shall be given. In the event of suspension from the Performers’ list or by the GMC or in the event of proven gross misconduct,
suspension shall be immediate. The member shall have the right to involve the LMC in any discussions and decisions

4. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

4.1 Calling meetings

PRACTICE LEADS FORUM

(a) Meetings of the Practice Leads Forum will meet sufficiently to fulfil its work plan, usually quarterly or at least twice a year as a minimum, at such times and places as the Practice Leads Forum may determine. In addition, special general meetings may be requested by the Practice Leads Forum, the Governing Body or on a written request by 54% of Members.

(b) A notice period of fourteen days shall be given for a special general meeting. Unless the Chair agrees to shorter time periods, the same constraints shall apply as for an ordinary meeting.

(c) The Practice Leads Forum shall hold an annual general meeting (distinct from the AGM of the CCG). The matters to be considered at the Annual General Meeting shall be set out in the notice calling it, the administration of such a meeting will be supported by the officers of the CCG

GOVERNING BODY

(d) The Governing Body will meet sufficiently to fulfil its work plan or at least quarterly as a minimum. The Governing Body reserves the right to call a meeting at any time if an urgent matter arises. A notice period of at least five working days shall be given for any exceptional Governing Body meetings.

OTHER MEETINGS

(e) For all other of the group’s Committees and sub-committees, including the Governing Body’s committees and sub-committees, the details of how meetings are called are set out in the appropriate terms of reference.

4.2 Agenda, supporting papers and business to be transacted

(a) Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least six working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least three working days before the date the meeting will take place.
(b) Agendas and certain papers for the CCG’s meetings – including details about meeting dates, times and venues - will be published on the CCG’s website at www.mertonccg.nhs.uk

4.3. Petitions

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

4.4 Chair of a meeting

(a) At any meeting of the Practice Leads Forum or its Governing Body or of a committee or sub-committee, the chair of the group, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the vice chair, if any and if present, shall preside. The deputy chair cannot assume the Chair’s vote.

(b) If the chair is absent temporarily on the grounds of a declared conflict of interest the vice chair, if present, shall preside. If both the chair and vice chair are absent, or are disqualified from participating, or there is neither a chair or clinical deputy chair a member of the Practice Leads Forum, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

4.5 Chair of the Governing Body's ruling

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

4.6 Quorum

Practice Leads Forum

(a) 54% of Members Representatives (or their proxies) shall constitute a quorum.

Governing Body

b) The quorum of the meeting of the Merton CCG Board shall be six (6) persons at least two (2) of whom shall be practising clinicians, at least one Lay Member and one voting Director (either the Accountable Officer, the Chief Finance Officer or the Managing Director). No business shall be transacted at a meeting unless the following are present:

• Accountable Officer, the Chief Finance Officer or the Managing Director; and
• Chair or Vice Chair.

The only decision the Governing Body may take if its meeting is not quorate is to request a meeting of the Practice Leads Forum.

(c) Votes are not transferable. An officer in attendance for a Member of the Governing Body but without formal acting up status may not count towards the quorum.

(d) The quorum for the Governing Body shall only include its members.

Conflicts of Interest

(e) For the policy and procedure for declaring and managing conflicts of interest refer to Appendix 11 of the CCG’s constitution.

(f) If the Chair of the Governing Body or 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 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 item.

Other Committees

(g) For all other of the group’s committees and sub-committees, including the Governing Body’s committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

4.7 Decision making

(a) Part 4 of the CCG’s constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group’s statutory functions. Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below in sections 3.7.2 to 3.8.5.

Practice Leads Forum

(b) A majority of the GP electorate (13 of 24 practices or 54%) is necessary to pass a resolution or confirm a decision. In the event of no overall majority, the Chair shall have the casting vote.

(c) If there are dissenting views, the secretary shall record in the minutes the names of all those present at the meeting. Should a vote be taken the outcome of the vote, and any dissenting views, must also be recorded in the minutes of
the meeting. The minutes of each meeting will be formally signed off by the chair of the meeting. The minutes of all meetings and parts of meetings held in public shall be published on the group’s website.

**Governing Body**

(d) A simple majority is required to make a decision. Should this not be possible then a vote of all members of the Governing Body will be required, with each member having one vote and in the case of equality of votes, the Chair of the Governing Body shall have a casting vote.

(e) Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

**Other Committees**

(f) For all other of the group’s committees and sub-committees, including the Governing Body’s committees and sub-committee, the details of the voting arrangements are set out in the appropriate terms of reference.

**4.8 Emergency powers and urgent decisions**

(a) In an emergency, where a decision must be made by the Practice Leads Forum or Governing Body before its next meeting, the powers and duties of the group or Governing Body may be exercised by the Chair of the Governing Body (Emergency Action).

(b) For this purpose “emergency” means circumstances in which:-

i. 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

ii. 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 Practice Leads Forum, Governing Body or any committee or sub-committee on a particular occasion.

(c) Before taking any Emergency Action, the Chair of the Governing Body must consult the Accountable Officer (or in the Accountable Officer’s absence the Managing Director) and a Lay Member.

(d) The Emergency Action must be ratified at the next meeting of the Governing Body.
(e) The Emergency Action functions of the Chair of the Governing Body and Accountable Officer (or in the Accountable Officers absence the Managing Director) may be exercised by such other persons as the Chair of the Governing Body and Accountable Officer may respectively nominate in writing.

4.9 Suspension of Standing Orders
(a) Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided 75% CCG members are in agreement.

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

(c) A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body’s Audit and Governance Committee for review of the reasonableness of the decision to suspend standing orders.

4.10 Record of Attendance and Quoracy
(a) The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG’s meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body’s committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

(b) Quoracy also needs to be established and recorded for each meeting where decisions are to be taken.

4.11 Minutes
(a) The secretary shall keep minutes of each meeting.

(b) At each meeting, the minutes of the preceding meeting shall be confirmed (or confirmed as amended) and be signed by the Chair as a true record of that meeting.

(c) The signed minutes of a meeting shall, unless the contrary is proved, be conclusive proof of the proceedings of that meeting.

4.12 Admission of public and the press
(a) The public and representatives of the press may attend all public meetings of the Governing Body and are invited to ask questions of the Governing Body at the designated time on the agenda, in relation to matters on the agenda and at
the discretion of the Chair of the Governing Body. The public shall be required to withdraw upon the Governing Body resolving as follows:

(b) 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960).

(c) Information and discussion of a confidential nature includes:

(d) information relating to a patient, unless it can be anonymised;

(e) information relating to an employee or office holder, former employee or applicant for any post or office;

(f) 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;

(g) negotiations or consultation concerning labour relations between the group and its employees;

(h) any issue relating to legal proceedings which are being contemplated or instituted by or against the group;

(i) action being taken to prevent or detect crime or to prosecute offenders;

(j) the source of information given to the group in confidence; or

(k) any other matter which, in the opinion of the Chair of the Governing Body, is confidential or the public disclosure of which would prejudice the effective discharge of the group’s functions.

(l) Where a meeting is held in private, the relevant reason from the list above must be given. Guidance should be sought from the CCG’s Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

4.13 Conduct of meetings

(a) The order of business at a meeting shall follow that set out in the agenda unless it is varied by the Chair with the consent of the meeting.

(b) A member may only initiate a debate or move a motion on a matter which is not on the agenda with the consent of the meeting.

(c) All motions must relate to matters that are within or related to the functions of the CCG.
(d) Members shall be respectful of each other and not make derogatory personal references or use offensive expressions or improper language to any other member or any employee of the CCG.

(e) A member must speak to the subject under discussion. The Chair may call attention to any irrelevance, repetition, unbecoming language or other improper conduct on the part of a member and, where the member persists in that conduct, may direct that member to cease speaking.

(f) The secretary or any other person advising on the business before a meeting (including advising the Chair on issues of order) may attend and, with the consent of the Chair, speak at that meeting.

(g) A ruling by the Chair on any question of order, whether or not provided for by the Standing Orders, shall be final and shall not be open to debate.

(h) General disturbances

(i) The Chair or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that 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.

5. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

5.1 Appointment of committees and sub-committees

(a) The Governing Body may appoint committees and sub-committees, subject to any regulations made by the Secretary of State\(^2\). Where such committees and sub-committees Governing Body are appointed they are included in Part 5 of the CCG’s constitution.

(b) Other than where there are statutory requirements, such as in relation to the Governing Body’s Audit and Governance Committee or remuneration committee, 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.
(c) The provisions of these standing orders shall apply where relevant to the operation of the Governing Body and its committees and sub-committees unless stated otherwise in the committee or sub-committee’s terms of reference.

5.2 Terms of Reference

Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix.

5.3 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 Practice Leads Forum.

5.4 Approval of Appointments to Committees and Sub-Committees

The Governing Body shall approve the appointments to each of the committees and sub-committees. The Governing Body shall agree such travelling or other allowances as it considers appropriate.

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

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

7. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1 Clinical Commissioning Group’s seal

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

(a) the Accountable Officer;
(b) the Chair of the Governing Body;
(c) the Chief Finance Officer;

2 See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act
7.2 Execution of a document by signature

(a) The following individuals are authorised to execute a document on behalf of the group by their signature.

(b) the Accountable Officer

(c) the Chair of the Governing Body

(d) the Chief Finance Officer

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

8.1 Policy statements: general principles

(a) The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by Merton Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the CCG’s standing orders.

Introduction
The main function of the Governing Body is to ensure that the Clinical Commissioning Group (CCG) has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance. The Governing Body shall carry out the duties and responsibilities set out in the CCG’s Constitution and should ensure business is conducted in accordance with the CCG’s Financial Policies and Standing Orders (SOs).

This document summarises the membership, remit, responsibilities and reporting arrangements of the Governing Body and shall have effect as if incorporated into the Clinical Commissioning Group’s Constitution and Standing Orders.

Authority
The Governing Body may establish committee and sub-committees to assist with the delivery of its delegated responsibilities and to progress its work as appropriate. Such committees and sub-committees do not have executive powers, unless this has been agreed in advance by the Governing Body. The Governing Body will establish appropriate reporting arrangements for committee and sub-committees.

The Chair of the Governing Body will work to establish unanimity as the basis for decisions of the committee. If, exceptionally, the Governing Body cannot reach a unanimous decision, the Chair of the Governing Body will put the matter to a vote, with decisions confirmed by a simple majority of those voting members present, subject to the meeting being quorate. In the case of equality of votes the Chair of the Governing Body will have the casting vote.

The Governing Body is authorised to request funding from the Chief Finance Officer for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Membership
The Governing Body will comprise the following voting members:
- Chair of the Governing Body (Chair)
- 2 x GPs (one of whom may become Deputy Clinical Chair)
- Accountable Officer
- Chief Finance Officer
- Merton and Wandsworth Managing Director
• 3 lay members [one to chair the Audit and Governance Committee/ act as COI Guardian, one to Chair the Finance Committee and one to represent the interests of patients and the public; one of the three to act as Vice Chair of the Governing Body].

• Secondary Care Consultant
• Independent Nurse Member
• An appointed Local Authority representative

Staff and executives may be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility. They will be non-voting.

The Local Medical Committee will have an Observer in attendance at the Governing Body meetings in public.

The Governing Body may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

Secretary
The Governing Body will be supported secretarially by a member of the Business Support team with specific responsibilities towards them, whose duties in this respect shall include:

• Agreement of Agenda with the Chair of the Governing Body and attendees and collation of papers
• Taking the minutes and keeping a record of matters arising and issues to be carried forward

Quorum
The meeting will be quorate when six members are present, with at least two of those present clinical members, one lay member and one voting director (either the Accountable Officer or Chief Finance Officer). No business shall be transacted unless the following are present:

• Chair of the Governing Body, Vice Chair or Deputy Clinical Chair; and
• Accountable Officer or Chief Finance Officer

Frequency and notice of meetings
The Governing Body will meet sufficiently to fulfil its work plan or at least quarterly as a minimum. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least five working days shall be given for any exceptional Governing Body meetings. The Agenda and supporting papers will be circulated three working days prior to the meeting. Meetings will be set in advance annually.
The principle to be adopted is that the meetings will be held in public with, where necessary, a Part II for discussion of confidential or commercially sensitive items.

At any meeting of the Governing Body, committee or sub-committee, the Chair of the Governing Body, committee or sub-committee, if present, shall preside. If the Chair of the Governing Body is absent from the meeting the Vice Chair and then the Deputy Clinical Chair shall preside. If the Chair of the Governing Body is absent temporarily (i.e. or a specific agenda item) on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If both the Chair of the Governing Body and Vice Chair are absent, are disqualified from participating, or there is neither a Chair or Deputy Clinical Chair, a member of the Governing Body shall be chosen by the members present, or by a majority of them, and shall preside for that agenda item only. The quoracy arrangements described above apply for meetings as a whole.

The Governing Body will arrange an Annual General Meeting to be held each year and this will be open to members of the public.

**Remit and responsibilities of the Governing Body**

The role of the Governing Body is to commission health services, affect health inequalities and to deliver the vision and strategic goals of the CCG as specified in the Constitution. This includes any duties outlined in the Health and Social Care Act 2011 and in any subsequent amendments to the Act or as requested by NHS England.

The specific responsibilities of the Governing Body are categorised as follows:

- Exercise its functions in relation to the provision or securing the provision of healthcare
- Ensure effective systems are in place for ensuring the quality and effectiveness (including cost-effectiveness) of commissioned services.
- Put in place systems to safeguard transparency, accountability and good governance
- Ensure accountability, probity and openness of its business at all times in line with the NHS Code of Conduct
- Lead strategic direction and setting of corporate objectives
- Be responsible for the delivery of financial balance and performance indicators
- Be responsible for the Board Assurance Framework
- Review risks rated 15 and above and ensure effective mitigations are in place
- Ensure strong and effective clinical involvement in all aspects of commissioning
- Receive and note reports and minutes from Committees
**Reporting**

The minutes of all meetings of the Governing Body shall be formally recorded and where appropriate, made available to the public via the Merton CCG website.

The CCG’s annual report shall contain a section describing the work of the Governing Body in discharging its responsibilities.

**Review**

The terms of reference for Committees shall be reviewed by the Governing Body after six months and at least on an annual basis thereafter. This will take into account any new guidance and relevant codes of conduct / good governance practice.

**Policy and best practice**

- The Governing Body will at all times apply best practice in decision making processes as laid out in the Constitution, in accordance with national guidelines and generally accepted standards of good corporate governance.

- The Governing Body will have full authority to request funding, subject to the advice of the Chief Finance Officer regarding affordability, to commission any reports or surveys it deems necessary to help it fulfil its obligations

- The Governing Body will work with similar committees from neighbouring CCGs as appropriate where there is added value in so doing. This may be part of the collaborative working arrangements with other CCGs in South London via the Chairs and COs collaborative working arrangements.

**Conduct of the Governing Body**

The Governing Body will:

- Adhere at all times to the Merton CCG Conflicts of Interest Policy;

- Be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their quality and safety and the extent to which key performance indicators and objectives have been met;

- Comply fully with the principles of the Citizen’s Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness; and

- Bear in mind the necessity of keeping comprehensive written records, in line with general good practice in corporate governance.
Appendix 13: Standards of Business Conduct and Managing Conflicts of Interest

Merton CCG

Standards of Business Conduct and Managing Conflicts Of Interest
1. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

1.1 Standards of Business Conduct

Employees, members, committee and sub-committee members of the Merton CCG and members of the Governing Body (and its committees) will at all times comply with the CCG Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Merton CCG and should follow the Seven Principles of Public Life, set out by the Nolan Principles. The Nolan Principles are incorporated in the constitution as Schedule 7.

Everyone must comply with the Merton CCG’s policy, including the requirements set out in the CCG Constitution for managing conflicts of interest. Full guidance will be found in the NHS Merton CCG Conflicts of Interest Policy. The content of the Policy must be complied with as though it were inserted into the Constitution. The Policy will reflect the most recent NHS guidelines (currently Managing Conflicts of Interest: Statutory Guidance for CCGs, NHSE June 2017), incorporating guidance on Commissioning of Primary Care Services.

Individuals contracted to work on behalf of the Merton CCG or otherwise providing services or facilities to the Merton CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.
Appendix 14: Financial Policies

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1. INTRODUCTION

1.1 These Financial Policies shall have effect as if incorporated into the CCG’s Constitution. These Financial Polices detail the financial responsibilities, policies and procedures adopted by Merton CCG. They are designed to ensure that the CCG’s financial transactions are carried out in accordance with financial reporting standards and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be read in conjunction with the Scheme of Reservation and Delegation adopted by Merton CCG.

1.2 These Financial Policies identify the financial responsibilities which apply to everyone working for Merton CCG. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer.

1.3 In case of any difficulties regarding the interpretation or application of any of the Financial Policies then the advice of the Chief Finance Officer should be sought before acting.

1.4 The failure to comply with Financial Policies and Scheme of Reservation and Delegation can in certain circumstances be regarded as a disciplinary matter that could result in dismissal. If for any reason these 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 Audit and Governance Committee for referring action or ratification. All members of the Governing Body and staff have a duty to disclose any non-compliance with these Financial Policies to the Chief Finance Officer as soon as possible.

1.5 Wherever the term “Accountable Officer”, “Chief Finance Officer” or title of other nominated officer is used in these financial policies, it shall be deemed to include such other director or employee who has been duly authorised, and confirmed in writing, to represent that officer.

1.6 Wherever the term “employee” is used and where the context permits, it shall be deemed to include employees of third parties contracted to the CCG when acting on behalf of the CCG.

2. ROLES AND RESPONSIBILITIES

2.1 The Governing Body

2.1.1 The Governing Body exercises financial supervision and control by approving the financial strategy and financial policies and requiring submission of budgets within approved allocations, for approval of the CCG’s budget.

2.1.2 The Governing Body has resolved that certain powers and decisions may only be exercised by the Governing Body in formal session. These are set out in the Scheme of Reservation and Delegation. All other powers have been delegated to Committees and sub-committees established by the Governing Body.

2.2 The Accountable Officer

2.2.1 The Accountable Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control. Within the Financial Policies, it is acknowledged that the Accountable Officer is ultimately accountable to the Governing Body, and as Accountable Officer, to the Secretary of
State, for ensuring that the Governing Body meets its obligation to perform its functions within the available financial resources. The Accountable Officer has overall executive responsibility for the activities of the CCG and is responsible to the Chair and the Governing Body for ensuring that its financial obligations and targets are met and has overall responsibility for the system of internal control.

1. 2.2.2 It is a duty of the Accountable Officer to ensure that Members of the Governing Body and Executive Management Team, employees and all new appointees are notified of, and put in a position to understand their responsibilities within Merton CCG's financial policies.

2.3 **The Chief Finance Officer**

2. 2.3.1 The Chief Finance Officer is accountable for financial control and responsible for implementing the CCG’s financial policies and ensuring any corrective action is taken if required. The Chief Finance Officer is also responsible for maintaining an effective system of internal financial control and ensuring sufficient records are maintained.

3. 2.3.2 It is the duty of the Chief Finance Officer to provide financial advice to members of the Governing Body, Executive Management Team and employees, ensuring that they understand their responsibilities.

2.3.3 The Chief Finance Officer is responsible for ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

2.4 **CCG and Governing Body Members, Executive Management Team Members and Employees**

4. 2.4.1 All members of the CCG, Governing Body, Executive Management Team and employees are responsible for:

(a) the security of the property of the CCG;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming to the requirements of Financial Policies and the Scheme of Reservation and Delegation.

2.4.2 For all members of the Governing Body and the Executive Management Team and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Governing Body and Executive Management Team and employees discharge their duties must be to the satisfaction of the Chief Finance Officer. In the case of Shared Services providers such arrangements will be established and agreed through an appropriate Service Level Agreement with the Shared Service provider as approved by the Governing Body.

2.5 **Contractors and their employees**

2.5.1 For all members of the Governing Body and the Executive Management Team and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Governing Body and Executive Management Team and employees discharge their duties must be to the satisfaction of the Chief Finance Officer. In the case of Shared Services providers such arrangements will be established and agreed through an appropriate Service
Level Agreement with the Shared Service provider as approved by the Governing Body.

2.6 Audit and Governance Committee

2.6.1 An independent Audit and Governance Committee is a central means by which a Governing Body ensures effective internal control arrangements are in place. In addition, the Audit and Governance Committee provides a form of independent check upon the executive arm of the Governing Body. In accordance with the constitution, the Governing Body shall formally establish an Audit and Governance Committee, with clearly defined terms of reference and in accord with any published national guidance.

The duties and responsibilities of the Committee are as follows:

(a) Ensuring there is an effective internal audit function established by management, that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit and Governance Committee, Accountable Officer and Governing Body;

(b) Reviewing the work and findings of the external auditor, considering the implications of management’s responses to their work and any implications on existing or future internal audit work programmes;

(c) Reviewing the findings of other significant assurance functions, both internal and external to the organisation, and considering the implications for the governance of the organisation;

(d) ensuring that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body;

(e) Reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(f) Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation’s activities (both clinical and non-clinical), that supports the achievement of the organisation’s objectives;

(g) Monitoring compliance with Merton ClinicalCommissioning Group’s (CCG) financial policies;

(h) Reviewing schedules of losses and compensations and making recommendations to the Governing Body;

(i) Reviewing schedules of debtors/creditors balances periodically and approving explanations/action plans;

(j) Review the annual report and financial statements prior to submission to the Governing Body focusing particularly on:

(i) the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;

(ii) changes in, and compliance with, accounting policies and practices;

(iii) unadjusted mis-statements in the financial statements;

(iv) major judgmental areas;

(v) significant adjustments resulting from audit.
(k) Reviewing the annual financial statements and recommend their approval to the Governing Body;
(l) Reviewing the external auditor’s report on the financial statements and the annual management letter;
(m) Conducting a review of the CCG’s major accounting policies;
(n) Reviewing any incident of fraud or corruption or possible breach of ethical standards or legal or statutory requirements that could have a significant impact on the CCG’s published financial accounts or reputation;
(o) Reviewing any objectives and effectiveness of the internal audit services including its working relationship with external auditors;
(p) Reviewing major findings from internal and external audit reports and ensure appropriate action is taken;
(q) Reviewing ‘value for money’ audits reporting on the effectiveness and efficiency of the selected departments or activities;
(r) Reviewing the mechanisms and levels of authority (e.g. Financial Policies and Scheme of Reservation and Delegation) and make recommendations to the CCG Governing Body;
(s) Reviewing the scope of both internal and external audit including the agreement on the number of audits per year for approval by the CCG Governing Body;
(t) Investigating any matter within its terms of reference, having the right of access to any information relating to the particular matter under investigation;
(u) Reviewing waivers to competitive tendering. In the case of competitive tender waivers, these should first be approved by the Finance Committee;
(v) Reviewing hospitality and sponsorship registers; and
(w) Reviewing the information prepared to support the controls assurance statements prepared on behalf of the Governing Body and advising the Governing Body accordingly.

2.6.2 The minutes of the Audit and Governance Committee meetings shall be formally recorded by a CCG secretary designated by the Chief Finance Officer. The Chair of the Audit and Governance Committee shall draw to the attention of the Governing Body any issues that require disclosure or require executive action.

2.6.3 Where the Audit and Governance Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wishes to raise, the Chairman of the Audit and Governance Committee should raise the matter at a full meeting of the Governing Body. Exceptionally, the matter may need to be referred to NHS England.

3.0 AUDIT

3.1 Internal Audit

3.1.1 Internal Audit is an independent and objective appraisal service within an organisation which provides:

(a) an independent and objective opinion to the Accountable Officer, the Governing Body, and the Audit and Governance Committee on the degree to
which risk management, control and governance, support the achievement of
the organisation’s agreed objectives;

(b) an independent and objective consultancy service specifically to help line
management improve the organisation’s risk management, control and
governance arrangements.

3.1.2 Internal Audit will review, appraise and report upon policies, procedures and
operations in place to;

(a) establish and monitor the achievement of the organisation’s objectives;

(b) identify, assess and manage the risks to achieving the organisation’s
objectives;

(c) ensure the economical, effective and efficient use of resources;

(d) ensure compliance with established policies (including behavioural and
ethical expectations), procedures, laws and regulations;

(e) safeguard the organisation’s assets and interests from losses of all kinds,
including those arising from fraud, irregularity or corruption;

(f) ensure the integrity and reliability of information, accounts and data, including
internal and external reporting and accountability processes.

3.1.3 The Chief Internal Auditor will provide to the Audit and Governance Committee;

(a) A risk-based plan of internal audit work, agreed with management and
approved by the Audit and Governance Committee, based upon the
management’s Assurance Framework that will enable the auditors to collect
sufficient evidence to give an opinion on the adequacy and effective operation
of the organisation;

(b) Regular updates on the progress against plan;

(c) Reports of management’s progress on the implementation of action agreed
as a result of internal audit findings;

(d) An annual opinion, based upon and limited to the work performed, on the
overall adequacy and effectiveness of the organisation’s risk management,
control and governance processes (i.e. the organisation’s system of internal
control). This opinion is used by the Governing Body to inform NHS England
as part of its performance management role;

(e) A report supporting Trust assurances on compliance with Care Quality
Commission standards; and

(f) Additional reports as requested by the Audit and Governance Committee.

3.1.4 Whenever any matter arises which involves, or is thought to involve, irregularities
concerning cash, stores, or other property or any suspected irregularity in the
exercise of any function of a pecuniary nature, the Chief Finance Officer must be
notified immediately.

3.1.5 The Head of Internal Audit will normally attend the Audit and Governance
Committee meetings and has a right of access to all Audit and Governance
Committee members, the Chair and the Accountable Officer.

3.1.6 The Head of Internal Audit reports to the Audit and Governance Committee and is
managed by the Chief Finance Officer. The reporting system for Internal Audit shall
be agreed between the Chief Finance Officer, the Audit and Governance
Committee and the Head of Internal Audit. The agreement shall be in writing and
shall comply with the guidance on reporting contained in the Public Sector Internal Audit Standards. The reporting system shall be reviewed at least every three years.

3.1.7 In obtaining third party assurance from other auditors, the Head of Internal Audit should seek assurance from the Shared Service provider’s Auditors.

3.1.8 The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit and Governance Committee.

3.2 External Audit

3.2.1 The External Auditor is appointed by the Audit and Governance Committee. The Audit and Governance Committee must ensure a cost-efficient service and will monitor the performance and independence of the external auditors in accordance with the provisions of its Terms of Reference. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred to the Audit and Governance Committee if the issue cannot be resolved.

3.2.2 Under the Local Audit and Accountability Act 2014, NHS Trusts and Clinical Commissioning Groups must select and appoint their own auditors and directly manage their contracts for the audits for the financial year starting on 1 April 2017.

4. FRAUD, CORRUPTION AND BRIBERY

4.1 The Accountable Officer and Chief Finance Officer shall monitor and ensure compliance with instructions issued by NHS Protect on fraud, bribery and corruption.

4.2 The Governing Body, having received advice from the Audit and Governance Committee, shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud and Corruption Manual, and guidance.

4.3 The Chief Finance Officer shall also prepare a “Counter Fraud Policy and Response Plan” that sets out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.

4.4 The LCFS shall report to the Chief Finance Officer and shall work with staff in NHS Protect in accordance with the NHS Counter Fraud and Corruption Manual. The LCFS will provide a written report, at least annually, on counter fraud work within Merton CCG to the Audit and Governance Committee.

4.5 The Audit and Governance Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

4.6 The Bribery Act 2010, which repealed existing corruption legislation, has introduced the offences of offering and receiving a bribe. It also places specific responsibility on organisations to have sufficient and adequate procedures in place to prevent bribery and corruption taking place.

4.7 Under the Bribery Act 2010, Bribery is defined as “Inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, rewards or other privileges”. No actual gain or loss has to be made.

4.8 Corruption is broadly defined as “the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person”. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.
To demonstrate that the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency, all staff are required to comply with the requirements of the Financial Policies. For more detailed information, please see the Anti-Bribery policy.

5. **ALLOCATIONS AND RESOURCE LIMIT**

5.1 The CCG’s Chief Finance Officer will:

5.1.1 periodically review the basis and assumptions used by NHS England for distributing allocations and ensure that these are reasonable and realistic and secure the CCG’s entitlement to funds;

5.1.2 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

5.1.3 regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

6. **COMMISSIONING STRATEGY AND BUDGETARY CONTROL**

6.1 **Preparation and approval of Commissioning Strategy and Budgets**

6.1.1 The Chief Officer will compile and submit to the Governing Body an Annual Commissioning Strategy which takes into account financial targets and forecast limits of available resources. The plan will contain a statement of any significant assumptions made and details of any major changes in workload, delivery of services or resources required to achieve the plan.

6.1.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the CCG Finance Committee. Such budgets will:

   (a) be in accordance with the aims and objectives set out in the plan;
   (b) accord with workload and manpower plans;
   (c) be produced following discussion with appropriate budget holders;
   (d) be prepared within the limits of available funds;
   (e) identify potential risks.

6.1.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Finance Committee.

6.1.4 The Governing Body will approve consultation arrangements for the CCG's Annual plan.

6.1.5 All budget holders must provide information as required by the Chief Finance Officer to enable budgets to be compiled.

6.1.6 The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

6.1.7 The CCG has commissioned third party commissioning support to provide support services including:

   - Acute contract management (including quality)
Individual Funding Requests (IFR) management
Advice and Support on Clinical Procurement
Performance reporting and data management
Financial Governance and Control
Estates and Health and Safety
Human Resources and Organisational Development
Purchasing (non-clinical)
Communications and Engagement
Primary Care ICT
ISPS
Infection Control

6.1.8 As per Merton CCG’s Scheme of Reservation and Delegation, the CCG’s third party provider of Commissioning Support has delegated authority to approve annual requisitions for NHS service level agreements where contracts and / or heads of terms have been formally agreed by the CCG Governing Body. This authority is also extended to non-contracted activity and individual funding requests subject to authorisation limits.

6.1.9 The CCG can withdraw this authorisation at any point and on any individual contract within the contract period by providing the Accountable Officer of NHS South East Commissioning Support Unit (NHS SECSU) with written instruction to that effect. Only the CCG Accountable Officer or Chief Finance Officer can provide such a withdrawal of authorisation.

6.2 Budgetary Delegation

6.2.1 The Accountable Officer may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under s75 of the National Health Service Act 2006.

6.2.2 The Accountable Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.

6.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Accountable Officer, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Accountable Officer, as advised by the Chief Finance Officer.

6.3 Budgetary Control and Reporting

6.3.1 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

(a) monthly financial reports to the Finance Committee in a form approved by the Finance Committee containing:
   (i) income and expenditure to date showing trends and forecast year-end position;
   (ii) movements in working capital;
(iii) movements in cash and capital;
(iv) capital project spend and projected outturn against plan;
(v) explanations of any material variances from plan;
(vi) details of any corrective action where necessary and the Accountable Officer’s and/or Chief Finance Officer’s view of whether such actions are sufficient to correct the situation;

(b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
(c) investigation and reporting of variances from financial, workload and manpower budgets;
(d) monitoring of management action to correct variances;
(e) arrangements for the authorisation of budget transfers.

6.3.2 Each Budget Holder is responsible for ensuring that:
(a) any likely overspending which cannot be met by budget virements is not incurred without the prior consent of the Governing Body;
(b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised;
(c) no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within the available resources and establishment as approved by the Governing Body.

6.3.3 The Accountable Officer is responsible for identifying and implementing cost improvements in accordance with the requirements of the Operating Plan and a balanced budget.

6.4 Capital Expenditure

6.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in paragraph 15 of this document).

6.5 Annual Report and Accounts

6.5.1 The Chief Finance Officer on behalf of the CCG will produce and submit to NHS England the annual report and accounts in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content at the time required by NHS England.

6.5.2 The CCG’s annual accounts must be audited by an external auditor appointed by the Audit and Governance Committee. The CCG’s audited and annual accounts must be presented to a public meeting and made available to the public.

7. INFORMATION TECHNOLOGY

7.1 Responsibilities and duties of the Chief Finance Officer

7.1.1 The Chief Finance Officer, who is responsible for the accuracy and security of computerised financial data, shall:
devise and implement any necessary procedures to ensure adequate and reasonable protection of data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

ensure that adequate and 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;

ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment. The concept of ‘separation of duties’ should be deployed and access controls should ensure that authorised staff have access on a ‘need to know’ basis;

ensure that an adequate management and 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; and

ensure that all staff be required to sign the ICT Acceptable User Policy before being allowed to used ICT infrastructure.

7.1.2 The Chief Finance Officer will 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 including warranties and guarantees must be obtained from them prior to implementation.

7.1.3 The Accountable Officer shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the CCG that are made publicly available.

7.1.4 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of CCGs in the region wish to sponsor jointly) all responsible directors and employees will send to the Chief Finance Officer:

(a) details of the outline design of the system;

in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

7.2 Contracts for computer services with other health bodies or outside agencies

7.2.1 The Chief Finance Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall, as well as requiring warranties and guarantees, periodically seek assurances that adequate controls are in operation. Such controls may include but not be limited to ISO17799, Code of Practice for Information Security and ISO27001, Information Security Management Standard.
7.3 Requirements for computer systems which have an impact on corporate financial systems

7.3.1 Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall need to be satisfied that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

user acceptance tests are carried out to confirm that service or applications using interfaces, new versions or any enhancements are fit for purpose;

data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

exception security reports are generated on a daily basis and examined to identify invalid sign on attempts both source and user id; password violations, access attempts invalid and valid outside standard business hours; unauthorised transaction attempts; unauthorised data access attempts;

Finance Directorate staff have access to such data;

such computer audit reviews as are considered necessary are being carried out.

8. BANK ACCOUNTS

8.1 General

8.1.1 The Chief Finance Officer is responsible for managing banking arrangements and for advising the CCG Governing Body on the provision of banking services and operation of accounts.

8.1.2 The Audit and Governance Committee shall approve the banking arrangements.

8.2 Bank and GBS Accounts

8.2.1 The Chief Finance Officer is responsible for:

(a) bank accounts and GBS accounts;

establishing separate bank accounts for non-exchequer funds;

ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;

reporting to the Governing Body all arrangements made with the CCG’s bankers for accounts to be overdrawn;

monitoring compliance with DH guidance on the level of cleared funds.

8.2.2 Where such processes set out in paragraph 8.2.1 (a) – (e) above are undertaken by a Shared Service provider the Chief Finance Officer shall still retain the ultimate responsibility for paragraphs (a) to (e) of paragraph 8.2.1. In particular, the Chief Finance Officer will approve the detailed bank mandate procedures with the Shared Service provider who will ensure an adequate panel of Shared Service officers to approve transactions on behalf of the CCG. These procedures will be approved as above.
8.3 Banking Procedures
8.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include the conditions under which the accounts are to be operated and details on authorised signatories.
8.3.2 The Chief Finance Officer must advise the CCGs’ bankers in writing of the conditions under which each account will be operated.
8.3.3 Where an agreement is entered into with the Shared Service provider for payment to be made on behalf of a CCG from bank accounts maintained in the name of the Shared Service provider, or by Electronic Funds Transfer (BACS), the Chief Finance Officer shall ensure that satisfactory security regulations of the Shared Service provider relating to bank accounts exist and are observed.

8.4 Tendering and Review
8.4.1 The Chief Finance Officer will review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the CCG’s banking business.
8.4.2 Competitive tenders should be sought at least every 5 years. This review is not necessary for GBS accounts. The results of the tendering exercise should be reported to the Governing Body.
8.4.3 Where banking arrangements are undertaken by Shared Service arrangements adequate value for money should be demonstrated at periodic intervals to the CCG by the Shared Service provider.

9. INCOME AND FEES

9.1 Income Systems
9.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
9.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.

9.2 Fees and Charges
9.2.1 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health’s “Commercial Sponsorship – Ethical Guidance in the NHS” shall be followed.
9.2.2 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.3 Debt Recovery
9.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts and for ensuring that the Share Service provider takes all appropriate recovery action.
9.3.2 Income not received should be dealt with in accordance with losses procedures.
9.3.3 Overpayments should be detected or preferably prevented and recovery initiated.

9.4 Security of Cash, Cheques and other Negotiable Instruments

9.4.1 The Chief Finance Officer is responsible for:
(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
ordering and securely controlling any such stationery;
the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
prescribing systems and procedures for handling cash and negotiable securities on behalf of the CCG.

9.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

9.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.

9.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

10. TENDERING AND CONTRACTING PROCEDURES

10.1 Duty to comply with Financial Policies and Scheme of Delegation

10.1.1 The Chief Finance Officer may only negotiate contracts on behalf of the CCG and the CCG may only enter into contracts, within the statutory framework set by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
(a) The CCG’s Scheme of Reservation and Delegation;
(b) The NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013;
The Public Contracts Regulation 2015, any successor legislation and any other applicable law; and
Take into account as appropriate any applicable Department of Health and NHS England guidance that does not conflict with (b) above.

10.1.2 In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.
10.2 Regulatory Regime Governing Public Procurement

10.2.1 In addition to having regard to relevant policy and guidance from the Department of Health (DH) and NHS England, the CCG recognises the obligations set out within prevailing regulatory regime relevant to the awarding of public contracts and relevant regulations shall have effect as if incorporated in these Financial Policies. Relevant regulations include, as may be amended:

- Public Contracts Regulations 2015
- NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013

10.2.2 Support will be sought from the CCG’s procurement service provider (NHS Shared Business Services) to ensure compliance when engaging in tendering procedures.

10.3 Capital Investment Manual and other Department of Health Guidance

10.3.1 The CCG shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and “Estatecode” in respect of capital investment and estate and property transactions.

10.3.2 In the case of management consultancy contracts, the CCG shall have regard to NHS guidance and policy in place at that time.

10.4 Formal Competitive Tendering

10.4.1 General Applicability

The CCG shall ensure that competitive tenders are invited for:

(i) the supply of goods, materials and manufactured articles;

(ii) the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);

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

(iv) for disposals; and

(v) the awarding of contracts for Health Services pursuant to guidance, the Public Contracts Regulations 2015 or where the CCG assesses the appropriateness to do so with reference to the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013.

10.4.2 Health Care Services

Health, social and some other services fall within scope of Schedule 3 of the Public Contracts Regulations 2015. As such, CCGs are under no obligation to follow one of the prescribed procurement procedures set out within the regulations, or comply with minimum tendering timescales. However, there is a lawful obligation to comply with the EU Treaty derived principles such as acting transparently, proportionately and treating providers equally without discrimination—CCGs will be responsible to the National Commissioning Board (operating as NHS England) who will have the power to audit how contracts are awarded for probity and compliance. NHS Improvement also has a responsibility to investigate any complaints which might be made against CCGs when awarding healthcare service contracts.

In addition to the Public Contracts Regulations 2015, CCGs must have regard for the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013 when considering what and how contracts are to be awarded for healthcare
services. If investigating complaints associated with a CCG awarding any contract, NHS Improvement will consider how the CCG has taken account of Monitor’s Substantive Guidance these NHS 2013 Regulations.

The NHS 2013 regulations include setting out that it is for CCGs to decide:

- what services are to be commissioned;
- how contracts are to be awarded;
- the respective roles of competition, integration and patient choice;
- Also setting out key obligations, including:
  - to avoid potential or actual conflicts of interest when awarding contracts;
  - to make arrangements for providers to express their interest to provide services;
  - to ensure transparency of contract opportunities through Contracts Finder where a competition is to be run to award a contract.

It is for the group to decide whether to award a single contract, or to establish a framework between multiple providers, such as the “Any Qualified Provider (AQP)” framework – where appropriately qualified providers can apply to be given the opportunity for their services to be offered through Patient Choice. AQP providers must agree to the CCG determined service specification, NHS standard contract terms and conditions and a common pricing tariff established by the group. It will be for the group to determine whether and how often opportunities should be re-opened to invite further additional providers to apply to be appointed to the framework.

10.4.3 Formal tendering procedures need not be applied where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £25,000, over the lifetime of the contract; or
- where the supply is proposed under special arrangements negotiated by the DH or NHS England in which event the said special arrangements must be complied with;
- regarding disposals as set out in paragraph 10.13;
- procurement Health Services, where the value of the contract falls outside of scope of the Public Contracts Regulations 2015 and the CCG assesses, with reference to the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013 that a competition would not be appropriate.

10.4.4 Formal tendering procedures are deemed to have been applied in the following circumstances:

- (a) where the goods or services are able to be supplied through a lawfully procured framework agreement (as may be established by for example, the Crown Commercial Service (CCS) or NHS Shared Business Services). Where framework agreements require mini competitions in order to award a ‘call off’ contract, these are to be undertaken to ensure value for money;
- where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.

10.4.5 Formal tendering procedures may be waived in the following circumstances (any waiver must be recorded on the schedule in Appendix 1). It is important to note that
failure to plan the work properly would not be regarded as a justification for a single tender.

(a) in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;

where the requirement is covered by an existing contract, or where an existing contract can be lawfully modified/varied to accommodate the new requirement;

where specialist expertise is required and is available from only one source;

when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

where there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

where a ‘call off’ contract can be awarded directly to a framework supplier without a mini-competition selection process, under a lawfully procured framework agreement;

where circumstances have arisen which could not have been reasonably foreseen by the group and the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender. It is important to note that failure to plan the work properly would not be regarded as a justification for a single tender.

The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

Where allowed and provided for in the Capital Investment Manual. The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Tender waivers below £100,000 are to be approved by the Accountable Officer and Chief Finance Officer and reported to the Audit and Governance Committee. Tender waivers greater than £100,000 are to be approved by the Finance Committee and reported to the Audit and Governance Committee.

10.4.6 Fair and Adequate Competition

With the exceptions set out in paragraph 10.5.3 apply, the CCG shall ensure that invitations to tender are sought from a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, having regard to minimum number of tenders to be sought as outlined within Section 10.7 (below), and also having regard to their capacity to supply the goods or materials or to undertake the services or works required.

The CCG recognises its regulatory obligations to ensure transparency of contract opportunities and shall ensure that invitations for the submission of tenders are advertised via the UK web-portal “Contracts Finder” and where required, the “Official Journal of the European Union” (OJEU).

10.4.7 Building and Engineering Construction Works
Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Department of Health approval.

10.4.8 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in these detailed financial policies for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer and Chief Finance Officer with full justification. A regular report of such incidents should be presented to the Audit and Governance Committee as part of its forward planner.

10.5 Contracting/Tendering Procedure

10.5.1 Invitation to tender

(a) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

All invitations to tender shall state that no tender will be accepted unless:

(i) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the CCG (or the word "tender" followed by the subject to which it related) and the latest date and time for the receipt of such tender addressed to the Accountable Officer or nominated Manager;

(ii) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

Every tender must have given, or give a written undertaking, not to engage in collusive tendering or other restrictive practice.

10.5.2 E-tendering

In the case of goods and services procured via E-tendering, the procedures outlined in paragraphs 10.6.3 - 10.6.4 will be modified to reflect that:

(a) Tenders are received electronically by the E-tendering system.

Tenders will be opened at the official opening time / date by procurement staff and the system will maintain a log of access.

The system will log any documents added during the procurement period and all communication between the parties using the system.
Any amendments to documents post opening will be logged manually along with the identity of the person making the change and the reason for the change.

The system’s audit log and the manual log will be periodically reviewed by a senior officer and will be available for inspection by Internal Audit as and when required.

10.5.3 Receipt and safe custody of tenders

The Accountable Officer or his/her nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

10.5.4 Opening tenders and Register of tenders

(a) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Accountable Officer and not from the originating department.

A member of the Governing Body will be required to be one of the two approved persons present for the opening of tenders estimated above £99,000. The member must not have an interest in the tender. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Scheme of Reservation and Delegation.

The “originating” Department will be taken to mean the Department sponsoring or commissioning the tender.

The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Chief Finance Officer or any approved senior manager from the Finance Directorate from serving as one of the two senior managers to open tenders.

All Executive Directors/executive members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department. The Company Secretary will count as a Director for the purposes of opening tenders.

Every tender received shall be marked with the date of opening and initialled by those present at the opening.

A register shall be maintained by the Accountable Officer, or a person authorised by him, to show for each set of competitive tender invitations despatched:

(i) the name of all firms and/or individuals invited to tender;

(ii) the names of firms and/or individuals from which tenders have been received;

(iii) the date the tenders were received and opened;

(iv) the persons present at the opening;

(v) the price shown on each tender;

(vi) a note where price alterations have been made on the tender and suitably initialled.
Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing), and amended tenders (i.e. those amended by the tenderer upon his/her own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders), should be dealt with in the same way as late tenders. (paragraph 10.6.6 below).

10.5.5 Admissibility

(a) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded.

Where only one tender is sought and/or received, the Accountable Officer and/or Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money.

10.5.6 Late tenders

(a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his/her nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.

Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Accountable Officer or his/her nominated officer or if the process of evaluation and adjudication has not started.

While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his/her nominated officer.

Accepted late tenders will be reported to the Audit and Governance Committee.

10.5.7 Acceptance of formal tenders

Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his/her tender before the award of a contract will not disqualify the tender.

The lowest tender, if payment is to be made by the CCG, or the highest, if payment is to be received by the CCG, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record. It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

(a) experience and qualifications of team members;
understanding of client’s needs;
feasibility and credibility of proposed approach;
ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be
clearly recorded and documented in the contract file, and the reason(s) for not
accepting the lowest tender clearly stated.

No tender shall be accepted which will commit expenditure in excess of that which
has been allocated by the CCG and which is not in accordance with these detailed
financial policies except with the authorisation of the Accountable Officer.

The use of these procedures must demonstrate that the award of the contract was:
(a) not in excess of the going market rate / price current at the time the contract
was awarded;
that best value for money was achieved.

All tenders should be treated as confidential and should be retained for inspection.

10.5.8 Tender reports to the Audit and Governance Committee

Reports to the Audit and Governance Committee will be made on an exceptional
circumstance basis only.

10.5.9 List of approved firms: Building and Engineering Construction Works

(a) Responsibility for maintaining list

A manager nominated by the Accountable Officer shall on behalf of the CCG
maintain lists of approved firms from whom tenders and quotations may be
invited. These shall be kept under frequent review. The lists shall include all
firms who have applied for permission to tender. All suppliers must be made
aware of the CCG’s terms and conditions of contract.

(b) Invitations to tender shall be made only to firms included on the approved list
of tenderers compiled in accordance with these detailed financial policies or
on the separate maintenance lists compiled in accordance with Estmancode
guidance (Health Notice HN(78)147).

(c) Firms included on the approved list of tenderers shall ensure that when
engaging, training, promoting or dismissing employees or in any conditions of
employment, they do not discriminate against any person because of colour,
race, ethnic or national origins, religion, or sex, and will comply with the

(d) Firms shall conform at least with the requirements of the Health and Safety at
Work Act and any amending and/or other related legislation concerned with
the health, safety and welfare of workers and other persons, and to any
relevant British Standard Code of Practice issued by the British Standard
Institution. Firms must provide to the appropriate manager a copy of its safety
policy and evidence of the safety of plant and equipment, when requested.

Financial Standing and Technical Competence of Contractors

The Chief Finance Officer may make or institute any enquiries he/she deems
appropriate concerning the financial standing and financial suitability of
approved contractors. The Director with lead responsibility for clinical
governance will similarly make such enquiries as is felt appropriate to be
satisfied as to their technical / medical competence.

Exceptions to using approved contractors
If in the opinion of the Accountable Officer and the Chief Finance Officer or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Accountable Officer should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

10.6 Quotations: Competitive and non-competitive

10.6.1 General Position on quotations

Written quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income is reasonably expected to exceed the thresholds outlined within 10.8.1 below.

10.6.2 Competitive Quotations

(a) Quotations should be sought based on specifications or terms of reference prepared by, or on behalf of, the Executive Management Team.

Quotations should be in writing unless the Accountable Officer or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

All quotations should be treated as confidential and should be retained for inspection.

The Accountable Officer or his nominated officer should evaluate the quotation and select the quote, which gives the best value for money. If this is not the lowest quotation if payment is to be made by the CCG, or the highest if payment is to be received by the CCG, then the choice made and the reasons why should be recorded in a permanent record.

10.6.3 Non-Competitive Quotations

(a) Non-competitive quotations in writing may be obtained in the following circumstances:

the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the Accountable Officer, possible or desirable to obtain competitive quotations;

the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;

miscellaneous services, supplies and disposals;

where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this section (i.e.: (a) and (b) of this paragraph) apply.

10.6.4 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these
Financial Policies except with the authorisation of either the Accountable Officer or Chief Finance Officer.

10.7 **Authorisation of Tenders and Competitive Quotations**

10.7.1 The following limits apply to all new contracts including healthcare, external consultants, agency staff and temporary staff service contracts. The contract value is defined as the total estimated lifetime cost to the CCG of the complete contract including any rights reserved for potential contract extensions or the total value of the items purchased or acquired during the contract period for supplies excluding VAT (NB. VAT is not to be taken into account when calculating contract values for the purposes of determining the procurement thresholds within the Public Contracts Regulations 2015).

N.B. Where the CCG is seeking to award a contract through a lawful framework agreement then a further “mini-competition” will be arranged between the framework suppliers, or if lawfully permitted within the specific terms of the framework agreement, consideration may be given to award directly to a preferred supplier.

**Goods and Non-‘Schedule 3’ Services**

<table>
<thead>
<tr>
<th>Lifetime contract value</th>
<th>Evidence of value for money</th>
<th>Sign-off / Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Under £5,000</td>
<td>Single quotation</td>
<td>Budget Holder</td>
</tr>
<tr>
<td>(ii) From £5,000 and below £25,000</td>
<td>2 written competitive quotations</td>
<td>CCG Commissioning Managers or CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) From £25,000 and below £164,176</td>
<td>Invite written competitive proposals with quotations – to be sought via Contracts Finder</td>
<td>Accountable Officer and CCG Executive Directors Approval via Executive Management Team (EMT) and Finance Committee (FC)</td>
</tr>
<tr>
<td>(iv) From £164,176 and below £200,000</td>
<td>Invite competitive tenders – to be sought through Contracts Finder and OJEU</td>
<td>Accountable Officer and Lay Member under Seal. Approval via EMT and FC.</td>
</tr>
<tr>
<td>(v) From £200,000</td>
<td>Invite competitive tenders – to be sought through Contracts Finder and OJEU</td>
<td>Governing Body approval, executed by Accountable Officer and Lay Member under Seal Approval via EMT, FC and Governing Body (GB)</td>
</tr>
</tbody>
</table>

Note re (iii), (iv) & (v) above: Contracts Finder and OJEU may be used to seek Expressions of Interest to evidence whether it is possible or not to obtain more than one competitive proposal and hence whether to run a competition or consider directly awarding a negotiated contract without a competition where no alternative competitors can be identified.

**Health care (and other ‘Schedule 3’) Services**
<table>
<thead>
<tr>
<th>Lifetime contract value</th>
<th>Evidence of value for money</th>
<th>Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(vi) Under £25,000</td>
<td>Single proposal with quotation is sufficient</td>
<td>Accountable Officer OR Nominated Deputy OR Executive Director</td>
</tr>
<tr>
<td>(vii) From £25,000 and below £589,148</td>
<td>Competitive proposals to be sought via Contracts Finder</td>
<td>Accountable Officer and CCG Executive Directors Approval via Executive Management Team (EMT) and Finance Committee (FC). Approval of Governing Body (GB) where contract is £200,000 or more.</td>
</tr>
<tr>
<td>(viii) £589,148 and above</td>
<td>Invite competitive tenders – to be sought through Contracts Finder and OJEU</td>
<td>Accountable Officer and Lay Member under Seal Approval via EMT, FC and Governing Body (GB)</td>
</tr>
</tbody>
</table>

*’Schedule 3’ refers to Schedule 3 of the Public Contracts Regulations 2015 which defines the scope of health, social and some other services which have a higher contract value threshold before these regulations apply.

Note re (vii) & (viii) above: Contracts Finder and OJEU may be used to seek Expressions of Interest to evidence whether it is possible or not to obtain more than one competitive proposal and hence to run a competition or consider directly awarding a negotiated contract without a competition.

**Any Qualified Provider (AQP)**

In the case of contracts being awarded through a AQP framework, the opportunity for potential providers to apply to the framework will be appropriately advertised through Contracts Finder and OJEU (depending on the expected value of spend through the AQP) and an appropriate assurance process will be established to ensure that all providers meet the contract award criteria and accept the CCG defined tariffs. Reference should be made to the Procurement Policy in regard to the establishing of AQP frameworks.

10.7.2 These levels of authorisation may be varied or changed and need to be read in conjunction with the Scheme of Reservation and Delegation (Appendix 13 of the Constitution).

10.7.3 All decisions regarding contract award following a competitive tendering process need to first be approved by the Executive Management Team and then the Finance Committee and for contract values over £200,000 approval of the Governing Body is required. All decisions will have regard for the Policy on the Management of Conflicts of Interest.

10.7.4 Formal authorisation must be put in writing. In the case of authorisation by the Governing Body this shall be recorded in their minutes.
10.8 Instances where formal competitive tendering or competitive quotation is not required

10.8.1 Where competitive tendering or a competitive quotation is not required, the CCG should adopt one of the following alternatives:

(a) use the CCG’s Procurement Service for procurement of all goods and services unless the Accountable Officer or nominated officers deem it inappropriate. The decision to use alternative sources must be documented. procure goods and services in accordance with procurement procedures approved by the Chief Finance Officer.

10.9 Compliance requirements for all contracts

Each Governing Body may only enter into contracts on behalf of each CCG within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a) Scheme of Reservation and Delegation and Financial Policies;

EU Directives, Public Contracts Regulations 2015, and in regard to healthcare services, the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013, and other statutory provisions;

Such of the NHS Standard Contract Conditions as are applicable, NHS terms and conditions for goods and services, or the specific terms and conditions for contracts awarded under a framework agreement as may be applicable;

Any relevant directions including the Capital Investment Manual, Estatecode and guidance on the Procurement and Management of consultants;

Healthwatch;

Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited;

In all contracts made by the CCG, the Governing Body shall endeavour to obtain best value for money by use of all systems in place. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the CCG.

10.10 Personnel and Agency or Temporary Staff Contracts

Any proposal to engage permanent staff on a contract of employment, or agency and temporary staff on a temporary contract must be agreed by the Senior Management Team of the CCG at its weekly meetings.

10.11 Healthcare Services Agreements

The Accountable Officer shall nominate officers to commission health service contracts with providers of healthcare in line with a commissioning strategy plan approved by the Governing Body.

10.12 Disposals

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Accountable Officer or his nominated officer;
obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the CCG;

items to be disposed of with an estimated sale value of less than £1,000, this figure to be reviewed on a periodic basis;

items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

10.13 In-house Services

10.13.1 The Accountable Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The CCG may also determine from time to time that in-house services should be market tested by competitive tendering.

10.13.2 In all cases where the Governing Body or Executive Management Team determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification group, comprising the Accountable Officer or nominated officer/s and specialist.

In-house tender group, comprising a nominee of the Chief Officer and technical support such as a procurement specialist from the CCG’s Procurement Service.

Evaluation team, comprising normally a specialist officer, a and a Chief Finance Officer representative, with support from the CCG’s Procurement Service to support and manage the process as an independent. For services having a likely annual expenditure exceeding £250,000, a non-executive member should be a member of the evaluation team. Consideration to be given to an external subject matter expert, having regard to the need to manage potential conflicts of interest.

10.13.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

10.13.4 The evaluation team shall make recommendations to the Governing Body.

10.13.5 The Accountable Officer shall nominate an officer to oversee and manage the contract on behalf of the CCG.

10.14 Tendering and Contracting to funds held in trust

These instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from trust funds and private resources.

10.15 Cancellation of Contracts

Except where specific provision is made in standard NHS contracts or standard schedules of conditions approved for use within the NHS and in accordance with these procedures, there shall be inserted in every written contract a clause empowering the CCG to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind
as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the CCG, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the CCG, or if the like acts shall have been done by any person employed by him/her or acting on his/her behalf (whether with or without the knowledge of the contractor), or if in relation to any contract with the CCG the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 and other appropriate legislation.

10.16 Determination of Contracts for Failure to Deliver Goods or Material

There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the CCG may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

11. COMMISSIONING

11.1 Role of the CCG in Commissioning Services

The CCG has responsibilities for commissioning services on behalf of the resident population. This will require work in partnership with the NHS England, local NHS Trusts, Foundation Trusts, local authorities, users, carers and the voluntary sector to develop a Commissioning Strategy Plan (CSP).

11.2 Role of the Accountable Officer

11.2.1 The Accountable Officer has responsibility for ensuring services are commissioned in accordance with the priorities agreed in the CSP. This will involve ensuring contracts are put in place with the relevant providers, based upon integrated care pathways.

11.2.2 Contracts will be the key means of delivering the objectives of the CSP and therefore they need to have a wide scope. The Accountable Officer will need to ensure that all SLAs;

(a) Meet the standards of service quality expected;

Fit the requirement of “Healthwatch” (or any successor body);

Fit the relevant national service framework (if any);

Enable the provision of reliable information on cost and volume of services;

Fit the NHS National Performance Assessment Framework;

that SLAs build where appropriate on existing Joint Investment Plans;

that SLAs are based upon cost-effective services; and

that SLAs are based on integrated care pathways.
11.2.3 The Accountable Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body summarising the scope of contracts put in place relative to the requirements of the CSP and detailing actual and forecast expenditure and activity for each contract in the context of budgeted expenditure and activity.

11.2.4 Where the CCG makes arrangements for the provision of health care services by any provider it is the Accountable Officer, as 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 establishing any contract, the CCG should consider Monitor’s substantive guidance on the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013.

11.3 Role of the Chief Finance Officer

11.3.1 A system of financial monitoring must be maintained by the Chief Finance Officer to ensure the effective accounting of expenditure under the contract. This should provide a suitable audit trail for all payments made under the agreements, while maintaining patient confidentiality.

11.3.2 The Chief Finance Officer must account for Out of Area Treatments/Non Contract Activity financial adjustments in accordance with national guidelines.

12. RISK MANAGEMENT AND INSURANCE

12.1 Risk Management

12.1.1 The Accountable Officer shall ensure that the CCG has a risk management strategy and assurance framework, in accordance with NHS England requirements, which must be approved and monitored by the Governing Body.

12.1.2 The Audit and Governance Committee will oversee the management of the assurance framework ensuring that it meets the needs of the CCG in being able to identify and reduce risk;

12.1.3 Reviewing the framework and making recommendations for action within the organisation to improve controls, seek assurances and reduce risk;

12.1.4 Reporting progress to reduce risks against identified outcomes six monthly to the Governing Body.

12.1.5 The risk register and board assurance framework will be reviewed quarterly by the Executive Management team and the Audit and Governance Committee.

12.1.6 The programme of risk management shall include:

(a) a process for identifying and quantifying risks and potential liabilities;

engendering among all levels of staff a positive attitude towards the control of risk;

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;

contingency plans to offset the impact of adverse events;

audit arrangements including; internal audit, clinical audit, health and safety review;

a clear indication of which risks shall be insured;

arrangements to review the risk management programme.
12.1.7 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 NHS England.

12.2 Risk Pooling Schemes administered by NHSLA

The Governing Body shall decide if the CCG 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.

12.3 Commercial insurers

There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, three exceptions when the CCG may enter into insurance arrangements with commercial insurers. The exceptions are:

- for insuring motor vehicles owned by the CCG including insuring third party liability arising from their use;
- where the CCG is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into;
- where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the CCG for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Litigation Authority. In any case of doubt concerning a CCG’s powers to enter into commercial insurance arrangements the Chief Finance Officer should consult NHS England.

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

12.4.1 Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer 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.

12.4.2 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.

12.4.3 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.
13. **PAYROLL**

13.1 **Processing Payroll**

13.1.1 The Chief Finance Officer is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notifications;

(b) the final determination of pay and allowances;

(c) making payment on agreed dates;

(d) agreeing method of payment.

13.1.2 The Chief Finance Officer will issue instructions regarding:

(a) verification and documentation of data;

the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

security and confidentiality of payroll information;

checks to be applied to completed payroll before and after payment;

authority to release payroll data under the provisions of the Data Protection Act;

methods of payment available to various categories of employee and officers;

procedures for payment by cheque, bank credit, or cash to employees and officers;

procedures for the recall of cheques and bank credits;

pay advances and their recovery;

maintenance of regular and independent reconciliation of pay control accounts;

separation of duties of preparing records and handling cash;

a system to ensure the recovery from those leaving the employment of the CCG of sums of money and property due by them to the CCG

13.1.3 Appropriately nominated managers and Executive Management Team members have delegated responsibility for:

(a) submitting time records, and other notifications in accordance with agreed timetables;

completing time records and other notifications in accordance with the Chief Finance Officer's instructions and in the form prescribed by the Chief Finance Officer;

submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee’s or officer’s resignation, termination or retirement.

13.1.4 Where an employee fails to report for duty or to fulfil Executive Management Team obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed immediately.

13.1.5 Regardless of the arrangements for providing the payroll service, the Chief Finance Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review
procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.

### 13.2 Contracts of Employment

The Governing Body shall delegate responsibility to an officer for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; and

dealing with variations to, or termination of, contracts of employment.

### 14. NON-PAY EXPENDITURE

#### 14.1 Delegation of Authority

14.1.1 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.

14.1.2 The Accountable Officer will set out:

(a) the list of managers who are authorised to place requisitions for the supply of goods and services;

the maximum level of each requisition and the system for authorisation above that level.

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

#### 14.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

14.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG’s adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Accountable Officer) shall be consulted.

14.2.2 System of Payment and Payment Verification

The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance. These requirements will also be specified in the Service Level Agreement with the Shared Service provider.

14.2.3 The Chief Finance Officer will:

(a) advise the Governing Body regarding 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 Scheme of Reservation and Delegation and Financial Policies and regularly reviewed;

prepare procedural instructions or guidance within the Scheme of Reservation and Delegation on the obtaining of goods, works and services incorporating the thresholds;
be responsible for the prompt payment of all properly authorised accounts and claims;

be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

A list of Governing Body and Executive Management Team members/employees (including specimens of their signatures) authorised to certify invoices.

Certification that: - goods have been duly received, examined and are in accordance with specification and the prices are correct; work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct; - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined; - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained; - the account is arithmetically correct; - the account is in order for payment.

A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

Instructions to employees regarding the handling and payment of accounts within the Finance Department.

be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in paragraph No. 14.2.4 below.

14.2.4 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value using the National Loans Fund (NLF) rate plus 2%).

The appropriate Executive Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Executive Director or Accountable Officer if problems are encountered.

where applicable every prepayment will be individually approved and notified by the Shared Service provider to the Chief Finance Officer.

14.2.5 Official orders

Official Orders must:
(a) be consecutively numbered;
be in a form approved by the Chief Finance Officer, which may include transmission
by a system of Electronic Data Interchange (EDI), e-mail, Extensible Markup
Language (XML) or online login;
state the CCG's terms and conditions of trade;
only be issued to, and used by, those duly authorised by the Accountable Officer.
Such lists will be maintained by the Shared Service provider.

14.2.6 Duties of Managers and Officers
Managers and officers must ensure that they comply fully with the guidance and
limits specified by the Chief Finance Officer and that:
(a) all contracts (except as otherwise provided for in the Scheme of Reservation
and Delegation), leases, tenancy agreements and other commitments which
may result in a liability are notified to the Chief Finance Officer in advance of
any commitment being made;
contracts above specified thresholds are advertised and awarded in accordance
with the Public Contracts Regulations 2015 and where relevant the NHS
(Procurement, Patient Choice and Competition)(No.2) Regulations 2013;
where consultancy advice is being obtained, the procurement of such advice must
be in accordance with guidance issued by the Department of Health and NHS
England;
no order shall be issued for any item or items to any firm which has made an offer
of gifts, reward or benefit to directors or employees, other than:
isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
conventional hospitality, such as lunches in the course of working visits; (This
provision needs to be read in conjunction with the principles outlined in the
national guidance contained in HSG 93(5) "Standards of Business Conduct
for NHS Staff"; the Code of Conduct for NHS Managers 2002); and the ABPI
Code of Professional Conduct relating to hospitality/gifts from
pharmaceutical/external industry.
no requisition/order is placed for any item or items for which there is no budget
provision unless authorised by the Chief Finance Officer on behalf of the
Accountable Officer;
all goods, services, or works are ordered on an official order except works and
services executed in accordance with a contract and purchases from petty
cash;
verbal orders must only be issued very exceptionally - by an employee designated
by the Accountable Officer and only in cases of emergency or urgent
necessity. These must be confirmed by an official order and clearly marked
"Confirmation Order";
orders are not split or otherwise placed in a manner devised so as to avoid the
financial thresholds;
goods are not taken on trial or loan in circumstances that could commit the CCG to
a future uncompetitive purchase;
changes to the list of members/employees and officers authorised to certify invoices
are notified to the Chief Finance Officer;
purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer;

petty cash records are maintained in a form as determined by the Chief Finance Officer.

The Chief Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Concode and Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.

14.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

Payments to local authorities and voluntary organisations made under the powers of Section 256 and Section 75 of the NHS Act 2006 shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with that Act.

15. CAPITAL

15.1 Capital Investment

15.1.1 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;

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

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.

15.1.2 For every capital expenditure proposal the Accountable Officer shall ensure:

(i) that a business case (in line with the guidance contained within the (Capital Investment Manual) is produced setting out:

(ii) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;

(iii) appropriate project management and control arrangements;

(iv) that the Chief Finance Officer has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate CCG personnel and external agencies in the process.

15.1.3 For capital schemes where the contracts stipulate stage payments, the Accountable Officer will issue procedures for their management, incorporating the recommendations of Estatecode. The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.1.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

15.1.5 The Accountable Officer shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;
authority to proceed to tender (see overlap with paragraph No. 10.5); approval to accept a successful tender (see overlap with paragraph No. 10.5).

15.1.6 The Accountable Officer will issue a scheme of reservation and delegation for capital investment management in accordance with Estatecode guidance.

15.1.7 The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes advised by NHS England.

15.2 Asset Registers

15.2.1 The Accountable Officer is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

15.2.2 The CCG shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual as issued by the Department of Health.

15.2.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

stores, requisitions and wages records for own materials and labour including appropriate overheads;

lease agreements in respect of assets held under a finance lease and capitalised.

15.2.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

15.2.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

15.2.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the Department of Health.

15.2.7 The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual issued by the Department of Health.

15.2.8 The Chief Finance Officer shall calculate and pay capital charges as specified in the Capital Accounting Manual issued by the Department of Health.

15.2.9 The Shared Service provider shall maintain an asset register where applicable.

15.3 Security of Assets

15.3.1 The overall control of fixed assets is the responsibility of the Accountable Officer.

15.3.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

(a) recording managerial responsibility for each asset;
identification of additions and disposals;
identification of all repairs and maintenance expenses;
physical security of assets;
periodic verification of the existence of, condition of, and title to, assets recorded;
identification and reporting of all costs associated with the retention of an asset;
reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

15.3.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.

15.3.4 Whilst each employee and officer has a responsibility for the security of property of the CCG, it is the responsibility of Governing Body and Executive Management Team members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Governing Body. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.3.5 Any damage to premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Governing Body and Executive Management Team members and employees in accordance with the procedure for reporting losses.

15.3.6 Where practical, assets should be marked as the CCG’s property.

16. DISPOSALS AND LOSSES

16.1 Disposals and Condemnations

16.1.1 Procedures

The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

(a) When it is decided to dispose of a CCG asset, the Head of Department or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate. The disposal of any asset with a book value or estimated market value greater than £50,000 shall require prior approval of the CCG Governing Body.

16.1.2 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;

recorded by the Condemning Officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.

16.1.3 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

16.2 Losses and Special Payments

16.2.1 Procedures
The Chief Finance Officer must prepare procedural instructions on the recording of
and accounting for condemnations, losses, and special payments by way of a
"Condemning and Disposal Policy".

Any employee or officer discovering or suspecting a loss of any kind must either
immediately inform their Head of Department, who must immediately inform the
Accountable Officer and the Chief Finance Officer or inform an officer charged with
responsibility for responding to concerns involving loss. This officer will then
appropriately inform the Chief Finance Officer and/or Accountable Officer. Where a
criminal offence is suspected, the Chief Finance Officer must immediately inform
the police if theft or arson is involved. In cases of fraud and corruption or of
anomalies which may indicate fraud or corruption, the Chief Finance Officer must
inform the relevant Local Counter Fraud Specialist (LCFS) and Operational Fraud
Team (OFT) in accordance with Secretary of State for Health’s Directions.

16.2.2 Suspected fraud

The Chief Finance Officer must notify NHS Protect and the External Auditor of all
frauds.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness,
except if trivial, the Chief Finance Officer must immediately notify:

(a) the Audit and Governance Committee,
the External Auditor
the Local Security Management Specialist, and
the Local Counter Fraud Specialist (LCFS)

16.2.3 Within limits delegated to it by the Department of Health and NHS England, the
Audit and Governance Committee shall approve the writing-off of losses.

16.2.4 The Chief Finance Officer shall specify to the shared service provider to take any
necessary steps to safeguard the CCG’s interests in bankruptcies and company
liquidations.

16.2.5 For any loss, the Chief Finance Officer should consider whether any insurance
claim can be made.

16.2.6 The Chief Finance Officer shall maintain a Losses and Special Payments Register
in which write-off action is recorded, where applicable the register shall be
maintained by the Shared Service provider.

16.2.7 No special payments exceeding delegated limits shall be made without the prior
approval of NHS England.

16.2.8 All losses and special payments must be reported to the Audit and Governance
Committee at every meeting.

16.2.9 No payment(s) exceeding delegated limits determined by the Governing Body shall
be made without the prior approval of the Chief Finance Officer. This requirement
will also be specified to the Shared Service provider in the Service Level
Agreement.

17. RETENTION OF RECORDS

17.1 The Accountable Officer shall be responsible for maintaining archives for all records
required to be retained in accordance with NHS Code of Practice - Records
Management 2006, the Public Contracts Regulations 2015, the NHS (Procurement,
Patient Choice and Competition)(No.2) Regulations 2013 and other relevant guidance.

17.2 The records held in archives shall be capable of retrieval by authorised persons.

17.3 Records held in accordance with NHS Code of Practice - Records Management 2006, shall only be destroyed at the express instigation of the Accountable Officer. Detail shall be maintained of records so destroyed.
Appendix 1

Merton Clinical Commissioning Group
Single Tender Authorisation Form

To:  ………….  (Please forward to the next signatory)
     Accountable Officer
     Chief Finance Officer

It is proposed to initiate a single tender action with the following company:

…………………………………………………………………………………..……………...

Details of Service/Goods Required and Cost:

Copy of the tender attached  Yes/No

Reason for single Action Tender - Please tick one or more reasons as necessary and provide a short explanation here, in particular stating why a waiver is sought:

Reason for Waiver Action:

Formal tendering procedures need not be applied where (tick as appropriate):

(a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £25,000; or  □

(b) where the supply is proposed under special arrangements negotiated by the DH or NHS England in which event the said special arrangements must be complied with;  □

(c) regarding disposals as set out in paragraph No.16; (Disposal of Assets);  □

Formal tendering procedures may be waived in the following circumstances:

(d) procuring health services, where the value of the contract falls outside scope of the Public Contracts Regulations 2015 and the CCG assesses, with reference to the NHS (Procurement, Patient Choice and Competition)(No.2) Regulations 2013 that a competition would not be appropriate;  □

(e) in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or
income would not warrant formal tendering procedures, and the circumstances are
detailed in an appropriate Trust record; □

(f) where the requirement is covered by an existing contract, or where an existing
contract can be lawfully modified/varied to accommodate the new requirement; □

(g) where a ‘call off’ contract can be awarded directly to a framework supplier under a
lawfully procured framework agreement, without a further-competition selection
process; □

(h) where a consortium arrangement is in place and a lead organisation has been
appointed to manage a competitive process on behalf of the consortium members; □

(i) where circumstances have arisen which could not have been reasonably foreseen by
the CCG and the timescale genuinely precludes a competitive process (failure to
plan the work properly would not be regarded as a justification to avoid a competitive
process); □

(j) where specialist expertise is required and is available from only one source; □

(k) when the task is essential to complete the project, and arises as a consequence of a
recently completed assignment and engaging different consultants for the new task
would be inappropriate; □

(l) there is a clear benefit to be gained from maintaining continuity with an earlier
project. However in such cases the benefits of such continuity must outweigh any
potential financial advantage to be gained through a competitive process; □

The Chief Finance Officer will ensure that any fees paid are reasonable and within
commonly accepted rates for the costing of such work.

(m) where allowed and provided for in the Capital Investment Manual. □

**Note:** The waiving of competitive tendering procedures should not be used to avoid competition or
for administrative convenience, or to award further work to a consultant originally appointed through
a competitive procedure.

Signed.......................................................... Date ..................................................

Designation......................................................................................................................

**Note:** Tender waivers below £100,000 are to be approved by the Accountable Officer and Chief
Finance Officer and reported to the Audit and Governance Committee. Tender waivers above
£100,000 are to be approved by the Finance Committee and reported to the Audit and Governance
Committee.

CGG Executive Director
Comments......................................................................................................................
Agreed/ Not Agreed *

Signed………………………………………… Date…………………………………………

CCG Executive Director

-----------------------------------------------------------------------------------

Chief Finance Officer Comments…………………………………………………………………
…........................................................................................................................................

Agreed/ Not Agreed *

Signed ……………………………………………….  Date………………………………………….

Chief Finance Officer

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Accountable Officer
Comments………………………………………………………………………
…………………………………………………………………………………………

Agreed/ Not Agreed *

Signed ……………………………………………….  Date………………………………………….

Accountable Officer

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Appendix 15: Scheme of Reservation and Delegation
1. **Schedule of Matters Reserved to the CCG and Scheme of Reservation and Delegation**

1.1 The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions will have effect as if incorporated in the Constitution.

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

2. **Functions reserved to the Members and delegated to the committees and sub-committees of the Governing Body**

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Committees and Sub-committees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGULATION AND CONTROL</strong></td>
<td>Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGULATION AND CONTROL</strong></td>
<td>Consideration and approval of applications to the NHS England on any matter concerning changes to the CCG’s constitution, including terms of reference for the CCG’s Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and financial policies.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGULATION AND CONTROL</strong></td>
<td>Exercise or delegation of those functions of the CCG which have not been retained as reserved to the Membership via the Practice Leads Forum, delegated to the Governing Body or other committee or sub-committee or any</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Committees and Sub-committees</td>
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</tr>
</tbody>
</table>
| REGULATION AND CONTROL          | Prepare the CCG’s overarching scheme of reservation and delegation, which sets out those decisions of the CCG reserved to the membership and those delegated to the:  
  o CCG’s Governing Body  
  o committees and sub-committees of the CCG, or  
  o its members or employees  
  and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the:  
  o Governing Body’s committees and sub-committees,  
  o members of the Governing Body,  
  o an individual who is member of the CCG but not the Governing Body or a specified person for inclusion in the CCG’s constitution. | x                          |                                        |                     |                        | x                           |
<p>| REGULATION AND CONTROL          | Approval of the CCG’s overarching scheme of reservation and delegation.                                                                                                                                   | x                          |                                        |                     |                        | x                           |
| REGULATION AND CONTROL          | Prepare the CCG’s operational Scheme of Reservation and Delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG’s constitution. |                             |                                        |                     |                        | x                           |
| REGULATION AND CONTROL          | Approval of the CCG’s operational Scheme of Reservation and Delegation that underpins the CCG’s ‘overarching scheme of reservation and delegation’ as set out in its constitution.            |                             |                                        |                     |                        | x                           |</p>
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Committees and Sub-committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare detailed financial policies.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve detailed financial policies.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding requests.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>Clinical Quality Committee</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve the arrangements for: o identifying practice members to represent practices in matters concerning the work of the CCG; and o appointing clinical leaders to represent the CCG’s membership on the CCG’s Governing Body, for example through election (if desired).</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>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.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve arrangements for identifying the CCG’s proposed Chief Officer.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Agree the vision, values and overall strategic direction of the CCG.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Committees and Sub-committees</td>
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</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the CCG’s operating structure.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the CCG’s Annual plan.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the CCG’s corporate budgets that meet the financial duties as set out in Schedule 3 of the main body of the constitution.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>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 CCG’s ability to achieve its agreed strategic aims.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Finance Committee</td>
</tr>
<tr>
<td>Strategy and Planning</td>
<td>Development &amp; approval of organisational and healthcare service changes with other nearby CCGs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Committee for Collaborative Decision Making</td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the CCG’s annual report and annual accounts.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the CCG’s statutory financial duties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Finance Committee</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Committees and Sub-committees</td>
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</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve any other terms and conditions of services for the CCG's employees.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Determine the terms and conditions of employment for all employees of the CCG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the CCG’s statutory duties as an employer.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve human resources policies for employees and for other persons working on behalf of the CCG</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
<td></td>
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</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting NHS England in discharging its</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

persons providing services to the CCG.
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Committees and Sub-committees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>responsibilities in relation to securing continuous improvement in the quality of general medical services.</td>
<td></td>
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</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Prepare and recommend an operational Scheme of Reservation and Delegation that sets out who has responsibility for operational decisions within the CCG.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the CCG’s counter fraud and security management arrangements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Audit and Governance Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the CCG’s risk management arrangements.</td>
<td></td>
<td></td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).</td>
<td></td>
<td></td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Audit and Governance Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve proposals for action on litigation and claims handling against or on behalf of the CCG.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the CCG’s arrangements for business continuity and emergency planning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Audit &amp; Governance Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK</td>
<td>Approve the CCG’s arrangements for handling complaints.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical Quality Committee</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Committees and Sub-committees</td>
</tr>
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</tr>
<tr>
<td>MANAGEMENT</td>
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</tr>
<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Audit &amp; Governance Committee</td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the CCG’s contracts for any commissioning support.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the CCG’s contracts for corporate support (for example finance provision).</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions delegated to joint committees established under section 75 of the 2006 Act.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the CCG’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.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Commissioning and Contracting for Clinical Services</td>
<td>Review planning and procurement of primary care services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary Care Commissioning Committee</td>
</tr>
</tbody>
</table>
### MCCG DETAILED SCHEME OF RESERVATION AND DELEGATION

The delegation limits contained in this document are **the lowest level to which authority is delegated**. Delegation to lower levels is only permitted with written approval of the Accountable Officer who will, before authorising such delegation, consult with other senior officers as appropriate. Review of this Scheme of Reservation and Delegation should take place at least annually and any changes approved by the Audit and Governance Committee.

#### Delegated Matter

<table>
<thead>
<tr>
<th>Delegated Matter</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Management of Budgets</strong>&lt;br&gt;Responsibility of keeping expenditure within budgets. Authority to spend is only extended where approved budget is available.&lt;br&gt;&lt;br&gt;(a) At individual budget level (pay and non-pay)</td>
<td>Authorised Budget Holders</td>
</tr>
<tr>
<td>(b) At service level</td>
<td>CCG Commissioning Managers or CCG Executive Directors</td>
</tr>
<tr>
<td>(c) For the totality of services covered by the Clinical Commissioning Group (CCG)</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>(d) For all other areas</td>
<td>Chief Finance Officer or Appropriate Delegated Manager</td>
</tr>
<tr>
<td>(e) Approving expenditure where there is a variation in the tender price up to 10% or £100,000 whichever is the higher</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(f) Approving expenditure where there is a variation in the tender price greater than 10% or £100,000 tender price and less than 20% or £250,000, whichever is the higher</td>
<td>Accountable Officer or Chief Finance Officer</td>
</tr>
<tr>
<td>(g) Approving expenditure where there is a variation in the tender price greater than 20% or £250,000, whichever is the higher</td>
<td>Finance Committee and Governing Body</td>
</tr>
</tbody>
</table>
### 2. Virements

Virements may not be used to create new budgets.

- **(a)** At individual budget level within a service up to £10,000
  - Authority Delegated To: Authorised Budget Holders

- **(b)** At individual budget level within a service £10,001 - £25,000
  - Authority Delegated To: Authorised Budget Holders in conjunction with CCG Executive Directors

- **(c)** At individual budget level within a service £25,001 and < £100,000
  - Authority Delegated To: CCG Executive Directors

- **(d)** Between services greater than £100,001 and less than £500,000
  - Authority Delegated To: Accountable Officer

- **(e)** Between services greater than £500,001 and less than £999,999
  - Authority Delegated To: Accountable Officer in conjunction with Chief Finance Officer

- **(f)** Between services greater than £1,000,000
  - Authority Delegated To: Governing Body

### 3. Maintenance / Operation of Bank Accounts

- Authority Delegated To: Chief Finance Officer with the Financial Controller (NHS South East Commissioning Support Unit or SECSU)

### 4. Non-Pay Expenditure Requisitioning/Ordering

- **(a)** Requisitions and Orders
  - **(i)** Stock/non stock requisitions up to £20,000
    - Authority Delegated To: CCG Commissioning Managers
  - **(ii)** All requisitions from £20,001 - £100,000
    - Authority Delegated To: CCG Executive Directors
  - **(iii)** All requisitions from £100,001 - £200,000
    - Authority Delegated To: Chief Finance Officer
  - **(iv)** Over £200,001
    - Authority Delegated To: Accountable Officer
  - **(v)** Approval of requisitions or monthly invoices in line with signed contracts / head of terms
    - Authority Delegated To: See Commissioning Expenditure Section 13
  - **(vi)** Works orders over £100,001
    - Authority Delegated To: Chief Finance Officer and Accountable Officer

- **(b)** Non pay expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement (subject to the limits specified above in (a))
  - Authority Delegated To: Accountable Officer and Chief Finance Officer

### 5. Approval of invoices

- **(a)** Invoices up to £20,000
  - Authority Delegated To: CCG Commissioning Managers

- **(b)** All invoices from £20,001 - £100,000
  - Authority Delegated To: CCG Executive Directors

- **(c)** All invoices from £100,001 - £200,000
  - Authority Delegated To: Chief Finance Officer

- **(d)** All invoices over £200,001
  - Authority Delegated To: Accountable Officer
### 6. Approval of business cases (investments and disinvestments)

<table>
<thead>
<tr>
<th>Estimated Annual Cost</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>£100,000 or less</td>
<td>Approval at Executive Management Team</td>
</tr>
<tr>
<td>£100,001 - £250,000</td>
<td>Executive Management Team and Finance Committee</td>
</tr>
<tr>
<td>£250,001 - £1,000,000</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>£1,000,001 or more</td>
<td>Governing Body</td>
</tr>
</tbody>
</table>

### 7. Capital Schemes

<table>
<thead>
<tr>
<th>Capital Scheme</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection of architects, quantity surveyors, consultant engineer and other professional advisers within EU regulations</td>
<td>Accountable Officer or Chief Finance Officer</td>
</tr>
<tr>
<td>Financial monitoring and reporting on all capital scheme expenditure</td>
<td>Chief Finance Officer or Appropriate Delegated Manager</td>
</tr>
<tr>
<td>Granting and termination of leases with annual rent &lt;£100k</td>
<td>Chief Finance Officer or Appropriate Delegated Manager</td>
</tr>
<tr>
<td>Granting and termination of leases with annual rent &gt;£100k</td>
<td>Accountable Officer and Chief Finance Officer under Seal</td>
</tr>
</tbody>
</table>

### 8. Quotation, Tendering & Contract Procedures

**8.1 Goods and Non-Schedule 3 services:**

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Quotation Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under £5,000</td>
<td>Single proposal with quotation</td>
</tr>
<tr>
<td>£5,000 and below £25,000</td>
<td>2 written competitive quotations</td>
</tr>
<tr>
<td>£25,001 and below £164,176</td>
<td>Invite written competitive proposals with quotations from either (i) suppliers on a lawfully established Framework Agreement, or (ii) via advertising on Contracts Finder</td>
</tr>
<tr>
<td>£164,176 and below £200,000</td>
<td>Invite competitive tenders from either (i) suppliers on a lawfully established Framework Agreement, or (ii) via advert on BOTH Contracts Finder and OJEU</td>
</tr>
<tr>
<td>£200,000 or more</td>
<td>Invite competitive tenders from either (i) suppliers on a lawfully established Framework Agreement, or (ii) via advert on BOTH Contracts Finder and OJEU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Tendering Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Holder</td>
<td>(a)</td>
</tr>
<tr>
<td>CCG Commissioning Managers or CCG Executive Directors</td>
<td>(b)</td>
</tr>
<tr>
<td>Accountable Officer and CCG Executive Directors. Approval via Executive Management Team (EMT) and Finance Committee (FC).</td>
<td>(c)</td>
</tr>
<tr>
<td>Accountable Officer and Lay Member under Seal. Approval via EMT and FC.</td>
<td>(d)</td>
</tr>
<tr>
<td>Governing Body (GB) approval executed by Accountable Officer and Lay Member under Seal. Approval via EMT, FC and GB.</td>
<td>(e)</td>
</tr>
</tbody>
</table>
8.2 Health and/or Social Care Services, or other services falling within scope of Schedule 3 of the Public Contracts Regulations 2015:

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(f) Under £25,000 – single proposal with quotation</td>
<td>Accountable Officer, or Nominated Deputy, or Executive Director</td>
</tr>
<tr>
<td>(g) From £25,000 and below £589,148 – invite written competitive proposals with quotations from either (i) suppliers on a lawfully established Framework Agreement, or (ii) via advertising on Contracts Finder</td>
<td>Accountable Officer and CCG Executive Management Team (EMT) and Finance Committee (FC). Approval of Governing Body (GB) where contract is £200,000 or more</td>
</tr>
<tr>
<td>(h) From £589,148 – invite competitive tenders from either (i) suppliers on a lawfully established Framework Agreement, or (ii) via advert on BOTH Contracts Finder and OJEU</td>
<td>Accountable Officer and Lay Member under Seal. Approval via EMT, FC and GB.</td>
</tr>
</tbody>
</table>

8.3 Waiving of quotations and tenders subject to the CCG’s Financial Policies

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tender waiver’s below £100,000 to be approved by the Accountable Officer and Chief Finance Officer and reported to the Audit and Governance Committee. Tender waiver’s above £100,000 to be approved by the Finance Committee and reported to the Audit and Governance Committee.</td>
<td></td>
</tr>
</tbody>
</table>

8.4 Opening Tenders and Quotations

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Estimated value up to £99,999</td>
<td>Two senior officers/managers designated by the Accountable Officer and not from the originating department</td>
</tr>
<tr>
<td>(ii) Estimated value over £100,000</td>
<td>Two senior officers/managers designated by the Accountable Officer and not from the originating department, including a member of the Governing Body</td>
</tr>
</tbody>
</table>

8.5 Approval of preferred provider/supplier

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Estimated annual cost up to £100,000</td>
<td>Approval at Executive Management Team</td>
</tr>
<tr>
<td>(ii) Estimated annual cost from £100,001 - £250,000</td>
<td>Executive Management Team and Finance Committee</td>
</tr>
<tr>
<td>(iii) Estimated annual cost from £250,001 - £1,000,000</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>(iv) Estimated annual cost over £1,000,001</td>
<td>Governing Body</td>
</tr>
</tbody>
</table>

9. Signing of Contracts

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Contracts up to £20,000</td>
<td>CCG Commissioning Managers</td>
</tr>
<tr>
<td>(b) All contracts from £20,001 - £100,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(c) All contracts from £100,001 - £200,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(d) All contracts over £200,001</td>
<td>Accountable Officer</td>
</tr>
</tbody>
</table>

10. Approval and signing of contract variations

<table>
<thead>
<tr>
<th>Decision</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Contract variation of +/- 20% of contract value</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>(b) Contract variation of over 20%</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td><strong>11. Setting of Fees and Charges (Income generation)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. Discretionary Grants to Local Authorities/Voluntary Bodies</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Discretionary Grants &lt; £200,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(b) Discretionary Grants ≥ £200,000 and &lt; £500,000</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>(c) Discretionary Grants ≥ £500,000</td>
<td>Governing Body</td>
</tr>
<tr>
<td><strong>13. Commissioning Expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>(a) NHS Service Level Agreements: Approval of annual requisitions in line with signed contracts / head of terms</td>
<td>Head of Contracting Team and MDT Lead (SECSU) or Head of Acute Management Accounts (SECSU) or Head of Finance and Business</td>
</tr>
<tr>
<td>(b) Other Service Level Agreements: Regular monthly invoices including invoices supported by purchase orders of approved Service Level Agreements:</td>
<td></td>
</tr>
<tr>
<td>(i) Up to £20,000</td>
<td>Authorised Budget Holders</td>
</tr>
<tr>
<td>(ii) £20,001 - £100,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) £100,001 - £200,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(iv) ≥£200,000</td>
<td>Chief Finance Officer or Accountable Officer</td>
</tr>
<tr>
<td>(c) Over / under performance of commissioning contracts:</td>
<td></td>
</tr>
<tr>
<td>(i) Agreement of over/under performance</td>
<td>Head of Contracting Team and MDT Lead (SECSU) or Head of Acute Management Accounts (SECSU) or Head of Finance and Business</td>
</tr>
<tr>
<td>(ii) Authorisation of Over performance payments</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) Authorisation of Under performance payments</td>
<td>Project Accountant (SECSU)</td>
</tr>
<tr>
<td>(d) Other Expenditure</td>
<td></td>
</tr>
<tr>
<td>(e) Continuing Care:</td>
<td></td>
</tr>
<tr>
<td>(i) Approval of invoices &lt; £20,000</td>
<td>Authorised Continuing Care Budget Holder (SECSU)</td>
</tr>
<tr>
<td>(ii) Approval of invoices ≥ £20,001</td>
<td>CCG Executive Directors or Accountable Officer</td>
</tr>
<tr>
<td>(f) Non contracted activity:</td>
<td></td>
</tr>
<tr>
<td>(i) Approval of invoices &lt; £5,000</td>
<td>Acute Finance Manager (SECSU) or Head of Contracting Team and MDT Lead (SECSU)</td>
</tr>
<tr>
<td>(ii) Approval of invoices ≥ £5,001</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(g) Individual Funding Requests:</td>
<td></td>
</tr>
<tr>
<td>(i) &lt; £20,000</td>
<td>Head of Individual Funding Requests (SECSU)</td>
</tr>
<tr>
<td>(ii) ≥ £20,001</td>
<td>CCG Executive Directors or Accountable Officer</td>
</tr>
</tbody>
</table>
## 14. Engagement of Staff not on the Establishment

<table>
<thead>
<tr>
<th>Delegated Matter</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Where aggregate commitment is less than £25,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(b) Where aggregate commitment in any one year is more than £25,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(c) Engagement of CCG’s solicitors</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(d) Appointment of Agency, Interim and Consultants</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>- Senior Managers</td>
<td></td>
</tr>
<tr>
<td>- Admin and Clerical</td>
<td></td>
</tr>
<tr>
<td>- Senior Managers</td>
<td></td>
</tr>
<tr>
<td>- Admin and Clerical</td>
<td></td>
</tr>
</tbody>
</table>

## 15. Agreements/Licences

<table>
<thead>
<tr>
<th>Delegated Matter</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Preparation and signature of all tenancy agreements/licences for all staff subject to Trust policy on accommodation for staff</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(b) Extensions to existing leases</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(c) Letting of premises to/from outside organisations</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>(d) Approval of rent based on professional assessment</td>
<td>Chief Finance Officer</td>
</tr>
</tbody>
</table>

## 16. Condemning & Disposal

<table>
<thead>
<tr>
<th>Delegated Matter</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively:</td>
<td></td>
</tr>
<tr>
<td>(i) with current/estimated purchase price up to £500</td>
<td>CCG Commissioning Managers</td>
</tr>
<tr>
<td>(ii) with current/estimated purchase price from £501 - £49,999</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(iii) with current/estimated purchase price over £50,000</td>
<td>Governing Body</td>
</tr>
<tr>
<td>(iv) disposal of mechanical and engineering plant (subject to estimated income of less than £1,000 per sale)</td>
<td>CCG Commissioning Managers</td>
</tr>
<tr>
<td>(v) disposal of mechanical and engineering plant (subject to estimated income exceeding £1,000 per sale)</td>
<td>Chief Finance Officer</td>
</tr>
</tbody>
</table>

## 17. Losses, Write-off & Compensation

<table>
<thead>
<tr>
<th>Delegated Matter</th>
<th>Authority Delegated To</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Losses and cash due to theft, fraud, overpayment and others up to £50,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(b) Fruitless Payments (including abandoned Capital Schemes)</td>
<td></td>
</tr>
<tr>
<td>- up to £100,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>- Greater than 100,000 and less than £250,000</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>(c) Bad Debts and Claims Abandoned. Private Patients, Overseas Visitors &amp; Other Up to £50,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>(d) damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>(e) Compensation payments made under legal obligation</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>(f) Extra contractual payments to contractors up to £50,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td><strong>Ex gratia payments</strong></td>
<td></td>
</tr>
<tr>
<td>(g) Patients and staff for loss of personal effects:</td>
<td></td>
</tr>
<tr>
<td>Less than £500</td>
<td>CCG Commissioning Managers</td>
</tr>
<tr>
<td>Between £501 and £5,000</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Over £5,001</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>(h) For clinical negligence up to £1,000,000 (negotiated settlements)</td>
<td>Governing Body</td>
</tr>
<tr>
<td>(i) For personal injury claims involving negligence where legal advice has been</td>
<td></td>
</tr>
<tr>
<td>obtained and guidance applied</td>
<td>Governing Body</td>
</tr>
<tr>
<td>Up to £1,000,000 (including plaintiff’s costs)</td>
<td></td>
</tr>
<tr>
<td>(j) Other, except cases of maladministration where there was no financial loss</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>by claimant - £50,000</td>
<td></td>
</tr>
<tr>
<td>(k) Write off of NHS debtors</td>
<td></td>
</tr>
<tr>
<td>(v) Up to £250,000</td>
<td>Chief Finance Officer - reported to Audit and Governance</td>
</tr>
<tr>
<td>Committee for information</td>
<td></td>
</tr>
<tr>
<td>(vi) Greater than £250,000</td>
<td>Chief Finance Officer and Accountable Officer – reported to</td>
</tr>
<tr>
<td></td>
<td>Audit and Governance Committee for information</td>
</tr>
<tr>
<td>(l) Write off of Non-NHS debtors</td>
<td></td>
</tr>
<tr>
<td>(i) Up to £250,000</td>
<td>Chief Finance Officer - reported to Audit and Governance</td>
</tr>
<tr>
<td></td>
<td>Committee for information</td>
</tr>
<tr>
<td>(ii) Greater than £250,000</td>
<td>Chief Finance Officer and Accountable Officer – reported to</td>
</tr>
<tr>
<td></td>
<td>Audit and Governance Committee for information</td>
</tr>
<tr>
<td><strong>18. Reporting of Incidents to the Police</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Where a criminal offence is suspected</td>
<td></td>
</tr>
<tr>
<td>(i) Criminal offence of a violent nature</td>
<td>CCG Executive Directors in conjunction with Accountable</td>
</tr>
<tr>
<td></td>
<td>Officer</td>
</tr>
<tr>
<td>(ii) Theft</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) Other</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(b) Where fraud is involved (following referral to the Counter Fraud service)</td>
<td>Chief Finance Officer in conjunction with Accountable</td>
</tr>
<tr>
<td></td>
<td>Officer</td>
</tr>
<tr>
<td>(c) Where an incident occurs out of normal working hours</td>
<td>South West London (SWL) On Call Director</td>
</tr>
<tr>
<td><strong>19. Petty Cash Disbursements</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Expenditure up to £25 per single transaction</td>
<td>Petty Cash Holder</td>
</tr>
<tr>
<td>(b) Reimbursement of patients monies up to £100</td>
<td>CCG Commissioning Managers</td>
</tr>
<tr>
<td>(c) Reimbursement of patients monies in excess of £100</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td><strong>20. Receiving Hospitality</strong></td>
<td></td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Applies to both individual and collective hospitality receipt items</td>
<td>Declaration required in CCG’s Hospitality and Gifts Register</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>21. Maintenance &amp; Update of Trust Financial Procedures and Policies</strong></td>
<td>Chief Finance Officer or Appropriate Delegated Manager</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22. Personnel &amp; Pay</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Authority to fill funded post on the establishment with permanent staff</td>
<td>Authorised Budget Holders</td>
</tr>
<tr>
<td>(b) Authority to appoint staff not on the formal establishment</td>
<td>Refer to note 14</td>
</tr>
<tr>
<td>(c) Additional Increments</td>
<td>Chief Finance Officer or (with advice from the Director of Human Resources or equivalent (SECSU))</td>
</tr>
<tr>
<td>The granting of additional increments to staff within budget</td>
<td></td>
</tr>
<tr>
<td>(d) Upgrading &amp; Regrading</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>All requests for upgrading/regrading shall be dealt with in accordance with CCG's procedure</td>
<td></td>
</tr>
<tr>
<td>(e) Establishments</td>
<td></td>
</tr>
<tr>
<td>(i) Additional staff to the agreed establishment &lt; £25,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(ii) Additional staff to the agreed establishment &gt; £25,000</td>
<td>Chief Finance Officer or Accountable Officer</td>
</tr>
<tr>
<td>(f) Pay</td>
<td></td>
</tr>
<tr>
<td>(i) Authority to complete standing data forms effecting pay, new starters, variations and leavers</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(ii) Authority to authorise overtime</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) Authority to authorise travel and subsistence expenses</td>
<td>Line/Departmental Manager</td>
</tr>
<tr>
<td>(iv) Approval of Performance Related Pay Assessment</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>(g) Payroll Deductions</td>
<td></td>
</tr>
<tr>
<td>(i) PAYE, NIC &amp; Pension Payments &lt; £500k</td>
<td>Financial Controller (SECSU)</td>
</tr>
<tr>
<td>(ii) Payment requests &lt; £100,000</td>
<td>Financial Controller (SECSU)</td>
</tr>
<tr>
<td>(h) Leave</td>
<td></td>
</tr>
<tr>
<td>(i) Approval of annual leave</td>
<td>Line/Departmental Manager</td>
</tr>
<tr>
<td>(ii) Annual leave – approval of carry forward up to a maximum of 5 days</td>
<td>Line/Departmental Manager</td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>(iii) Annual Leave – approval of carry forward in excess of 5 days but less than 10 days</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iv) Annual Leave – approval to carry forward 10 days or more</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>(v) Compassionate leave up to 3 days</td>
<td>Line/Departmental Manager</td>
</tr>
<tr>
<td>(vi) Compassionate leave up to 6 days</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(vii) Special leave arrangements</td>
<td></td>
</tr>
<tr>
<td>▪ Paternity Leave</td>
<td>Line/Departmental Manager</td>
</tr>
<tr>
<td>▪ Carers leave (up to 5 days)</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(viii) Leave without pay</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(ix) Medical Staff Leave of Absence – Paid and Unpaid</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(x) Time off in lieu</td>
<td>Line Manager/Departmental Manager</td>
</tr>
<tr>
<td>(xi) Maternity Leave – Paid and Unpaid</td>
<td>Automatic approval within guidance</td>
</tr>
<tr>
<td>(i) Sick Leave</td>
<td></td>
</tr>
<tr>
<td>(i) Extension of sick leave on half pay up to 3 months</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(ii) Return to work part time on full pay to assist recovery</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(iii) Extension of sick leave on full pay</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(j) Study Leave</td>
<td></td>
</tr>
<tr>
<td>(i) Study Leave outside the UK</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>(ii) Medical Staff Study Leave</td>
<td>CCG Executive Directors and Accountable Officer</td>
</tr>
<tr>
<td>(iii) All other study leave (UK)</td>
<td>Line Manager/Departmental Manager or CCG Executive Directors</td>
</tr>
<tr>
<td>(k) Removal Expenses, Excess Rent and House Purchases</td>
<td></td>
</tr>
<tr>
<td>Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)</td>
<td></td>
</tr>
<tr>
<td>(i) Up to £5,000</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(ii) Over £5,000</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>(l) Authorised Car &amp; Mobile Phone Users</td>
<td></td>
</tr>
<tr>
<td>Requests for mobile telephone users, Blackberry &amp; telephone remote access</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(m) Renewal of Fixed Term Contract</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>(n) Staff Retirement Policy</td>
<td></td>
</tr>
<tr>
<td>Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(o) Redundancy</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>(p) Ill Health Retirement</td>
<td></td>
</tr>
<tr>
<td>Decision to pursue retirement on the grounds of ill-health</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>(q) Dismissal</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>23. Authorisation of Sponsorship Deals</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>24. Authorisation of Research Projects</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>25. Insurance Policies and Risk Management</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>26. Patients’ and Relatives’ Complaints</td>
<td>In conjunction with Complaints Panel</td>
</tr>
<tr>
<td>(a) Overall responsibility for ensuring that all complaints are dealt with effectively</td>
<td>Accountable Officer or Director of Quality and Governance</td>
</tr>
<tr>
<td>(b) Responsibility for ensuring complaints relating to a Directorate are investigated thoroughly</td>
<td>Accountable Officer or Director of Quality and Governance</td>
</tr>
<tr>
<td>(c) Medico-Legal Complaints – Co-ordination of their management</td>
<td>Accountable Officer or Director of Quality and Governance</td>
</tr>
<tr>
<td>27. Relationships with media</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>28. Infectious Diseases and Notifiable Outbreaks</td>
<td>Accountable Officer / Link with Local Authority</td>
</tr>
<tr>
<td>29. Extended Role Activities</td>
<td></td>
</tr>
<tr>
<td>Approval of Nurses to undertake duties/procedures which can properly be described as beyond the normal scope of Nursing Practice</td>
<td>Accountable Officer / Link with CCG Registered Nurse</td>
</tr>
<tr>
<td>30. Facilities for staff not employed by the CCG to gain experience</td>
<td></td>
</tr>
<tr>
<td>Professional Recognition, Honorary Contracts</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>Work experience students</td>
<td>CCG Executive Directors</td>
</tr>
<tr>
<td>31. Review of Fire Precautions</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>32. Review of all statutory compliance legislation and Health &amp; Safety requirements</td>
<td>Accountable Officer or Appropriate Delegated Director and Medical Director</td>
</tr>
<tr>
<td>Delegated Matter</td>
<td>Authority Delegated To</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>33. Review of compliance with environmental regulations</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>34. Review of CCG’s compliance with the Data Protection Act</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>35. Monitor proposals for contractual arrangements between the CCG and outside bodies</td>
<td>Chief Finance Officer and Accountable Officer</td>
</tr>
<tr>
<td>36. Review the CCG’s compliance with the Access to Records Act</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>37. Review of the CCG’s compliance with the Code of Practice for handling confidential information in the contracting environment and the compliance with “safe haven” per EL 92/60</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>38. The Keeping of a Declaration of Interests Register</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>39. Attestation of Sealings in accordance with Standing Orders</td>
<td>Chair / Accountable Officer</td>
</tr>
<tr>
<td>40. The Keeping of a register of Sealings</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>41. The Keeping of the Hospitality and Gifts Register</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>42. Retention of Records</td>
<td>Accountable Officer or Appropriate Delegated Director</td>
</tr>
<tr>
<td>43. Clinical Audit</td>
<td>Director of Quality and Governance</td>
</tr>
<tr>
<td>44. Responsible officers for medical revalidation, evaluation of fitness to practice and monitoring the conduct and performance of doctors</td>
<td>Director of Quality and Governance</td>
</tr>
</tbody>
</table>
Confidentiality Statement

- Merton Clinical Commissioning Group supports the need for openness and transparency when carrying out its functions. However, there is an absolute need to balance openness with the need to protect information that is deemed to be properly confidential.

While conversations about confidentiality often revolve around person identifiable information (about patients, staff, or others), it is also not always possible to have complete openness about some non-person identifiable information. For example, tenders submitted by potential providers are commercially confidential, and “what if” discussions on, for example, provider reconfiguration or the investigation of a Serious Incident might well cause unnecessary public anxiety if released prematurely.

- To balance the need for openness with the need to preserve confidentiality on some matters, Merton CCG will corporately and individually work to the following principles:
  
  - Person identifiable information (patients, staff, others) will be handled by Merton CCG according to the standards set for the NHS as a whole and in accordance with the law.
  
  - It is accepted that some information gained during the course of negotiations, discussions and investigations will need to be treated as confidential for commercial reasons or because it is incomplete and premature public release would be misleading. In such situations, any requests that information remains confidential must be carefully considered. One test that may be applied is whether there would be legitimate reason to withhold the information in response to a Freedom of Information Act request.
  
  - The CCG (in the form of a nominated officer or officers) may advise that the confidentiality of a particular piece of non-person identifiable information should be maintained. A clear reason for the decision must be given. All such instances will be reported to the Merton CCG Quality Committee for their consideration and a record should be kept. This will act as a check that information is not being held back inappropriately.
  
  - Merton CCG recognizes and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any Member Practice (or individual within that Member Practice) of the Merton Clinical Commissioning Group, any member of its Governing Body, any member of its Committees or sub-committees, or any employee, nor will it affect the rights of any worker (as defined in that Act) under that Act.
  
  - Merton CCG will draw up internal guidelines on this area to support individuals and organisations.