



South West London
Merton Clinical Commissioning Group
Sutton and Merton Borough Team

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday 22nd November 2012

Agenda No: 6.4

ATTACHMENT 07

Title of Document: Constitution: Revisions and New Content	Purpose of Report: For Agreement
Report Author: Jackie Moody, Head of the Business Support Unit, NHS SWL –Sutton and Merton Borough Team	Lead Director: Eleanor Brown, Chief Officer
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Executive Summary: This paper is to present revisions to the Constitution for ratification and new content for agreement. These are in response to actions from the governing body in September 2012 and to comply with financial governance requirements.	
Key sections for particular note (paragraph/page), areas of concern etc: i) Committee Terms of Reference <ul style="list-style-type: none"> a) Audit Committee – revised for ratification b) Clinical Quality Committee - revised for ratification c) Charitable Funds Committee – new for agreement d) Finance Committee – new for agreement ii) Governance – for agreement <ul style="list-style-type: none"> e) Standing Orders f) Scheme of Reservation and Delegation g) Scheme of Delegation iii) Amendments made to non-governing body committees are noted for information only in the summary overleaf. NB. Constitution chapter references in the Standing Orders will be updated once the agreed documents have been brought together in the Constitution.	
Recommendation: The Merton CCG governing body is requested to: <ol style="list-style-type: none"> 1. Ratify the revised terms of reference 2. Agree the terms of reference for newly established committees. 3. Note that changes requested by the governing body have been made to non-governing body terms of reference 	

Committees which have previously discussed/agreed the report: N/A
PEC Comments where appropriate: N/A
Financial Implications: Financial balance – Sutton and Merton PCT
Implications for Sutton and Merton PCT Board: Assurance on robust financial and quality governance processes.
Other Implications: (including patient and public involvement/Legal/ Governance / Risk/Diversity/ Staffing) N/A
Equality Impact Assessment: Equality and diversity is embedded in MCCG commissioning processes.
Information Privacy Issues: Nil
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) N/A

i) Committees of the CCG Governing Body - Terms of Reference:

a) Audit Committee

The Audit Committee Terms of reference were agreed at the last governing body meeting, noting that they would be amended to reflect review of financial position and returned to this meeting for ratification. The Chief Finance Officer and Audit Committee Chair subsequently agreed creating a Finance Committee separate from the Audit Committee would provide best governance practice.

Revised Audit Committee terms of reference are presented for ratification and the newly established Finance Committee draft terms of reference for agreement.

b) Clinical Quality

In response to a request to consider the role of the committee to review staff survey data as well as patient experience surveys paragraph 7.1.4 has been amended to read: Review information including staff survey data, as well as, patient experience surveys, PALS queries and complaints to identify potential risks and issues.

Revised Clinical Quality Committee terms of reference are presented for ratification

c) Charitable Funds Committee

At the September meeting the Chair requested that consideration be given to setting up a Charitable Funds committee because Sutton and Merton PCT had charitable funds for community use that were likely to pass to the CCGs. Peter Derrick, Lay Member/ Audit Committee Chair agreed that this committee be added to the structure.

Draft terms of reference are presented for agreement.

d) Finance Committee – see a)

ii) Governance

e) Scheme of Reservation and Delegation

f) Scheme of Delegation

iii) Non-governing body committees – terms of reference

Executive Management Team (EMT)

VD requested that there be more explicit reference to the CCG relationship with Public Health to strengthen involvement mechanisms. EB and VD would take this forward. MC suggested that the CSU account managers be added to the membership. This was agreed.

Changes have been made and agreed at the Executive Committee meeting held on 7th November 2012

Practice Leads Forum

Agreed subject to an amendment to include more explicit reference to arrangements if the substantive member could not attend has been made and approved by the Chief Officer.

Practice Manager's Forum

Agreed subject to an amendment to include generic roles under membership, not Practice Manager's names. Amendment made and approved by the Chief Officer.

Practice Nurses Forum

Agreed subject to an amendment to the membership to include the fact that Nurse Board member may attend on an ad hoc basis. Amendment made and approved by the Chief Officer.

DRAFT

NHS Merton Clinical Commissioning Group

Audit and Governance Committee

Terms of Reference

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 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 Constitution, Standing Orders, Prime Financial Policies, maintenance of Registers of Interests).

3. Membership

3.1. The Committee shall be composed of not less than two lay members of the Governing Body, at least one of whom should have recent and relevant financial experience and not less than three further Member Representatives.

3.2. A quorum shall be two Members, one of whom will be the Committee Chair.

3.3. The Committee shall be chaired by a lay person member. A role description for the Chair is attached as Annex A.

4. Attendance

4.1. The Accountable Officer, Chief Financial Officer and Head of Internal Audit shall generally attend routine meetings of the audit 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 CCG chair 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.

4.7. Member Representatives will be invited 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.

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; Chief Financial Officer present.
- 5.3. The CCG Chair 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.

6. Duties

6.1. Internal control, risk management and counter fraud

- 6.1.1. To ensure the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance.
- 6.1.2. 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.
- 6.1.3. To review the adequacy of the policies and procedures in respect of all counter-fraud and anti-bribery work.
- 6.1.4. 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.
- 6.1.5. 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.

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

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 ongoing basis the effective operation of internal audit in respect of:

- adequate resourcing
- its co-ordination with external audit
- meeting mandatory NHS 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. To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy. This should include discussion regarding the local evaluation of audit risks and assessment of the CCG associated impact on the audit fee.

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. To review external audit reports, including the annual audit letter, together with the Governing Body's response, and to monitor progress on the implementation of recommendations.
- 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 the Commissioning Board Authority in accordance with statutory requirements), to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:
- 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 the Commissioning Board Authority
 - explanation of estimates or provisions having material effect
 - the schedule of losses and special payments
 - any unadjusted statements
 - 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 the Commissioning Board Authority 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 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 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 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.

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 committee in discharging its responsibilities.

8. Review

- 8.1. The terms of reference of the audit 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 member 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 member 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.

Annex A

Merton Clinical Commissioning Group

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

The Chair should ensure that after each meeting appropriate reports are prepared from the Committee to the Board and the Accounting Officer.

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 Accounting 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 Accounting Officer (or Chair of the Governing Body, as appropriate).

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

A secretariat function is required to support the Chair of the Committee in identifying business to be taken, and the relevant priorities of the business. For this reason, and as the Committee is a committee of the Governing Body, the Committee Secretariat function should be supervised by the Governing Body secretariat. The Chair of the Committee and the secretariat should agree procedures for commissioning briefing to accompany business items on the Committee's agenda and timetables for the issue of meeting notices, agendas, and minutes. The Chair of the Committee should always review and approve minutes of meetings before they are circulated.

The specific responsibilities of the Committee Secretariat should include:

- meeting with the Chair of the Committee to prepare agendas for meetings;
- commissioning papers as necessary to support agenda items;
- circulating meeting documents in good time before each meeting;
- arranging for executives to be available as necessary to discuss specific agenda items with the Committee during meetings;
- keeping a record of meetings and providing draft minutes for the Chair's approval;
- ensuring action points are being taken forward between meetings;
- support the Chair in the preparation of Committee reports to the Governing Body;
- arranging the Chair's bilateral meetings with the Accounting Officer, the Head of Internal Audit and the External Auditor;
- keeping the Chair and members in touch with developments and relevant background information about developments in the organisation;
- maintaining a record of when members' terms of appointment are due for renewal or termination;
- ensuring that appropriate appointment processes are initiated when required;
- ensuring that new members receive appropriate induction training, and that all members are supported in identifying and participating in on-going training;
- managing any budgets allocated to the Committee.

Careful consideration should be given to ensuring that the Secretariat function is not biased. If the function is provided by Internal Audit there may be a risk of bias towards Internal Audit interests. On the other hand there is merit in ensuring the secretariat is independent of pressure from senior management, as could happen if the Board Secretariat also supports the Committee.

When the Audit Committee meets privately, the Chair should decide whether the secretariat members should also withdraw. If so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusions and advice.

NHS Merton Clinical Commissioning Group

Governing Body Clinical Quality Committee

Terms of Reference

1. Introduction

The Clinical Quality Committee (the Committee) is established in accordance with the Clinical Commissioning Group's Constitution, Standing Orders and Schemes of 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 CFO 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:

- Lay Member (Patient and Public Engagement) of the Governing Body (Chair)
- Nurse Member of the Governing Body (Deputy Chair alternating)
- Medical Director (Deputy Chair alternating)
- Director of Commissioning
- Director for Quality
- Clinical Leads for Localities

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

- Chief Officer (as and when required)
- Chief Finance Officer (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 Joint Commissioning Unit

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 four members are present, with at least two of those present clinical members. On all occasions, the majority of those present should be clinical members.

6. Frequency and notice of meetings

The Committee 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 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven days prior to the meeting.

The CCG Chair 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:

- 7.1.1 Seek assurance that 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.
- 7.1.2 Oversee the performance of 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.
- 7.1.3 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.

- 7.1.4 Review information including staff survey data, as well as, patient experience surveys, PALS queries and complaints to identify potential risks and issues.
- 7.1.5 Have oversight of the process and compliance issues concerning Serious Untoward Incidents (SUIs); being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time.
- 7.1.6 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- 7.1.7 Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- 7.1.8 Provide assurance that 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.
- 7.1.9 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.
- 7.1.10 Oversee and promote its general duty to improve the quality of primary care so as to improve the quality of services.

The Chair drew attention to the increasingly high profile duty for CCGs to improve primary care and suggested that this be within the committee's remit. The governing body agreed

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.

Review

The terms of reference for the Committee 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

- 10.1 The Committee 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.
- 10.2 The Committee will have full authority to request funding to commission any reports or surveys it deems necessary to help it fulfill its obligations
- 10.3 The Committee will work with similar committees from neighbouring CCGs as appropriate

Conduct of the Committee

The Committee will:

- Observe the highest standards of propriety involving impartiality integrity and objectivity in relation to the quality and safety of commissioned services and the management of the bodies concerned;
- 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

Merton Clinical Commissioning Group

Charitable Funds Committee

Terms of Reference

1. Introduction

The Charitable Funds Committee (The Committee) will oversee the management, administration and accounting arrangements for funds held by the CCG for charitable purposes. The CCG has dual accountabilities for charitable funds held on trust to the Charity Commission and the Secretary of State.

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 Funds on behalf of the Governing Body
- Act as Trustees for the CCG's Trust Funds 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 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, the CCG Chief Finance Officer [or nominated representative] and at least 1 other Member of the CCG Governing Body. A Lay Member will be appointed as Chairman 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.
- 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 Governing Body

6. Reporting Procedures

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

7. Declarations of Interest

- 7.1 If any member 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 member 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 The Committee will meet as necessary, with at least 3 meetings being convened per annum.
- 8.2 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 after six months and on an annual basis thereafter. Any resulting changes to the terms of reference should be approved by the Governing Body.

[Date agreed]

Merton Clinical Commissioning Group

Finance Committee

Terms of Reference

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 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 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 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 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:

- The Chair who will be a Lay Member
- The Chair of the Audit Committee who will be a Lay Member
- The Chair of the Governing Body

In attendance:

- The Accountable Officer
- The Chief Finance Officer
- A representative of Member Practices as determined locally

If a member is unable to attend then a suitable delegate with appropriate authority should attend in their place. The executive lead officer for the Committee is the Chief Finance Officer.

5. Quorum

The meeting will be quorate when 2 Members are present, with the Chair and Chief Finance Officer 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 member 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 member 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 after six months and on an annual basis thereafter. Any resulting changes to the terms of reference should be approved by the Governing Body

STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the 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.

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

- 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 Council of Members, 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.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the group's constitution. 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.

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

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.

- 1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group's functions and those of the governing body to certain bodies (such as committees) and 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

- 2.1.1. Chapter x of the group's constitution provides details of the membership of the group (also see Appendix x).
- 2.1.2. Chapter x of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter x of the constitution outlines certain key roles and responsibilities within the Council of Members and its governing body, including the role of practice representatives (section x of the constitution).

2.2. Key Roles

- 2.2.1. Paragraph x of the group's constitution sets out the composition of the group's governing body whilst Chapter x of the group's constitution identifies certain key roles and responsibilities within the Council of Members and its governing body. These standing orders set out how the group appoints individuals to these key roles.
- 2.2.2. The roles and responsibilities of each of these key roles are further defined in NHS Commissioning Board guidance.

2.3. COUNCIL OF MEMBERS

- 2.3.1. The roles of chair and vice chair of the Council of Members are subject to the following appointment process:
- a) **Nominations** – by Members.
 - b) **Eligibility** – all GP Principals and salaried doctors working in Member practices who are on the Performers' List and locums on the Performers' List where a Member is prepared to endorse and take responsibility for them as acting in compliance with the Constitution and the Inter Practice agreement.
 - c) **Appointment process** – by secret ballot of representatives.
 - d) **Term of office** - to be elected annually.

- e) **Eligibility for reappointment** - Eligible for re-election annually, but with a maximum period of tenure of 3 years unless a formal change to this stipulation is agreed by the Council of Members.
- f) **Grounds for removal from office** - Upon a vote of 75% or more of the Council of Members, 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.
- g) **Notice period** - Three months.

2.4. GOVERNING BODY

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

CHAIR AND DEPUTY CHAIR

- 2.4.2. The roles of the Chair and Deputy Chair of the Governing Body, as listed in paragraphs [x and x] of the Constitution, is subject to the following appointment process:

- a) **Nominations** – An invitation will be made to Governing Body members to apply for the posts of Chair and Vice Chair who have been considered eligible for these roles during the selection process.
- b) **Eligibility** – the role of the Chair of the Governing Body may be filled by any member of the Governing Body. If the Chair is a GP or other healthcare professional, the Deputy Chair should be a lay member who would take the Chair's role for discussions and decisions involving conflict of interest for the Chair.
- c) **Appointment process** - In the event of more than one candidate arising for either post, a secret ballot of the remaining voting members of the Governing Body will be held. In the event of equal numbers of votes being cast, the decision will be referred to the Council of Members. Thereafter the nominated candidate will proceed to the national assessment process.
- d) **Term of office** - 3 years.
- e) **Eligibility for reappointment** - The Chair and Vice Chair will be eligible for reappointment if they remain a member of the Governing Body.
- f) **Grounds for removal from office** - Where the Chair or Vice Chair is a GP, upon a vote of 75% or more of the Council of Members, 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.

g) **Notice period** - 3 months.

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

REPRESENTATIVES OF MEMBER PRACTICES

2.4.4. Representatives of member practices are subject to the following appointment process, which may be undertaken by an external body such as the 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** - The body conducting the election will write to all the eligible electorate of which it is aware as stated above seeking nominations. If it is subsequently discovered that the current list of eligible members is incomplete as a result of the body receiving incomplete information it shall not invalidate this process or any other element of the process described herein.

c) Appointment process

1) Selection:

- The purpose of selection is to identify the pool of potential candidates that have an acceptable level of knowledge, skill and experience to stand for election. The Job Description and Person Specification for the role will be used to make that assessment.
- Purpose is to create a pool of candidates with the capability, potential and willingness to create capacity (i.e. time) to fulfil the role.

- Assessment will be made by a panel made up of senior managers from the CCG, external assessors with in-depth understanding of the clinical leadership role in commissioning and governance processes and an external GP leader with no local conflicts of interest
- Assessment will be made on the basis of the person specification taking into account both the written application and interview
- Candidates will be asked to complete an application form and attend an interview
- The application form will seek evidence of the candidate's knowledge, skills and experience using the person specification as the benchmark
- Candidates will also be asked to identify their priority areas for development
- Candidates will be asked to confirm their ability to fulfil the stated time commitment
- Candidates will be asked if they are willing to be considered for election as Chair of the Governing Body
- All candidates will be given the opportunity before interview to complete a 360 degree feedback process on their leadership capability, identifying strengths and development needs
- The assessment panel will decide whether an individual can be put forward for election

2) Election process:

- All GPs that are successful in the selection process may then put themselves forward for election
- Where six or fewer GPs are nominated, appointment shall be automatic. Where seven or more are nominated, an election shall be undertaken.
- The electorate is as described in Appendix [x].

- Candidates will be given 2 weeks for a 'hustings period' when they can promote themselves to the electorate
 - The LMC will manage the election process which shall be by secret ballot.
- d) **Term of office** - To be 2 or 3 years as agreed by the CoM to ensure continuity.
- e) **Eligibility for reappointment** - Automatic for a second term, by agreement with the Council thereafter.
- f) **Grounds for removal from office** - Upon a vote of 75% of the Council of Members 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.
- g) **Notice period** - Three months.

2.5. LAY MEMBERS

2.5.1. The roles of the [two] lay members 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 or 3 years as agreed by the CoM to ensure continuity.
- 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 and Accountable Officer. Recommendation of Chair and Accountable Officer requires approval by Council of Members.

- g) **Notice period** – 3 months.

REGISTERED NURSE

2.5.2. The role of the registered nurse 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 or 3 years as agreed by the CoM to ensure continuity.
- 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 and Accountable Officer. Recommendation of Chair and Accountable Officer requires approval by Council of Members.
- g) **Notice period** – 3 months.

SECONDARY CARE SPECIALIST DOCTOR

2.5.3. 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** – 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 or 3 years as agreed by the CoM to ensure continuity.
- 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 and Accountable Officer. Recommendation of Chair and Accountable Officer requires approval by Council of Members.
- g) **Notice period** – 3 months.

THE ACCOUNTABLE OFFICER

2.5.4. The Accountable Officer, as listed in paragraph [x] 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** - selection against job description and person specification.
- 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** – 3 months.

CHIEF FINANCE OFFICER

2.5.5. The Chief Finance Officer, as listed in paragraph [x] 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** - selection against job description and person specification.
- 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.

2.6. OTHER INDIVIDUALS

[CCG to tailor to local circumstances and link to section x of the Constitution – Remove section if not required].

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

COUNCIL OF MEMBERS

- 3.1.1. Meetings of the Council of Members shall be held at least every [six months] at such times and places as the Council of Members may determine. In addition, special general meetings may be requested by the Council of Members, the Governing Body or on a written request by [50%] of Members.
- 3.1.2. 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.
- 3.1.3. The Council of Members shall hold an annual general meeting in public (the "Annual General Meeting"). The matters to be considered at the Annual General Meeting shall be set out in the notice calling it, but shall include:
 - 3.1.3.1. Consideration (and if appropriate) approval of the group's annual report, accounts, operating plan and commissioning strategy;
 - 3.1.3.2. Consideration of a report describing all patient and public engagement activity, including public consultations undertaken by the group and the findings and actions taken by the group as a result, and;
 - 3.1.3.3. Election of members of the Governing Body when vacancies arise.

GOVERNING BODY

- 3.1.4. The Governing Body shall meet monthly.

OTHER MEETINGS

- 3.1.5. 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.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair 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 [6] working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least [3] working days before the date the meeting will take place.
- 3.2.2. Agendas and certain papers for the group's meetings – including details about meeting dates, times and venues - will be published on the group's website at [www.\[insert group's website\]](http://www.[insert group's website]).

3.3. Petitions

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

3.4. Chair of a meeting

- 3.4.1. At any meeting of the council of members 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 deputy chair, if any and if present, shall preside. The deputy chair cannot assume the Chair's vote.
- 3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the council of members, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

- 3.5.1. The decision of the chair of the governing body on questions of order, relevancy and regularity and their interpretation of the constitution,

standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

Council of Members

- 3.6.1. [50%] of Members Representatives (or their proxies) shall constitute a quorum.

Governing Body

- 3.6.2. [One third] of the voting members are in attendance, of which the majority are clinicians. It shall also include [one] Lay Member and either the Accountable Officer or Chief Finance Officer. The only decision the governing body may take if its meeting is not quorate is to request a meeting of the council of members.
- 3.6.3. 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.
- 3.6.4. The quorum for the governing body shall only include members of the governing body.

Conflicts of Interest

- 3.6.5. For the policy and procedure for declaring and managing conflicts of interest refer to Annex x.
- 3.6.6. If the Chair 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

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

3.7. Decision making

- 3.7.1. Chapter x of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the

exercise of the group's statutory functions. 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:

Council of Members

- 3.7.2. A [60%] majority of the GP electorate is necessary to pass a resolution or confirm a decision. In the event of no overall majority, the Chair shall have the casting vote.
- 3.7.3. 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

- 3.7.4. 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 shall have a casting vote.
- 3.7.5. 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

- 3.7.6. 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.

3.8. Emergency powers and urgent decisions

- 3.8.1. In an emergency, where a decision must be made by the council of members or governing body before its next meeting, the powers and duties of the group or governing body may be exercised by the Chair (Emergency Action).
- 3.8.2. For this purpose "emergency" means circumstances in which:-
 - (a) the group will be unable to discharge its statutory functions or be exposed to a significant level of risk if urgent action is not taken; or
 - (b) urgent action must be taken to prevent loss, damage or significant disadvantage to the group;

and, for the avoidance of doubt, a matter is not an emergency solely because it has been omitted from inclusion in the agenda for a meeting of

the council of members, governing body or any committee or sub-committee on a particular occasion.

- 3.8.3. Before taking any Emergency Action, the chair must consult the Accountable Officer and a Lay Member.
- 3.8.4. The Emergency Action must be ratified at the next meeting of the Governing Body.
- 3.8.5. The Emergency Action functions of the Chair and Accountable Officer may be exercised by such other persons as the Chair and Accountable Officer may respectively nominate in writing.

3.9. Suspension of Standing Orders

- 3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided [75%] group members are in agreement.
- 3.9.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance and Quoracy

- 3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the group'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.
- 3.10.2. Quoracy also needs to be established and recorded for each meeting where decisions are to be taken.

3.11. Minutes

- 3.11.1. The secretary shall keep minutes of each meeting.
- 3.11.2. 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.

- 3.11.3. The signed minutes of a meeting shall, unless the contrary is proved, be conclusive proof of the proceedings of that meeting.

3.12. Admission of public and the press

- 3.12.1. 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. The public shall be required to withdraw upon the governing body resolving as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960).

- 3.12.2. Information and discussion of a confidential nature includes:

- (a) information relating to a patient, unless it can be anonymised;
- (b) information relating to an employee or office holder, former employee or applicant for any post or office;
- (c) 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;
- (d) negotiations or consultation concerning labour relations between the group and its employees;
- (d) any issue relating to legal proceedings which are being contemplated or instituted by or against the group;
- (e) action being taken to prevent or detect crime or to prosecute offenders;
- (f) the source of information given to the group in confidence; or
- (g) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the group's functions.

- 3.12.3. Where a meeting is held in private, the relevant reason from the list above must be given. Guidance should be sought from the group's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

3.13. Conduct of meetings

- 3.13.1. 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.
- 3.13.2. 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.
- 3.13.3. All motions must relate to matters that are within or related to the functions of the group.

- 3.13.4. 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 group.
- 3.13.5. 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.
- 3.13.6. 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.
- 3.13.7. 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.

3.14. **General disturbances**

- 3.14.1. 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 Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

4. **APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES**

4.1. **Appointment of committees and sub-committees**

- 4.1.1. The Council of Members may appoint committees and sub-committees of the Governing Body, subject to any regulations made by the Secretary of State². Where such committees and sub-committees are appointed they are included in Chapter 6 of the group's constitution.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the council of members shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the council of members.
- 4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the governing body and the governing body's committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

² See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

4.2. Terms of Reference

- 4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

- a) the accountable officer;
- b) the chair of the governing body;
- c) the chief finance officer;

6.2. Execution of a document by signature

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

- a) the accountable officer
- b) the chair of the governing body
- c) the chief finance officer

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

7.1. Policy statements: general principles

- 7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS [insert name] Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's standing orders.

Merton Clinical Commissioning Group

Conflicts of Interest Policy

This policy sets out how MCCG will manage conflicts of interest arising from the operation of the clinical commissioning group's council of members and governing body.

1. Why we have a policy

The council of members and governing body of MCCG have ultimate responsibility for all actions carried out by staff and committees throughout the clinical commissioning group's activities. This responsibility includes the stewardship of significant public resources and the commissioning and provision of healthcare to the community. The council of members and governing body is therefore determined to ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the clinical commissioning group.

This conflict of interest policy respects the seven principles of public life promulgated by the Nolan Committee. The seven principles are:

- selflessness
- integrity
- objectivity
- accountability
- openness
- honesty
- leadership.

The council of members and governing body have a legal obligation to act in the best interests of MCCG, and in accordance with the clinical commissioning group's constitution and terms of establishment created by the NHS Commissioning Board, and to avoid situations where there may be a potential conflict of interest.

Conflicts of interest may arise where an individual's personal interests, or a connected person's interests and/or loyalties conflict with those of the clinical commissioning group. Such conflicts may create problems such as inhibiting free discussion which could:

- result in decisions or actions that are not in the interests of the clinical commissioning group and the public it was established to serve
- risk the impression that the clinical commissioning group has acted improperly.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. Individuals can seek guidance from the group secretariat, but may decide to declare when in doubt.

The aim of this policy is to protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties.

2. General Medical Council guidance

The General Medical Council (GMC) provides the following general guidance:

- *you may wish to note on the patient's record when an unavoidable conflict of interest arises; and*
- *if you have a financial interest in an institution and are working under an NHS employers' policy you should satisfy yourself, or seek other assurance from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts interest. You must follow the procedures governing the schemes.*

The GMC also states:

"You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction. "

Additionally, the GMC's guidance on managing conflicts of interest states:

If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients ".

3. What conflicts does this policy cover?

The council of members and governing body members should declare an interest in the following circumstances:

a) **Direct financial interests.**

The most easily recognisable form of conflict of interest arises when a board member obtains, or is perceived to obtain, a direct financial benefit over and above the agreed remuneration and terms of service package agreed by the remuneration committee.

Examples include:

- the award of a contract to a company or other business with which a board member is involved
- the sale of assets at below market value to a governing body member
- awarding a contract for provision of health services to a GP practice, in which partners are members of the council of members or governing body.

b) **Indirect financial interests**

This arises when a close relative of a governing body member benefits from the decisions of the group. Council of members or governing body members will benefit indirectly if their financial affairs are bound with those of the relative in question through the legal concept of "joint purse", as would be the case if the relative were the spouse, partner, dependent child of the governing body member, or directly connected in some other way. For example, the council of members or governing body member being involved in a decision to award a contract to an organisation where the member's spouse is a director.

c) **Non-financial or personal interests**

These occur where board members receive no financial benefit, but are influenced by external factors.

For instance:

- to gain some other intangible benefit or kudos;
- awarding contracts to friends or personal business contacts.

d) Conflicts of loyalty

Council of members or governing body members may have competing loyalties between the clinical commissioning group to which they owe a primary duty and some other person or entity, including their GP practice, and patients.

Council of members or governing body members should also avoid using knowledge gained in other roles to influence decisions so as to acquire a competitive advantage over other service providers.

4. The declaration of interests

Accordingly, we require council of members and governing body members to declare any relevant and material interests, and any gifts or hospitality offered and received in connection with their role in the clinical commissioning group.

Interests that may impact on the work of the governing body and should be declared include:

- Roles and responsibilities held within member practices.
- Membership of a Partnership (whether salaried or profit sharing) seeking to enter into any contacts with MCCG and which relate to the functions exercised by the group.
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the group.
- Directorships, including non-executive Directorship held in private or public limited companies seeking to enter into contracts with MCCG and which relate to the functions exercised by the group.
- Material Shareholdings of companies in the field of health and social care seeking to enter into contracts with the MCCG and which relate to the functions exercised by the group.
- Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care.
- Any interest that they are (if registered with the General Medical Council) would be required to declare in accordance with paragraph 55 of the GMC's publication Management for Doctors or any successor guide.
- Any interest that they (if they are registered with the Nursing and Midwifery Council) would be to declare in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor Code.
- Any interest which does or might constitute a conflict of interest in relation to the specification for or award of any contract to provide goods or services to MCCG and which relate to the functions exercised by the group.
- Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
- Any role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the group.

5. Recording Interests

All council of members and governing body members are required to 1) declare interests following their appointment; 2) update the declaration at least annually and 3) declare their

interests in relation to any items on the agenda at the start of each council of members and governing body or committee meeting.

A declaration of interests form is provided for this purpose (Annex X) listing the types of interest you should declare. To be effective, the declaration of interests form must be completed prior to appointment, then updated at least annually and when any material changes occur.

If you are not sure what to declare, or whether/when your declaration needs to be updated, please err on the side of caution. If you would like to discuss this issue, please contact the CCG secretariat for confidential guidance.

Interests and gifts will be recorded on the clinical commissioning group's register of interests and register of gifts and hospitality, which will be maintained by the group secretariat on behalf of the Accountable Officer. The register will be accessible by the public and inspection of the register of members' interests will be encouraged, as appropriate. Furthermore, council of members or governing body members should not use confidential information acquired in the pursuit of their role to benefit themselves or another connected person.

A section detailing your responsibilities regarding declaring interests at meetings is provided later in this document.

6. Changes of Interests

Where an individual changes role or responsibility within the group any change to the individual's interest should be declared.

Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside of the group or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

7. Data protection

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only to ensure that the council of members and governing body members act in the best interests of the group and the public and patients the group was established to serve. The information provided will not be used for any other purpose, unless otherwise stated within statutory legislation. Signing the declaration form will also signify that you consent to your data being processed for the purposes set out in this policy.

8. Declaring Interests at Meetings

Where the conflict is material to the discussion of the council of members or governing body, that member shall withdraw from discussions pertaining to that agenda item, taking account of the steps in the decision making process (e.g. presentation, questions, deliberations and decision). The conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

It is the responsibility of the CCG secretariat to monitor quorum and advise the chair accordingly to ensure it is maintained throughout the discussion and decision of the agenda item. Should the withdrawal of the conflicted director result in the loss of quorum, the item cannot be decided upon at that meeting.

9. Waiver

Where permitted under the clinical commissioning group's constitution or the conditions of its establishment, the council of members or governing body has the power to waive restrictions on any clinical professional governing body member participating in council of members or governing body business, where to authorise such a conflict would be in the interests of the clinical commissioning group. The application of a waiver³ can, therefore, be used in the following situations:

- a member of the council of members or governing body is a clinical professional providing healthcare services to the clinical commissioning group that do not exceed the average for other practices and NHS entities commissioned to provide services by the clinical commissioning group; or
- where the council of members or governing body member has a pecuniary interest arising out of the delivery of some professional service on behalf of the clinical commissioning group, and the conflict has been adjudged by the chair and the governance lay member not to bestow any greater pecuniary benefit to other professionals in a similar relationship with the clinical commissioning group.

Where the chair and the governance lay member have approved the use of the waiver, the chair must have discussed it with the Accountable Officer before the meeting. In such circumstances where the waiver is used, the council of members or governing body member:

- must disclose his/her interest as soon as practicable at the start of the meeting
- may participate in the discussion of the matter under consideration; but
- must not vote on the subject under discussion.

The minutes of the meeting will formally record that the waiver has been used, and that this policy and the governing document provisions have been observed in managing that authorised conflict. Where a member has withdrawn from the meeting for a particular item, the group secretariat will ensure that the minutes for that member do not contain such information that may compound the potential conflict, but do not unnecessarily disadvantage the member in their performance of their functions and legal responsibilities.

10. Decisions taken where a council of members or governing body member has an interest

In the event of the council of members or governing body having to decide upon a question in which a council of members or governing body member has an interest, all decisions will be made by vote, with a [simple majority] [two thirds majority] required. A quorum must be present for the discussion and decision; interested parties will not be counted when deciding whether the meeting meets quorum. Interested council of members or governing body

³ Adapted from the NHS Model Standing Orders, Reservation and Delegation Of Powers and Standing Financial Instructions, Department of Health, 2006. It is currently unclear as to whether clinical commissioning groups will be able to implement a similar approach once they become statutory bodies, independent of the primary care trust cluster. This guidance note will be updated accordingly in line with future guidance from the Department of Health or NHS Commissioning Governing body.

members must not vote on matters affecting their own interests, even where the use of the waiver has been approved by the chairman and used.

All decisions under a conflict of interest will be recorded by the CCG secretariat and reported in the minutes of the meeting. The report will record:

- the nature and extent of the conflict
- an outline of the discussion
- the actions taken to manage the conflict
- use of the waiver and reasons for its implementation.

Where a council of members or governing body member benefits from the decision, this will be reported in the annual report and accounts, as a matter of best practice.

All payments or benefits in kind to council of members or governing body members will be reported in the clinical commissioning group's accounts and annual report, with amounts for each member listed for the year in question.

Independent external mediation will be used where conflicts cannot be resolved through the usual procedures.

11. Breaches of this policy

Breaches of the policy may result in the council of members or governing body member being removed from office in line with the clinical commissioning group's constitution.

12. Declaration of Interests in relation to procurement

Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the member will be expected to:

- Declare the interest;
- Ensure that the interest is recorded in the register;
- Withdraw from all discussion on the specification or award;
- Not have a vote in relation to the specification or award.

Members will be expected to declare any interest early in any procurement process if they are to be a potential bidder in that process. Failure to do this could result in the procurement process being declared invalid and possible suspension of the relevant member from the group.

Potential conflicts will vary to some degree depending on the way in which a service is being commissioned, for example:

- Where a group is commissioning a service through Competitive Tender (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which group members have an interest are amongst those bidding.
- Where the group is commissioning a service through Any Qualified Provider a conflict could arise where one or more GP practices (or other providers in which group members have an interest) are amongst the qualified providers from whom patients can choose. Guidance within the GMC's core guidance Good Medical Practice (2006) and reiterated in its document Conflicts of Interest (2008) Indicates, in such cases, that:

- "You must act in your patients best interests when making referrals and when providing or arranging treatment of care. You must not ask for or accept any inducement, gift or

hospitality which may affect or be seen to affect the way you prescribe, treat or refer patients. You must not offer such inducements to colleagues.

- if you have financial or commercial interest in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.

- if you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must also tell the patient about your interest. When treating NHS patients you must also tell the healthcare provider.”

Merton Clinical Commissioning Group

DECLARATION OF INTEREST FORM

This form is required to be completed in accordance with the Constitution.

Notes:

- Within 28 days of a relevant event, members need to register their financial and other interests.
- If any assistance is required to complete this form please contact the CCG Secretariat.
- The signed hard copy of the completed form should be sent to the CCG Secretariat.
- Any changes to interests declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form.
- The register will be published in the Annual Report.
- Members and employees completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member has and the circumstances in which a conflict of interest with the business or running of the group might arise.
- If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.

Interests that must be declared:

1. Roles and responsibilities held within member practices
2. Directorships, including non – executive directorships, held in private companies or PLCs;
3. Ownership or part – ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the group
4. Material Shareholdings of companies in the field of health and social care;
5. Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care.
6. Any connection with a voluntary or other organisation contracting for NHS Services;
7. Research/ funding grants that may be received by the individual or any organisation they have an interest or role in;
8. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role with the group.

Whether such interests are those of the individual themselves, a family member, any other relationship or other acquaintance of the individual.

Merton Clinical Commissioning Group

DECLARATION:

Name:		
Position within the CCG:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Roles and Responsibilities held within member practices		
Directorships, including non-executive directorships, held in private companies or PLCs		
Ownerships or part- ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care		
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/ grants that may be received by the individual or any organisation they have an interest or role in.		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG		
[Other specific interests]		

I have read and understood the group policy on conflicts of interest and agree to abide by it. I understand that it is against the law to accept inducements or rewards or to corruptly show favour or disfavour in an official capacity. To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the CCG Constitution and published accordingly.

Signed:

Date:

1. **Schedule of Matters Reserved to the CCG and Scheme of 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**

2.1 The following are reserved for the Members:

- Amending the inter-practice agreement;
- Request permission of the NHS Commissioning Board to amend the Constitution;
- Request to the NHSCB for a statutorily permissible change to the Geography of the CCG;
- Request to the NHSCB for a statutorily permissible change to the name of the CCG;
- Proposing de-selection of members of the Governing Body;
- Merger with another Clinical Commissioning Group where statutorily permissible.

3. The CCG delegate all of its functions at paragraph 2.1 of this scheme of reservation and delegation to the Council of Members

4. **Functions delegated to the Governing Body**

4.1 All other functions are delegated to the Governing Body.

5. **Functions delegated to the committees and sub-committees of the Governing Body**

The Governing Body delegates the following functions to the following committees:-

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	x				
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board 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 prime financial policies.	x				
REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved to the Membership via the Council of Members, delegated to the Governing Body or other		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
	committee or sub-committee or any member or employee					
REGULATION AND CONTROL	<p>Prepare the CCG’s overarching scheme of reservation and delegation, which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the:</p> <ul style="list-style-type: none"> o CCG’s Governing Body o committees and sub-committees of the CCG, or o its members or employees <p>and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the:</p> <ul style="list-style-type: none"> 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				
REGULATION AND	Approval of the CCG’s overarching	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
CONTROL	scheme of reservation and delegation.					
REGULATION AND CONTROL	Prepare the CCG's operational scheme of 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 delegation that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution.		x			
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's prime financial policies.				x	
REGULATION AND CONTROL	Approve detailed financial policies.		x			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		x			
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: <ul style="list-style-type: none"> 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). 	x				
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	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.	x				
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING	Approve arrangements for identifying the CCG's proposed Accountable Officer.	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
BODY						
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.	x				
STRATEGY AND PLANNING	Approval of the CCG's operating structure.	x				
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.	x				
STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution	x				
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.	x				
ANNUAL REPORTS	Approval of the CCG's annual report	x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
AND ACCOUNTS	and annual accounts.					
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.	x				
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.					Remuneration
HUMAN RESOURCES	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 persons providing services to the CCG.			x		
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.			x		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG			x		
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			x		
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			x		
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.		x			
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.			x		
HUMAN	Approve human resources policies for			x		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
RESOURCES	employees and for other persons working on behalf of the CCG					
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		x			
QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		x			
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.			x		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements			x		
OPERATIONAL AND	Approval of the CCG's risk		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
RISK MANAGEMENT	management arrangements.					
OPERATIONAL AND RISK MANAGEMENT	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).		x			
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG		x			
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation and claims handling against or on behalf of the CCG.		x			
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.		x			
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		x			
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support.			x		
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision)			x		
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		x			
COMMISSIONING AND CONTRACTING FOR CLINICAL	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to		x			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
SERVICES	promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.					
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate		x			
COMMUNICATIONS/ INFORMATION GOVERNANCE	Approving arrangements for handling Freedom of Information requests. Determining arrangements for handling Freedom of Information requests. Approving a comprehensive Publication Scheme for the CCG		x			

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 Delegation should take place at least annually and any changes approved by the Audit Committee.

Delegated Matter	Authority Delegated To
<p>1. Management of Budgets Responsibility of keeping expenditure within budgets. Authority to spend is only extended where approved budget is available.</p>	
(a) At individual budget level (Pay and Non-Pay)	Budget Holder
(b) At service level	Commissioning or locality managers or Functional Director
(c) For the totality of services covered by Commissioning or locality managers or Corporate Director or Borough	Accountable Officer
(d) For all other areas	Chief Finance Officer or Appropriate Delegated Manager
(e) Approving expenditure where there is a variation in the tender price up to 10% or £100,000 whichever is the higher	Accountable Officer
(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	Accountable Officer or Chief Finance Officer
(g) Approving expenditure where there is a variation in the tender price greater than 20% or £250,000, whichever is the higher	Audit Committee or Governing Body
<p>2. Virements Virements may not be used to create new budgets.</p>	
(a) At individual budget level within a service up to £10,000	Budget Holder
(b) At individual budget level within a service £10,000-£25,000	Budget Holder in conjunction with appropriate Accountable Officer
(c) At individual budget level within a service over £25,000 and < £100,000	Accountable Officer
(d) Between Services greater than £100,000 and less than £500,000	Chief Finance Officer
(e) Between Services greater than £500,000 and less than £1,000,000	Accountable Officer in conjunction with Chief Finance Officer
(f) Between Services greater than £1,000,000	Governing Body

Delegated Matter	Authority Delegated To
3. Maintenance / Operation of Bank Accounts	Chief Finance Officer
4. Non-Pay Revenue and Capital Expenditure Requisitioning/Ordering/payment of Goods & Services.	
(a) Requisitions and Orders	
▪ Stock/non stock requisitions up to £25,000	Commissioning or locality managers , Accountable Officer or Functional Director
▪ All requisitions from £25,000 - £99,000	Chief Finance Officer, Accountable Officer
▪ All requisitions from £99,000 - £150,000	Accountable Officer or Chief Finance Officer
▪ All requisitions from £150,000 - £250,000	Accountable Officer
▪ All requisitions over £250,000	Governing Body
▪ Pharmacy orders up to £74,999	Chief Pharmacist
▪ Pharmacy orders £75,000 - £249,999	Chief Pharmacist or Accountable Officer
▪ Works orders up to £249,999	Accountable Officer
▪ Pharmacy and works orders over £250,000	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))	Accountable Officer and Chief Finance Officer
(c) Orders exceeding 12 month period (other than under contract)	Chief Finance Officer or Accountable Officer

Delegated Matter	Authority Delegated To
5. Capital Schemes	
(a) Selection of architects, quantity surveyors, consultant engineer and other professional advisers within EU regulations	Accountable Officer or Chief Finance Officer
(b) Financial monitoring and reporting on all capital scheme expenditure	Chief Finance Officer or Nominated Deputy
(c) Granting and termination of leases with annual rent <£100k	
(e) Granting and termination of leases with annual rent >£100k	Accountable Officer and Chief Finance Officer under Seal
6. Quotation, Tendering & Contract Procedures	
(a) Goods/services up to £10,000 (Minimum of 2 verbal quotes required)	Commissioning or locality managers , Accountable Officer, or Functional Director
(b) Goods/services from £10,000 - £20,000 (Minimum of 3 written quotations required)	Chief Finance Officer or Nominated Deputy or Functional Director
(c) Goods/services from £20,000 - £100,000 (Minimum of 3 competitive tenders required)	Accountable Officer
(d) Goods/services from £100,000 - £200,000 (Minimum of 3 competitive tenders required) – subject to OJEU tender limits (Procurement Part B guidance)	Accountable Officer and Lay Member under Seal
(e) Goods/services over £200,000 (Minimum of 6 competitive tenders required)	Accountable Officer and Lay Member under Seal
(f) Waiving of quotations and tenders subject to Standing Financial Instructions	Accountable Officer or Chief Finance Officer. The Chief Finance Officer must also ensure the Finance Committee approves instances and these are also reported to the Audit Committee.
(g) Opening Tenders and Quotations	
<ul style="list-style-type: none"> ▪ Estimated value up to £50,000 	Two senior officers/managers designated by the Accountable Officer and not from the originating department

Delegated Matter	Authority Delegated To
<ul style="list-style-type: none"> ▪ Estimated value over £50,000 	Two senior officers/managers designated by the Accountable Officer and not from the originating department, including a member of the Governing Body
(h) Authorisation of payments to public partnership schemes under existing contracts	
7. Setting of Fees and Charges (Income generation)	Chief Finance Officer
8. Discretionary Grants to Local Authorities/Voluntary Bodies	
(a) Discretionary Grants < £250,000	Accountable Officer
(b) Discretionary Grants > £250,000 and < £500,000	Accountable Officer
(c) Discretionary Grants > £500,000	Governing Body
9. Engagement of Staff Not On the Establishment	
(a) Where aggregate commitment is more than £40,000 and less than £74,999	Accountable Officer
(b) Where aggregate commitment in any one year is more than £74,999	Accountable Officer or Chief Finance Officer
(c) Engagement of Trust's solicitors	Accountable Officer
(d) Appointment of Agency, Interim and Consultants	Accountable Officer or Chief Finance Officer
<ul style="list-style-type: none"> ▪ Senior Managers ▪ Admin and Clerical ▪ Public Health Professionals 	Director or Deputy/Assistant Director of Service
10. Expenditure on Charitable and Endowment Funds	
<ul style="list-style-type: none"> ▪ Up to £500 	Functional Director
<ul style="list-style-type: none"> ▪ Above £500 per request 	Charitable Funds Committee
11. Agreements/Licences	
(a) Preparation and signature of all tenancy agreements/licences for all staff subject to Trust policy on accommodation for staff	Chief Finance Officer
(b) Extensions to existing leases	Chief Finance Officer or Accountable Officer
(c) Letting of premises to/from outside organisations	Chief Finance Officer & Accountable Officer

Delegated Matter	Authority Delegated To
(d) Approval of rent based on professional assessment	Chief Finance Officer
12. Condemning & Disposal	
(a) Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively:	
(i) with current/estimated purchase price < £500	Commissioning or locality managers (or equivalent)
(ii) with current/estimated purchase price > £500	Accountable Officer or Chief Finance Officer
(iii) disposal of mechanical and engineering plant (subject to estimated income of less than £1,000 per sale)	Commissioning or locality managers (or equivalent)
(iv) disposal of mechanical and engineering plant (subject to estimated income exceeding £1,000 per sale)	Accountable Officer or Chief Finance Officer
13. Losses, Write-off & Compensation	
	(In conjunction with Audit Committee)
(a) Losses and cash due to theft, fraud, overpayment and others up to £50,000	Chief Finance Officer
(b) Fruitless Payments (including abandoned Capital Schemes)	
up to £100,000	Chief Finance Officer
Greater than 100,00 and less than £250,000	Accountable Officer and Chief Finance Officer
(c) Bad Debts and Claims Abandoned. Private Patients, Overseas Visitors & Other Up to £50,000	Chief Finance Officer
(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	Chief Finance Officer
(e) Compensation payments made under legal obligation	Accountable Officer and Chief Finance Officer
(f) Extra contractual payments to contractors up to £50,000	Chief Finance Officer
Ex gratia payments	
(g) Patients and staff for loss of personal effects:	
Less than £500	Commissioning or locality managers
Between £500 and £5,000	Accountable Officer
Between £5,000 and £50,000	Accountable Officer or Chief Finance Officer
(h) For clinical negligence up to £1,000,000 (negotiated settlements)	Accountable Officer or Chief Finance Officer

Delegated Matter	Authority Delegated To
(b) For personal injury claims involving negligence where legal advice has been obtained and guidance applied. Up to £1,000,000 (including plaintiff's costs)	Accountable Officer and Chief Finance Officer
(j) Other, except cases of maladministration where there was no financial loss by claimant - £50,000	Accountable Officer and Chief Finance Officer
(k) Write off of NHS debtors	Chief Finance Officer - reported to Audit Committee for information
(l) Write off of Non-NHS debtors	Chief Finance Officer - reported to Audit Committee for information
14. Reporting of Incidents to the Police	
(a) Where a criminal offence is suspected	
(i) Criminal offence of a violent nature	Commissioning or locality managers (or equivalent)
(ii) Theft	Functional Director (or equivalent)
(iii) Other	Accountable Officer
(b) Where a fraud is involved (following referral to the Counter Fraud service)	Chief Finance Officer
(c) Where an incident occurs out of normal working hours	On call Duty Manager
15. Petty Cash Disbursements (not applicable to central Cashiers Office)	
(a) Expenditure up to £25 per item	Petty Cash Holder
(b) Reimbursement of patients monies up to £100	Commissioning or locality managers
(c) Reimbursement of patients monies in excess of £100	Commissioning or locality managers and Accountable Officer

Delegated Matter	Authority Delegated To
16. Receiving Hospitality	
Applies to both individual and collective hospitality receipt items. In excess of £25 per item received.	Declaration required in Trust's Hospitality Register
17. Implementation of Internal and External Audit Recommendations	Chief Finance Officer
18. Maintenance & Update of Trust Financial Procedures	Chief Finance Officer
19. Investment of Funds (including Charitable and Endowment Funds)	Chief Finance Officer
20. Personnel & Pay	
(a) Authority to fill funded post on the establishment with permanent staff	Budget Holder and Accountable Officer
(b) Authority to appoint staff not on the formal establishment	Accountable Officer and Chief Finance Officer
(c) <u>Additional Increments</u>	
The granting of additional increments to staff within budget	Accountable Officer or (with advice from the Director of Human Resources or equivalent)
(d) <u>Upgrading & Regrading</u>	
All requests for upgrading/regrading shall be dealt with in accordance with Trust procedure	Accountable Officer or Chief Finance Officer
(e) <u>Establishments</u>	
(i) Additional staff to the agreed establishment with specifically allocated finance	Accountable Officer
(ii) Additional staff to the agreed establishment without specifically allocated finance	Accountable Officer and Chief Finance Officer
(f) <u>Pay</u>	
(i) Authority to complete standing data forms effecting pay, new starters, variations and leavers	Accountable Officer
(ii) Authority to complete and authorise positive reporting forms	Commissioning or locality managers /Functional Directors (or equivalent)
(iii) Authority to authorise overtime	Accountable Officer

MCCG DETAILED SCHEME OF DELEGATION

Delegated Matter	Authority Delegated To
(iv) Authority to authorise travel and subsistence expenses	Commissioning or locality managers /Functional Directors
(v) Approval of Performance Related Pay Assessment	Accountable Officer or Remuneration Committee
(g) Leave	
(i) Approval of annual leave	Line/Departmental Manager
(ii) Annual leave – approval of carry forward up to a maximum of 5 days	Line/Departmental Manager
(iii) Annual Leave – approval of carry forward in excess of 5 days but less than 10 days	Commissioning or locality managers
(iv) Annual Leave – approval to carry forward 10 days or more	Accountable Officer
(v) Compassionate leave up to 3 days	Commissioning or locality managers
(vi) Compassionate leave up to 6 days	Functional Director
(vii) Special leave arrangements	
▪ Paternity Leave	Commissioning or locality managers
▪ Carers leave (up to 5 days)	Functional Director
(viii) Leave without pay	Functional Director
(ix) Medical Staff Leave of Absence – Paid and Unpaid	Medical Director or Accountable Officer
(x) Time off in lieu	Line Manager/Commissioning or locality managers
(xi) Maternity Leave – Paid and Unpaid	Automatic approval within guidance
(h) Sick Leave	
(i) Extension of sick leave on half pay up to 3 months	Accountable Officer or Director of Human Resources
(ii) Return to work part time on full pay to assist recovery	Accountable Officer
(iii) Extension of sick leave on full pay	Accountable Officer
(i) Study Leave	
(i) Study Leave Outside the UK	Accountable Officer
(ii) Medical Staff Study Leave	Medical Director and Accountable Officer
(iii) All other study leave (UK)	Accountable Officer or Commissioning or locality managers

MCCG DETAILED SCHEME OF DELEGATION

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Delegated Matter	Authority Delegated To
<u>(j) Removal Expenses, Excess Rent and House Purchases</u>	
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Accountable Officer
<u>(k) Grievance Procedure</u>	
All grievances must be dealt with strictly in accordance with the Grievance Procedure and the advice of a Human Resources Officer must be sought when the grievance reaches the level of General Manager	Accountable Officer
<u>(l) Authorised Car & Mobile Phone Users</u>	
Requests for mobile telephone users, Blackberry & telephone remote access	Functional Director
<u>(m) Renewal of Fixed Term Contract</u>	Accountable Officer
<u>(n) Staff Retirement Policy</u>	
Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances	Accountable Officer
<u>(o) Redundancy</u>	
Estimated cost up to £50,000	Accountable Officer and Chief Finance Officer
Estimated cost over £50,000	Remuneration and Terms of Service Committee or Chair and Accountable Officer [and NHS Commissioning Board]
<u>(p) Ill Health Retirement</u>	
Decision to pursue retirement on the grounds of ill-health	Accountable Officer
<u>(q) Dismissal</u>	Accountable Officer (with advice from the Director of Human Resources)

Delegated Matter	Authority Delegated To
21. Authorisation of New Drugs	
▪ Estimated total yearly cost up to £25,000	Chief Pharmacist
▪ Estimated total yearly cost above £25,000	Drugs Committee/NICE Guidance
22. Authorisation of Sponsorship Deals	Accountable Officer, Medical Director,
23. Authorisation of Research Projects	Accountable Officer, Medical Director,
24. Authorisation of Clinical Trials	Accountable Officer, Medical Director, & Service Director
25. Insurance Policies and Risk Management	Accountable Officer & Chief Finance Officer
26. Patients' and Relatives' Complaints	In conjunction with Complaints Panel
(a) Overall responsibility for ensuring that all complaints are dealt with effectively	Accountable Officer
(b) Responsibility for ensuring complaints relating to a Directorate are investigated thoroughly	Accountable Officer
(c) Medico-Legal Complaints – Co-ordination of their management	Accountable Officer and Medical Director
27. Relationships with media	Accountable Officer
28. Infectious Diseases and Notifiable Outbreaks	Director of Public Health
29. Extended Role Activities	
Approval of Nurses to undertake duties/procedures which can properly be described as beyond the normal scope of Nursing Practice	Chief Nurse
30. Patient Services (Retained Provider functions)	Accountable Officer
(a) Variation of operating and clinic sessions within existing numbers	
▪ Outpatients	
▪ Other	
(b) All proposed changes in bed allocation and use	
▪ Temporary Change	

Delegated Matter	Authority Delegated To
<ul style="list-style-type: none"> ▪ Permanent Change ▪ Contract Monitoring and Reporting 	
<p>31. Facilities for staff not employed by the Trust to gain practical experience</p>	
Professional Recognition, Honorary Contracts and Insurance of Medical Staff	Director of Human Resources
Work Experience students	Commissioning or locality managers
<p>32. Review of Fire Precautions</p>	Accountable Officer
<p>33. Review of all statutory compliance legislation and Health & Safety requirements</p>	Accountable Officer
<p>34. Review of Medicines Inspectorate Regulations</p>	Medical Director
<p>35. Review of compliance with environmental regulations</p>	Director of Public Health or Medical Director
<p>36. Review of Trust's compliance with the Data Protection Act</p>	Senior Information Responsible Officer (SIRO) (i.e. Director of Strategy & Performance)
<p>37. Monitor proposals for contractual arrangements between the PCT and outside bodies</p>	Chief Finance Officer
<p>38. Review the Trust's compliance with the Access to Records Act</p>	Accountable Officer
<p>39. Review of the Trust'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</p>	Accountable Officer
<p>40. The Keeping of a Declaration of Interests Register</p>	Accountable Officer
<p>41. Attestation of Sealings in accordance with Standing Orders</p>	Chairman/Accountable Officer
<p>42. The Keeping of a register of Sealings</p>	Accountable Officer

Delegated Matter	Authority Delegated To
<i>43. The Keeping of the Hospitality Register</i>	Accountable Officer
<i>44. Retention of Records</i>	Accountable Officer
<i>45. Clinical Audit</i>	Director of Public Health
<i>46. Responsible officers for medical revalidation, evaluation of fitness to practice and monitoring the conduct and performance of doctors</i>	Medical Director