Ealing Clinical Commissioning Group

NHS EALING
CLINICAL COMMISSIONING GROUP

CONSTITUTION

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Contents

FOREWORD

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

- The group's legal position
- The group's mission, values and aims
- The group's membership and the decisions reserved for the Governing Body
- How the membership relates to the group's Governing Body
- The group's leaders, their roles and how they are selected and expected to behave
- The powers of the Governing Body, committees and individuals
- The group's meeting arrangements
- The group's prime financial policies

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

General Practices within NHS Ealing have come together to form the NHS Ealing Commissioning Consortium (CCG) we serve a GP registered population of 398,813 at the preceding 1st April 2015.

Our long-term goals are that:

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

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

- The effectiveness of clinical care,
- Patient experience,
- Care pathways with standardised processes,
- Understanding of activity and related costs.

NHS Ealing CCG has an articulated clinical vision for services it commissions:-

Elective Care: High quality service, with a minimal numbers of attendances at secondary care to reduce the time patients have to take from their daily lives, detailed care and management plans sent

to GPs and patients to enable local and self-management. Through having robust end of life care plans palliative care will become an elective service.

Non elective Care: A patient and public education engagement and communication programme will support people in how to get best value from their NHS.

Quality in general practice: A continuous drive to improve performance and access and reduce ineffective variation.

Out of hospital care: Patients to feel secure being referred into an effective and safe partnership between the community based providers, and social services with support from their GPs or hospital consultant.

1. INTRODUCTION AND COMMENCEMENT

Name

1.1. The name of this Clinical Commissioning Group is NHS Ealing Clinical Commissioning Group.

Statutory Framework

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

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

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

Status of this Constitution

1.5. This Constitution is made between the members of NHS Ealing Clinical Commissioning Group and has effect from 1st of April 2013, when the NHS Commissioning Board established the group. The Constitution is published on the group's website.

Amendment and Variation of this Constitution

1.6. This Constitution can only be varied in two circumstances:

- where the group applies to the NHS Commissioning Board and that application is granted provided that the Council of Members have agreed to the variances;
- where in the circumstances set out in legislation the NHS Commissioning Board varies the group's Constitution other than on application by the group.

2. AREA COVERED

2.1. The geographical area covered by NHS Ealing Clinical Commissioning Group is coterminous with the London Borough of Ealing.

3. MEMBERSHIP

Membership of the Clinical Commissioning Group

3.1. Appendix B of this Constitution sets out the members of the NHS Ealing Clinical Commissioning Group, together with the signatures of the practice representatives confirming their agreement to this Constitution

Eligibility

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

a) Such person or entity is a provider of primary medical services pursuant to section 14A(3) of the 2006 Act, as inserted by section 25 of the 2012 Act; and

b) Such person or entity medical services is from, and is situated with the Geographic area as defined in Section 2

(an "Eligible Person").

Variations to the Clinical Commissioning Groups Membership

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

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

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

3.6. In the event that no agreement pursuant to 3.3.3 between the parties can be reached, either because the Governing Board is not satisfied in whole or in part, with any of the remedial actions or responses of the Member, or the Member disagrees, or objects in whole or in part with the actions or decisions of the Governing Board, the matter may be referred by either party to the internal Local Dispute Resolution process.

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

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

** Local Dispute resolution principle agreed, process to be finalised between our parties"

4. AIMS

The group's aims are to:

4.1. Improve commissioning of services, for local patients. To improve by active involvement in commissioning the quality of care for patients, and offer Members the platform to work together and learn by sharing best practice;

4.2. Monitor the quality of service provided to patients which are commissioned by the Consortium (GMS/PMS/APMS services are not commissioned by the consortium);

4.3. Redesign, develop and provide high-quality, cost-effective local services based on sound planning, common visions of members, and local and national priorities;

4.4. Share good practice and work constructively with patient groups, Ealing Borough Council, Local Service Providers, LMC, LDC, LPC, LOC, Voluntary Sector and other Independent Contractors including Social Services. Where appropriate work collaboratively with other clinical commissioning groups to achieve economies of scale and achieve strategic change;

4.5. Consult with the LMC at least on a quarterly basis and more frequently if needed;

4.6. Ensure patient and public involvement. Use the knowledge of the local patient population to identify needs and gaps in service and where appropriate offer expert clinical engagement to develop a Commissioning Plan for the population of Ealing;

4.7. Retain the core values of family General Practice in the process of modernisation. These are to provide locally focussed continuity of care in a primary care setting working collaboratively with allied health professionals;

4.8. Ensure efficient use of NHS resources through effective management of the local health economy;

4.9. Ensure and facilitate the appropriate allocation of resources to achieve desired clinical outcomes;

4.10. Improve understanding of the needs of our local population to commission effectively;

4.11. Identify opportunities to bring services out of hospital and closer to the patient's home and also identify ways of managing patient flows through the system, where advantageous to patient care.

5. PRINCIPLES OF GOOD GOVERNANCE

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

a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) The Good Governance Standard for Public Services

c) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the "Nolan Principles"

d) The seven key principles of the NHS Constitution

e) The Equality Act 2010.

6. ACCOUNTABILITY

6.1. The group will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including:

- Members will set up groups of practices grouped together in clusters where practices are expected to share best practice within the group and give peer support for commissioning activities;
- Publishing its Constitution;
- Appointing independent lay members and non GP clinicians to its Governing Body;
- Holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
- Publishing a Commissioning Plan annually;
- Complying with local authority health overview and scrutiny requirements;
- Meeting annually in public to publish and present its annual report;
- Producing annual accounts in respect of each financial year which must be externally audited;
- Having a published and clear complaints process;
- Complying with the Freedom of Information Act 2000;
- Providing information to the NHS Commissioning Board as required.

6.2. In addition to these statutory requirements, the group will demonstrate its accountability by:

- Holding other select meetings in public;
- Publishing a Public Engagement Strategy.

6.3. The Governing Body of the group will throughout each year have an on-going role in reviewing the group's governance arrangements to ensure that it continues to reflect the principles of good governance.

7. FUNCTIONS AND GENERAL DUTIES

Functions

7.1. The functions that the group is responsible for exercising are set out in the 2006 Act, as amended by the 2012 Act. These are contained in the Department of Health's *Functions of clinical commissioning groups: a working document*. In summary they are:

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

- All people registered with Member GP practices, and
- People who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;

b) Commissioning emergency care for anyone present in the group's Geographic Area;

c) Determining the remuneration and travelling or other allowances of members of its Governing Body, Members, and any committee or sub-committee of the Group or Governing Body;

d) Paying its employees remuneration, fees and allowances in accordance with the determinations made by its Governing Body (and Remuneration Committee if appropriate) and determining any other terms and conditions of service of the group's employees.

7.2. The Group has the following functions and Duties, including but not limited to:

a) Act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year;

b) Meet the public sector equality duty;

c) Work in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies;

d) Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;

e) Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution;

f) Act effectively, efficiently and economically;

g) Act with a view to securing continuous improvement to the quality of services;

h) Assist and support the NHS Commissioning Board in relation to the Board's duty to improve the quality of primary medical services;

i) Have regard to the need to reduce inequalities;

j) Promote the involvement of patients, their carers and representatives in decisions

about their healthcare;

k) Act with a view to enabling patients to make choices;

l) Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health;

m) Promote innovation;

n) Promote research and the use of research;

o) Have regard to the need to promote education and training for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health services in England so as to assist the Secretary of State for Health in the discharged of his related duty;

p) Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities;

q) Ensure its expenditure does not exceed the aggregate of its allocations for the financial year;

r) Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year;

s) Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group do not exceed an amount specified by the NHS Commissioning Board;

t) Publish an explanation of how the group spent any payment in respect of quality made to it by the NHS Commissioning Board.

7.3. The Group shall discharge the functions and duties set out at Clause 5.1.2 above by:

a) Delegating these duties to the Governing Body through its scheme of Delegation and Reservation;

b) Granting to the Governing Body the power to further delegate these duties to any committee, sub-committee or individual;

c) Granting to the Governing Body the power to issue guidelines and policies that a committee, sub-committee or individual must take into consideration when exercising such duties; and/or

d) Holding development events with providers, the third sector and the local authority with a view to obtaining their input into the Commissioning Plan and improving Health outcomes.

<u>Other Relevant Regulations, Directions and Guidance</u>

7.4. The group will:

a) Comply with all relevant regulations,

b) Comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board;

c) Have regard to guidance issued by the NHS Commissioning Board.

7.5. The group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this Constitution, its scheme of reservation and delegation and other relevant group policies and procedures.

General Financial Duties

7.6. The CCG will perform its functions so as to:

a) Ensure its expenditure does not exceed the aggregate of its allotments for the financial year;

b) Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year

c) Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board.

7.7. Delegating responsibility to the Governing Body for providing oversight and assurance that the CCG has in place:

a) Robust financial procedures and systems, which supports effective financial planning, management and reporting;

b) A detailed financial plan that is consistent with its commissioning strategy, setting out how it will manage within the its management allowance and how it will meet any other requirements set out by the NHS Commissioning Board;

c) Measures to embed awareness of financial governance within the CCG;

d) Audit and Remuneration Committees.

7.8. Delegating responsibility to the Joint Audit Committee, which is accountable to the CCG Governing Body, for ensuring that there are effective arrangements in place for internal, external audit and counter fraud.

7.9. Delegating responsibility to the CCG Management and Executive Committee for ensuring that the CCG has strategic and operational arrangements to ensure good compliance and understanding of the financial procedures and systems that govern the CCG's business processes.

Commissioning Plan

7.10. The CCG shall prepare a commissioning plan before the start of each Financial Year in accordance with the Act (the "Commissioning Plan") and any guidance published by the Commissioning Board Authority. The Commissioning Plan must set out how the CCG proposes to exercise its functions during the relevant Financial Year.

7.11. The CCG shall publish the Commissioning Plan and supply a copy to the Commissioning

Board Authority before any date specified by the Commissioning Board Authority in a direction and to any Relevant Health and Wellbeing Board.

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

7.13. A copy of the Commissioning Plan as amended from time to time shall be available at the CCG's place of business and shall be published on the CCG's website.

Consulting on Commissioning Plans

7.14. Where the CCG is preparing a Commissioning Plan or revising a Commissioning Plan in a way which the CCG considers significant, the CCG must:

a) Consult with Members;

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

c) Involve any Relevant Health and Wellbeing Board in revising or preparing the Commissioning Plan; and

d) Consult with the LMC on a regular basis and no less than quarterly and specifically on any aspects of commissioning, which could impact on GPs as providers of primary care services.

Procurement

7.15. In drafting the Commissioning Plan, the CCG must have regard to proper process in procurement and adhere to the Groups Procurement Policy which will have regard to:

a) The Procurement Guide for Commissioners of NHS-funded Services' published on 30 July 2010 and any document which supersedes it;

b) Operational Guidance to the NHS - Extending Patient Choice of Provider' published on 19 July 2011 and any document which supersedes it; and

c) Any other documentation setting out how the AQP model is to function.

8. DECISION MAKING: THE GOVERNING STRUCTURE

Authority to Act

8.1. The clinical commissioning group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

a) Any of its members;

b) Its Governing Body;

c) Employees;

d) Any committee or sub-committee of the group.

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

a) The group's scheme of reservation and delegation; and

b) For committees, their terms of reference.

Scheme of Reservation and Delegation

8.3. The group's scheme of reservation and delegation sets out:

a) Those decisions that are reserved for the membership as a whole;

b) Those decisions that are the responsibilities of its Governing Body (and its committees), the CCG's committees and sub-committees, individual members and employees.

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

General

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

a) Comply with the group's principles of good governance;

b) Operate in accordance with the group's scheme of reservation and delegation;

c) Comply with the group's standing orders and Prime Financial Policies;

d) Comply with the group's arrangements for discharging its statutory duties;

e) In all matters relating to commissioning, ensure that member practices have had the opportunity to contribute to the group's decision-making process;

f) This Constitution. For the avoidance of doubt where there is a conflict this Constitution takes precedence over all other governance documentation;

g) When discharging their delegated functions, committees/sub committees and joint committees must also operate in accordance with their approved terms of reference.

The Council of Members

8.6. Each Member will nominate one practice representative to represent the practice in all matters and vote on behalf of the practice at Council of Members meetings. The Council of Members delegates all decision making to the Governing Body with these exceptions:

a) Changes to the Constitution and / or voting on any business of the Group;

b) The Election or recalling of the Governing Body or any member of the Governing Body;

c) Expanding the area covered by the CCG;

d) Approving applications to be a Member of the CCG;

e) Any other business wished to be discussed by the Members, provided such agenda item is supported in writing by not less than one- thirds of the members.

8.7. The Members shall be involved in the operation of the Group and shall contribute to the discharge of the Group's functions and duties in accordance with this Constitution, in particular with the Scheme of Reservation and Delegation.

8.8. There shall be an annual meeting of the Members at least once in any twelve (12) month period ("Annual General Meeting").

8.9. The Chair of the Governing Body can call a council of Member Meeting at any time.

8.10. The Members may call a Council of Member Meeting at any time by applying to the Governing Body in writing and being supported by not less than two-thirds of the Members.

8.11. The Members (via their Practice Representatives) shall attend all Council of Member Meetings.

8.12. The person(s) calling the Council of Members Meeting must state the purpose of the Council of Members Meeting. The purpose of the Council of Members Meeting may include, without limitation:

a) The presentation by the Governing Body to the Members of the annual accounts;

b) The presentation by the Governing Body to the Members of the proposed commissioning plans and/or the ratification by the Members of the proposed commissioning plans.

The Governing Body

8.13. The Governing Body has the functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any conferred by regulations made and any other functions connected with its main functions as may be specified in regulations It is accountable to the Council of Members and its functions shall include:

a) Ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function);

b) Approving prior to the start of each financial year the total allocations received and their proposed distribution including any sums to be held in reserve;

c) Approving a commissioning strategy, which takes into account financial targets and forecast limits of available resources;

d) Receiving from the Chief Finance Officer on behalf of the CCG prior to the start of the financial year the budgets for approval;

e) Receiving and reviewing the chief financial officer regular reports on the financial performance against budget and plan including any significant changes to the initial allocation and the uses of such funds.

f) Approving any consultation arrangements for the group's commissioning plan;

g) Receiving the draft Annual Report and Annual Accounts following sign off by the Audit Committee (which is accountable to the CCG Governing Body);

h) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

i) Approving any functions of the group that are specified in regulations;

j) Ensuring that the register(s) of interest is reviewed regularly, and updated as necessary;

k) Ensuring that all conflicts of interest or potential conflicts of interest are declared;

l) The Governing Body also has functions delegated to it by the Group, which are set out in clause 5.1.2 and the Scheme of Reservation and Delegation.

Composition of the Governing Body

8.14. The Governing Body shall have at least 15 members (including its Chair and Deputy Chair), including (but not limited to) the following persons as defined in the National Health Service (Clinical Commissioning Groups) Regulations 2012:

a) Eight (8) Elected GPs, including one elected Sessional GP;

b) The Accountable Officer;

c) The Chief Finance Officer;

d) A Registered Nurse;

e) An individual who is a secondary care specialist;

f) A lay person with the qualifications, expertise or experience to express informed views about financial management , governance and audit matters (Lay member leading on Governance);

g) A lay person who has knowledge about the area specified in section 2 to enable them to express informed views about the discharge of the CCGs functions (Lay member without portfolio leading on Quality matters);

h) A lay person with the qualifications, expertise or experience to express informed view about the patient and public involvement (Lay member leading on Patient and Public Engagement)

i) A lay person with knowledge and expertise in Information Technology matters to enable them to express informed views about various information management and technology agendas across the CWHHE CCGs. (Lay member leading on Information Management and Technology)

j) The Chair; who will be elected by the Governing Body and must be a GP member.

Committees of the Governing Body

8.15. The Governing Body has established an Audit Committee and a Remuneration Committee with delegated functions as set out in their respective terms of reference.

8.16. The Governing Body may set up a committee for any purpose (other than a purpose for which the NHS Act 2006 [as amended by the Health and Social Care Act 2012] requires that there shall be a committee of the Governing Body) and may delegate to a committee set up under this section, with or without restrictions or conditions, as they think fit, any functions exercisable by them. Any committees established under this provision will be reported to Members, together with the committee's terms of reference.

The Governing Body has appointed the following committees and sub-committees:

a) **The Joint Audit Committee**, which is accountable to Ealing CCG Governing Body, provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference (see appendix H) for the Joint Audit Committee, which includes information on the membership of the Audit Committee. In addition the group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Joint Audit Committee:

Managing Conflicts of Interest in accordance with section 10 of this Constitution

Approving annual reports and accounts.

b) **The Joint Remuneration Committee**, which is accountable to Ealing CCG's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees (including the Accountable Officer and Chief Finance Officer, and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS

pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Joint Remuneration Committee (see appendix H), which includes information on the membership of the Joint Remuneration Committee.

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

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

e) **Patient & Public Engagement Committee** is accountable to the Governing Body and is responsible for providing oversight and assurance to the CCG Governing Body that the CCG acts in accordance with the public sector Equality Duty, DH Equality Delivery System and the CCG's Equality and Engagement Strategy.

f) **Executive Management and Innovation Committee –** The Executive Management and Innovation Committee is accountable to the Governing Body and will oversee the operational management of the Group and will deploy staff and negotiate contracts on behalf of the Group. The Governing Body may delegate functions to the Executive Management and Innovation Committee. The Executive Management and Innovation Committee will have a core membership comprising:

- Four GP members of the Governing Body;
- The Accountable Officer/ Chair;
- The Managing Director;
- The Chief Finance Officer or CCG Finance Lead Officer.

Joint Arrangements

8.17. The group has entered into joint arrangements with the following Clinical Commissioning Group(s):

- NHS Central London CCG
- NHS West London CCG
- NHS Hammersmith & Fulham CCG,
- NHS Hounslow CCG

8.18. Together the CCGs, known as the CWHHE Collaborative, (the Collaborative),have established a joint Collaboration arrangement with the intention of providing a more coherent response to the challenges and risks faced by the North West London health 'system' as a whole.

8.19. The Collaborative are committed to working together in a collaborative way where a

common approach is desired. The CCGs have agreed to work together on the following:

a) Addressing strategic and financial risks that apply across the CCGs and across NWL;

b) Implementing strategic changes that have an impact across NWL (e.g. strategic changes to the provider landscape);

c) Identifying commissioning intentions, priorities and plans that may impact on service provision across more than one of the CCGs;

d) Managing shared providers such as Imperial College Healthcare NHS Trust;

e) Managing commissioning support services in-house.

8.20. Further details including the agreed principles of collaboration are set out in a Collaboration Agreement available on the Group's website. The parties to the Collaboration Agreement described above have also agreed to share a number of key management posts as described more fully in section 8.21 below.

8.21. The group may enter into joint arrangements with the following clinical commissioning group (s) without a vote in the Council of Members :

- NHS Hillingdon CCG
- NHS Brent CCG
- NHS Harrow CCG

Details of current joint arrangements across North West London's collaboration of clinical commissioning groups can be found in the 2014 Collaboration Agreement, which is available on Ealing CCG's website

8.22. The group may create joint committee(s) with the relevant local authorities. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) Identify the roles and responsibilities of those clinical commissioning groups who are working together;

b) Identify any pooled budgets and how these will be managed and reported in annual accounts;

c) Specify under which clinical commissioning groups scheme of reservation and delegation and supporting policies the collaborative working operates;

d) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) Identify how disputes will be resolved and the steps required to terminate the working arrangements;

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

Joint commissioning arrangements with other Clinical Commissioning Groups

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

8.24. Subject to Governing Body approval, NHS Ealing London CCG may make arrangements with one or more CCG in respect of:

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

8.25. For the purposes of the arrangements described in the above paragraph, NHS Ealing CCG may:

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

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

8.27. For the purposes of the arrangements described at paragraph 8.25 above, NHS Ealing CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 8.24 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

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

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

(b) The duties and responsibilities of the parties;

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

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

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

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

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

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

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

8.33. Whilst at all times retaining the ultimate accountability for commissioning decisions affecting the local health population of Ealing, NHS Ealing CCG has conferred limited powers of joint decision making to the Collaboration Board

8.34. The Collaboration Board acts as a committee of each member CCG and it has joint decision making modes, which have been established for the purpose of fulfilling agreed common objectives shared by all member CCGs. The Collaboration Board in its decision-making meeting modes is given the power to make joint decisions reached through inclusive representation and robust engagement between member CCGs and which are binding on NHS Ealing CCG and to be implemented locally by NHS Ealing CCG. A joint decision properly made in line with the Collaboration Board and its approved terms of reference, and in line with the signed 2014 Collaboration Agreement of the member CCGs, will be binding on NHS Ealing CCG in the same way as if it had been ratified by NHS Ealing CCG's governing body, or members (as the case may be). The approval by all CCGs of a joint decision is required in order for it to be binding on NHS Ealing CCG.

8.35. NHS Ealing CCG confers onto the Collaboration Board its statutory powers of decision making solely in relation to the limited areas expressly ratified by NHS Ealing CCG's governing body. It is intended that limited joint decision making will be carried out for the purpose of (i) operationalising the commissioning support services that had formerly been fulfilled by the NWL Commissioning Support Unit ("the CSU") until the end of its contract on 30 September 2014, and which have been brought in-house on 1 October 2014, (ii) achieving economies of scale in relation to joint procurement strategies where multiple CCGs seek to procure from the same supplier and (iii) achieving consistency and equity in decision making on Individual Funding Requests. Other areas of joint strategy will continue to be developed collaboratively for subsequent approval by each participating CCG's governing body.

8.36. Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

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

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

(a) Exercise such functions as specified by NHS England under delegated arrangements;
(b) Jointly exercise such functions as specified with NHS England

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

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

8.41. For the purposes of the arrangements described at paragraph 8.42 below, NHS England and NHS Ealing CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

8.42. Where NHS Ealing CCG enters into arrangements with NHS England as described at paragraph 8.38 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

8.43. The liability of NHS England to carry out its functions will not be affected where it and NHS Ealing CCG enter into arrangements pursuant to paragraph 8.38 above.

8.44. NHS Ealing CCG will act in accordance with any further guidance issued by NHS England on joint commissioning arrangements.

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

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

9. ROLES AND RESPONSIBILITIES

Members

9.1. Under the arrangements of this Constitution, it is expected that practices that sign up to the consortium will also embrace the principles and values of the corporate body Each practice signing up to this Constitution is expected to commit to:

a) The shared delivery of a balanced budget (Practices retain their autonomy and management of their individual primary care contracting budgets (GMS/ PMS/ APMS);

b) Sharing of all commissioning related data with other Members of the CCG to inform commissioning decisions and commissioning performance;

c) The implementation of national priorities and standards;

d) The adoption of CCG working practice and protocols in terms of guidelines once endorsed by the Governing Body;

e) Acceptance, ownership and management of a delegated practice-commissioning budget in areas as defined by the CCG;

f) Appoint a Practice Representative who should be a GP (or other clinician by exception and with the approval of the Governing Body, such approval not to be unreasonably withheld);

g) Attend CCG Council of Member meetings;

h) Help the CCG to develop a bank of best practice that can be used to inform commissioning decisions;

i) Adhere to the policies and decisions made by the CCG.

Practice Representatives

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

a) Represent the individual Member's interests and views at Council of Member meetings. In this way Members will have input to commissioning intentions and plans and identify the support required to make any changes in practice resulting from any changes as agreed by the Council of Members;

b) Act as the Member Commissioning Lead. It is the responsibility of the Members to select and nominate their representative. The representative will be responsible for communicating with the Member the commissioning intentions of the CCG and informing the Member of any service redesign or change in service delivery;

c) Report reflection and information on the service that their patients receive from all providers (including primary care providers);

d) Facilitate and enable communications between the practices;

e) Discuss and debate the views and wishes of the practices;

f) Agree priorities for commissioning and review progress of commissioning with practices;

g) Provide a forum for collective decision making through the Council of Members;

h) Agree any new additions to membership of or removals from the Commissioning Group;

i) Aid communication between the practices and health and social care providers;

j) Encourage other members of the practice such as nurses to attend Council of Member open meetings;

k) Attend and vote on behalf of the member practice at Council of Member meetings.

9.3. In the event of a named Practice Representative being unable to attend a meeting the Practice may nominate a Deputy-Practice Representative who shall have the full authority to speak for the Member and vote on behalf of the member.

Clinical Leaders

9.4. Elected clinical leaders have a more active role in the management and operation of the group. As members of the group's Governing Body, they bring their unique understanding of the group's member practices to the discussion and decision making of the Governing Body. The role of the clinical leaders includes:

a) Reporting reflection and information on the service that patients receive form all providers (including primary care providers);

b) Bringing a clinical perspective to the commissioning decisions to ensure that the needs of the patients and performance of the providers is taken into account;

c) Acting as the official representative of the group;

d) Liaising with key stakeholders to ensure that NHS commissioning is aligned;

e) Facilitating discussions to encourage all members to participate in GP commissioning matters;

f) Leading strategic developments;

g) Ensuring that all members of the consortium are kept informed;

h) Making decisions on behalf of the group;

i) Meeting the board competencies as agreed from time to time.

All Members of the Group's Governing Body

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

The Chair of the Governing Body

9.6. The Chair of the Governing Body is a GP Governing Body member and will be responsible for discharging his or her duties through and with the support of the Accountable Officer and the Clinical Leadership of CCG.

9.7. The Chair will have a key role in overseeing governance and particularly ensuring that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times.

9.8. The Chair role:

a) Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG's Constitution;

b) Building and developing the CCG's Governing Body and its individual members;

c) Ensuring that the CCG has proper Constitutional and governance arrangements in place;

d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

e) Supporting the Accountable Officer in discharging the responsibilities of the organisation;

f) Contributing to the building of a shared vision of the aims, values and culture of the organisation;

g) Leading and influencing clinical and organisational change to enable the CCG to deliver its commissioning responsibilities

h) Ensuring that public and patients' views are heard and their expectations understood and, where appropriate, met;

i) Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board; and

j) Ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities.

The Deputy Chair of the Governing Body

9.9. The Deputy-Chair of the Governing Body shall be elected by the Governing Body and shall be the Deputy to the Chair of the CCG and the Governing Body and is responsible for:

a) Deputising for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act;

b) When both Chair and Deputy - Chair are conflicted the remaining non- conflicted

members will elect one of the remaining members as Chair person for the duration of the discussion and decision relating to conflicting matter;

c) Where the Chair is a Healthcare professional the Deputy Chair must be selected from the lay membership. Where the Chair is a Lay Member the Deputy Chair must be selected from the Elected Healthcare professionals.

Role of the Accountable Officer

9.10. The Accountable Officer of the group is a member of the Governing Body.

9.11. In addition to the Accountable Officer's general duties, where the Accountable Officer is also the lead clinician of the group they will also be the senior clinical voice of the group in interactions with stakeholders including the NHS Commissioning Board.

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

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

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

c) Working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper Constitutional; governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities.

Role of the Chief Finance Officer

9.13. The chief finance officer is a member of the Governing Body. The chief finance officer is responsible for the financial strategy, financial management and financial governance of the group. Specific responsibilities associated with this role include:

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

b) Developing cohesive financial strategies with the CCG;

c) Making appropriate arrangements to support and monitor the Groups Finances;

d) Overseeing robust governance arrangements leading to propriety in the use of the Groups resources;

e) Advising the Governing Body on the effective, efficient and economic use of the Groups allocation to remain within that allocation and deliver required financial targets and duties;

f) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and

accountability to the NHS Commissioning Board; and

g) Supporting the process of mutual accountability for financial performance of practices and localities within the CCG.

Role of the Elected GPs

9.14. The Elected GPs shall be elected to the Governing Body by the Members using the election process set out in section 2.6 of Appendix C (Standing Orders).

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

Role of the Registered Nurse

9.16. The registered nurse is a Governing Body Member.

9.17. The role of the registered nurse is to bring a broader view, from their perspective as a registered nurse, especially the contribution of nursing to patient care.

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

Role of the Secondary Care Specialist Doctor

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

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

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

Role of the Lay Member - leading on Governance

9.22. The lay member leading on financial management, audit, remuneration, governance and conflict of interest matters is a Governing Body Member.

9.23. Role of the lay member leading on financial management, audit, remuneration, governance and conflict of interest matters will be to:

a) Use their expertise and experience to bring a strategic and impartial view of the Group's work;

b) Oversee key elements of governance, including audit, remuneration and managing conflicts of interest; and

c) Chair the Audit Committee.

Role of the Lay Member – leading on championing Patient and Public involvement

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

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

a) Use their expertise and experience, as well as their knowledge as a member of the local community within the Geographic Area, to inform and enhance the Group's work and to provide a strategic and impartial view of the Group's work;

b) Ensure that, in all aspects of the Group's work, the Group appropriately consults and liaises with members of the public within the Geographic Area in accordance with the Group's stakeholder engagement strategy;

c) Ensure that the Group builds and maintains an effective relationship with the [Local Health watch];

d) Engage with patients and members of the public within the Geographic Area and to appropriately feedback to the Governing Body recommendations from patients, carers and the public.

Role of the Lay Member without portfolio – leading on Quality matters

9.26. The lay member leading on Quality matters is a Governing Body Member.

9.27. Role of the lay member leading on Quality matters will be to:

a) Use their expertise and experience to bring a strategic and impartial view of the Group's work;

b) Oversee key elements of governance, including clinical quality, risk management, safeguarding concerns, serious incidents and managing conflicts of interest

Role of the Lay Member – leading on Information Management and Technology

9.28. The lay member leading on Information Management and Technology is a voting Governing Body Member.

9.29. Role of the lay member leading on Information Management and Technology will be to:

a. Use their expertise and experience to bring a strategic and impartial view of the Group's work;

b. Oversee key elements of governance and express informed views about various information management and technology agendas across the CWHHE CCGs. These will range from various Business intelligence projects with in CCGs to more strategic IT intra-operability across various providers.

c. Chair IM&T sub-committee or any other relevant committees

Joint Appointments with other Organisations

9.30. The group may make the following arrangements with other organisations:

a) Accountable Officer (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

b) Chief Financial Officer (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

c) Lay Member with responsibility for Governance (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

d) Secondary Care Doctor (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

e) Nurse (NHS Central London CCG, NHS West London CCG, NHS Hammersmith &

Fulham CCG and NHS Hounslow CCG);

f) Director of Performance and Delivery (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

g) Director of Quality and Safety(NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG);

h) Director of Compliance (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG)

i) Director of Strategy (NHS Central London CCG, NHS West London CCG, NHS Hammersmith & Fulham CCG and NHS Hounslow CCG

9.31. These joint appointments are supported by a Collaboration Agreement between the organisations who are party to these joint appointments.

Individuals of a Description Specified in this Constitution

9.32. The group may appoint the following individuals as an i*ndividual of a description specified in this Constitution* to the Governing Body:

a) Director of Public Health;

b) Managing Director; and

c) The London Borough of Ealing representative.

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

a) Support the Group to "ensure a strong clinical and multi-professional focus, which adds real value";

b) Have oversight over the whole health agenda so s/he will provide independent, strategic, specialist public health expertise and advice to the Group to maintain the focus on population health and reducing health inequalities, including ensuring that commissioning plans are based on population need and evidence of effectiveness.

9.34. The Managing Director's role is to:

a) Manage the day to day operations of the CCG.

9.35. The London Borough of Ealing's representative's role is to:

a) Ensure an adequate link to the Social Care system is considered in commissioning decisions

10. STANDARDS OF BUSINESS CONDUCT & MANAGING CONFLICTS OF INTEREST

Standards of Business Conduct

10.1. Employees, members, committee and sub-committee members of the group and members of the Governing Body (and its committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this Constitution at Appendix F.

10.2. They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website.

10.3. Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

Conflicts of Interest

10.4. As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest. A conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

f) Where an individual, i.e. an employee, group member, member of the Governing Body, or a member of a committee or a sub-committee of the group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.

g) If in doubt, the individual concerned should assume that a potential conflict of interests exists.

Declaring and Registering Interests

10.5. The group will maintain one or more registers of the interests of:

a) the members of the group;

b) the members of its Governing Body;

c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and

d) its employees.

10.6. The registers will be published on the group's website.

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

10.8. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter to the Governing Body after which the process for managing the conflict of interest is immediately activated as per clause 7.4.

10.9. The Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.

10.10. The lay member of the Governing Body, with particular responsibility for governance, will make themselves available to provide advice to any individual who believes they have, or may have, a conflict of interest.

10.11. The Governing Body will take such steps as it deems appropriate, and request information it deems appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

Managing Conflicts of Interest: General

10.12. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Governing Body.

10.13. The Governing Body will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interest or potential conflict of interest, to ensure the integrity of the group's decision making processes. Arrangements for the Governing Body are set out below.

10.14. Arrangements for the management of conflicts of interest are to be determined by the Governing Body and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interest or potential conflicts of interest, within a week of declaration.

10.15. The arrangements will confirm the following:

a) when an individual should withdraw from specified activity, on a temporary or permanent basis;

b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

10.16. In any meeting where an individual is aware of an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair, together with details of arrangements which have been confirmed by the Governing Body for the management of the conflict of interest or potential conflict of interest. Where no arrangements have been confirmed, the Chair may require the individual to withdraw from the meeting or part of it.

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

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

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

10.20. Where in any meeting the Chair or the Deputy are conflicted the remaining non-conflicted members will elect one of their number as Chairperson for the duration of the discussion and decision relating to the conflicting matter.

10.21. Where more than 50% of the members of the any meeting of the Council of Members or any committee or sub-committees or of the Governing Body are required to withdraw from a meeting or part of it, owing to the arrangements agreed by the Governing Body for the management of conflicts of interest or potential conflicts of interest, the remaining Chair will determine whether or not the discussion can proceed where appropriate following guidance published by the National Commissioning Board.

10.22. When the CCG commissions services from GPs (or the practices of GPs) who sit on its Governing Body, any conflicts of interest are taken into consideration and recorded as part of the tendering and contracting process.

<u>Managing Conflicts of Interest: Governing Body</u>

10.23. Individual members of the Governing Body will comply with the arrangements determined by the Governing Body for managing conflicts or potential conflicts of interest.

10.24. Where a Governing Body member is aware of an interest, which has not been declared, either in the register or orally to the Governing Body, they will declare this at the start of the meeting. The Governing Body will then determine how this should be managed and inform the member of their decision. The member will then comply with these arrangements, which must be recorded in the minutes of the meeting.

10.25. Where more than 50% of the members of the Governing Body are required to withdraw from a meeting or part of it, owing to the arrangements agreed by the Governing Body for

the management of conflicts of interest or potential conflicts of interest, the remaining Chair will determine whether or not the discussion can proceed.

10.26. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair may invite on a temporary basis one or more of the following to make up the quorum so that the group can progress the item of business:

a) a member of the clinical commissioning group who is an individual;

b) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

c) a member of a relevant Health and Wellbeing Board;

d) a member of a Governing Body of another clinical commissioning group.

A quorum will be reached when a third of the voting members are present. This must include a minimum of three elected members (including Chair or Deputy Chair), at least one officer and at least one lay member.

10.27. These arrangements must be recorded in the minutes.

Managing Conflicts of Interest: Contractors

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

10.29. Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this Constitution in relation to managing conflicts of interest. This requirement will be set out in the contract for their services.

Transparency in Procuring Services

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

10.31. The group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

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

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

10.32. Copies of this Procurement Strategy will be available on the group's website.

11. THE GROUP AS EMPLOYER

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

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

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

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

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

11.6. The group will ensure that employees' behaviour reflects the values, aims and principles set out above.

11.7. The group will ensure that it complies with all aspects of employment law.

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

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

11.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website.

11.11. The group recognises and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

12. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

General

12.1. All communications issued by the group, including the commissioning plan, annual report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues, and papers will be published on the group's website.

12.2. The group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

Standing Orders

12.3. This Constitution is also informed by a number of documents, which provide further details on how the group will operate. They are the group's:

a) ***Standing orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the group's representatives and appoint to the group's committees, including the Governing Body;

b) ***Scheme of reservation and delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of its Governing Body, its committees and sub-committees, individual members and employees;

c) ***Prime financial policies (Appendix E)*** – which sets out the arrangements for managing the group's financial affairs.

APPENDIX A DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group: • complies with its obligations under: • sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), • sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), • paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and • any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way, which provides good value for money.
Area	The geographical area that the group has responsibility for, as defined in Chapter 2 of this Constitution
Chair of the Governing Body	The individual appointed by the group to act as Chair of the Governing Body
Chief Finance Officer	The qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning Group	A body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Commissioning Plan	The Commissioning Plan must set out how the CCG proposes to exercise its functions during the relevant Financial Year.

Clinical Leaders	Clinicians appointed or elected to the Governing Body including GPs, Nurses and Secondary Care Doctors
Committee	a committee or sub-committee created and appointed by: • the membership of the group • a committee / sub-committee created by a committee created / appointed by the membership of the group • a committee / sub-committee created / appointed by the Governing Body • a committee / sub-committee created / appointed by the Governing Body

Council of Members	The Meeting of all practice representatives empowered to make decisions on behalf of the CCG

Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Electoral Body	GPs eligible to vote and stand for election to the Governing Body as defined in section 2.2.2 b) as amended from time to time by the CCG
Group	NHS Ealing Clinical Commissioning Group, whose Constitution this is
Governing Body	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	Any member appointed to the Governing Body of the group
Lay member	A lay member of the Governing Body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional or as otherwise defined in regulations
Lead Clinician	The health care professional who is appointed as Chair or Deputy Chair of the CCG
Member	A provider of primary medical services to a registered patient list, who is a member of this group (see tables in Chapter 3 and Appendix B)
Officers	Shall be those people employed by the CCG to fulfil the functions of the CCG. At Board level this does not include GPs or lay members
Practice Representatives	An individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 95A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the group; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Organisation	Address	Address	Address	Postcode	Practice Representative	Signature
Acton Health Centre	35-61 Church Road	Acton	London	W3 8QE		
Acton Lane Medical Centre	253 Acton Lane	Chiswick	London	W4 5DG		
Acton Town Medical Centre	122 Gunnersbury Lane	Acton	London	W3 9BA		
Allenby Clinic	GUV Health Centre	Taywood Road	Northolt Middlesex	UB5 6WL		
Barnabas Medical Centre	Girton Road	Northolt	Middlesex	UB5 4SR		
Belmont Medical Clinic	18 Western Road	Southall	Middlesex	UB2 5DU		
Boileau Road Surgery	104 Boileau Road	Ealing	London	W5 3AJ		
Featherstone Road Health Centre (Livingcare)	Featherstone Road Clinic	Hartington Road	Southall	UB2 5BQ		
Bramley Road Surgery	2 Bramley Road	Ealing	London	W5 4SS		
Broadmead Surgery	Grand Union Medical Centre	Taywood Road	Northolt Middlesex	UB5 6WL		
Chepstow Gardens Medical Centre	150 St Margaret Road	Southall	Middlesex	UB1 2RL		
Chiswick Family Practice (Dr AM Weber)	89 Southfield Road	Bedford Park, Chiswick	London	W4 1BB		
Chiswick Family Practice (Dr VB Bhatt)	89 Southfield Road	Bedford Park, Chiswick	London	W4 1BB		
Churchfield Surgery	64 Churchfield Road	Acton	London	W3 6DL		
Cloister Road Surgery	41-43 Cloister Road	Acton	London	W3 0DF		

Corfton Road Surgery	10 Corfton Road	Ealing	London	W5 2HS		
Crown Street Surgery	2 Lombard Court	Crown Street	Acton	W3 8SA		
Cuckoo Lane Surgery	20 Church Road	Hanwell	London	W7 1DR		
Dormers Wells Medical Centre	143 Burns Avenue	Southall	Middlesex	UB1 2LU		
Ealing Park Health Centre	195A South Ealing Road	Ealing	London	W5 4RH		
Eastmead Surgery	20 Eastmead Avenue	Greenford	Middlesex	UB6 9RB		
Elm Trees Surgery	2A Horsenden Lane North	Greenford	Middlesex	UB6 0PA		
Elmbank Surgery	438 Greenford Avenue	Hanwell	London	W7 3DD		
Elthorne Park Surgery	106 Elthorne Park Road	Hanwell	London	W7 2JJ		
The Florence Road Surgery	26 Florence Road	Ealing	London	W5 3TX		
Goodcare Practice	Grand Union Medical Centre	Taywood Road	Northolt Middlesex	UB5 6WL		
Mattock Lane Health Centre	78 Mattock Lane	West Ealing	London	W13 9NZ		
Greenford Avenue Family Health Practice	322 Greenford Avenue	Hanwell	London	W7 3AH		
Greenford Road Medical Centre	591 Greenford Road	Greenford	Middlesex	UB6 8QH		
Grosvenor House Surgery	147 Broadway	West Ealing	London	W13 9BE		
Guru Nanak Medical Centre	1 Woodlands Road	Southall	Middlesex	UB1 1EE		
Hammond Road Surgery	92-95Hammond Road	Southall	Middlesex	UB2 4EH		
Hanwell Health Centre (Dr R Naish)	20 Church Road	Hanwell	Middlesex	W7 1DR		

Hanwell Health Centre (Dr RC Stewart)	20 Church Road	Hanwell	London	W7 1DR		
Health Promotion Centre	57 Lady Margaret Road	Southall	Middlesex	UB1 2PH		
Hillcrest Surgery	337 Uxbridge Road	Acton	London	W3 9RA		
Hillview Surgery	179 Bilton Road	Perivale	Middlesex	UB6 7HQ		
Horn Lane Surgery	156 Horn Lane	Acton	London	W3 6PH		
Islip Manor Medical Centre	45 Islip Manor Rd	Northolt	Middlesex	UB5 5DZ		
Jubilee Gardens Medical Centre	Jubilee Gardens	Southall	Middlesex	UB1 2TJ		
KS Medical Centre	33 Dormers Wells Lane	Southall	Middlesex	UB1 3HY		
Lynwood Surgery	9 Lynwood Road	Ealing	London	W5 1JQ		
Mandeville Medical Centre	3 Mandeville Road	Northolt	Middlesex	UB5 5HE		
Mattock Lane Health Centre	78 Mattock Lane	Ealing	London	W13 9NZ		
Meadow View Surgery	141 Mandeville Road	Northolt	Middlesex	UB5 4LZ		
Mill Hill Surgery	111 Avenue Road	Acton	London	W3 8QH		
Northcote Medical Centre	2 Northcote Avenue	Southall	Middlesex	UB1 2AX		
Northfields Surgery	61 Northfield Avenue	Ealing	London	W13 9QP		
Northolt Family Practice	330-332 Ruislip Road	Northolt	Middlesex	UB5 6BG		
Oldfield Family Practice	285 Greenford Road	Greenford	Middlesex	UB6 8RA		
Perivale Medical Clinic	2 Conway Crescent	Perivale	Middlesex	UB6 8HX		

Pitshanger Family Practice	209 Pitshanger Lane	Ealing	London	W5 1RQ		
Queens Walk Practice	6 Queens Walk	Ealing	London	W5 1TP		
Ribchester Medical Centre	31 Ribchester Avenue	Perivale	Middlesex	UB6 8TG		
Somerset Family Health Practice	76 Somerset Road	Southall	Middlesex	UB1 2TU		
Somerset Medical Centre	64 Somerset Road	Southall	Middlesex	UB1 2TS		
Southall Medical Centre	223 Lady Margaret Road	Southall	Middlesex	UB1 2PT		
St Georges Medical Centre	276 Lady Margaret Road	Southall	Middlesex	UB1 2RX		
St Marks Medical Centre	75 Brunswick Road	Ealing	London	W5 1AQ		
Sunrise Medical Centre	9 Abbotts Road	Southall	Middlesex	UB1 1HS		
The Argyle Surgery	128 Argyle Road	Ealing	London	W13 8ER		
The Argyle Home Nursing Service	128 Argyle Road	Ealing	London	W13 8ER		
The Avenue Surgery	102 The Avenue	Ealing	London	W13 8LA		
The Bedford Park Surgery	55 South Parade	Chiswick	London	W4 5LH		
The Grove Medical Practice	81 Danemead Grove	Northolt	Middlesex	UB5 4NY		
The Mansell Road Practice	73 Mansell Road	Greenford	Middlesex	UB6 9EN		
The Medical Centre	45 Doncaster Drive	Northolt	Middlesex	UB5 4AT		
The Medical Centre (Mangat)	23 Beaconsfield Road	Southall	Middlesex	UB1 1BW		

The MWH Practice	71-73 The Broadway	Southall	Middlesex	UB1 1LA		
Saluja Clinic	36A Northcote Avenue	Southall	Middlesex	UB1 2AY		
Allendale Road Surgery	35 Allendale Road	Greenford	Middlesex	UB6 0RA		
The Welcome Practice	70A Norwood Road	Southall	Middlesex	UB2 4EY		
The Town Surgery	21 St.Georges Avenue	Southall	Middlesex	UB1 1PZ		
The Vale Surgery	97 The Vale	Acton	London	W3 7RG		
Waterside Medical Centre	Tyler Road	Southall	Middlesex	UB2 4NQ		
West End Surgery	Edward Road	Northolt	Middlesex	UB5 6QN		
Western Avenue Surgery	56 Western Avenue	Acton	London	W3 7TY		
Woodbridge Medical Centre	Jubilee Gardens	Southall	Middlesex	UB1 2TJ		
Yeading Medical Centre	18 Hughenden Gardens	Northolt	Middlesex	UB5 6LD		

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

- These Standing Orders (SOs) have been drawn up to regulate the proceedings of the NHS Ealing Clinical Commissioning Group so that the Group can fulfil its obligations, as set out in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.
- The Standing Orders, together with the Group's scheme of reservation and delegation and the Group's prime financial policies, provide a procedural framework within which the Group discharges its business. They set out the arrangements for conducting the business of the Group, the election processes of the Group, procedures at meetings of the Group, Governing Body and any committees or sub-committees, delegation of powers, declaration of interests and standards of conduct. These arrangements must comply, where applicable, with requirements set out in the 2006 Act and 2012 Act, and related regulations.
- The Standing Orders, Scheme of Reservation and Delegation, and prime financial policies have effect as if incorporated into the Group's Constitution. Members, employees, Governing Body Members, committee and sub-committee members and persons working on behalf of the Group (including, without limitation, Clinical Leaders) should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

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

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

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP AND APPOINTMENT OF MEMBERS

2.1. Composition of membership

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

2.1.2. The membership of the Group is detailed in Appendix B of the Constitution and shall be bound by the intra-group agreement at Appendix I.

2.2. Members of the CCG

2.3. Application to become a Member

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

2.3.1.1. specify the name and address of the Eligible Person;

2.3.1.2. confirm that the Eligible Person is a provider of primary medical services pursuant to clause 3.2.1(a) of this Constitution; and

2.3.1.3. confirm that it provides primary medical services from and is situated within the Geographic Area.

2.3.2. Upon receipt by the Governing Body of the application, the Governing Body

2.3.2.1. shall notify the NHS Commissioning Board of the application and request the NHS Commissioning Board's acknowledgment that the Eligible Person is to become a Member.

2.3.3. Upon receipt by the Governing Body of the acknowledgment by the NHS Commissioning Board pursuant to clause 2.3.2 above (or, if no such acknowledgment is received, within 28 days of the Governing Body's request for acknowledgment), the Governing Body may declare that the Eligible Person is to become a Member.

2.3.4. Before becoming a Member, the Eligible Person must:

2.3.4.1. sign a copy of this Constitution (as may be varied or amended from time to time pursuant to clause 1.4 of the Constitution); and

2.3.4.2. make a written declaration that it will act consistently with the provisions of this Constitution including, without limitation, the Responsibilities of Members set out at clause 7.1 of the Constitution.

2.3.5. An Eligible Person shall be deemed to become a Member on the first day of the month after it has complied with clause 2.3.4 above.

2.3.6. Upon any Eligible Person becoming a Member, the Governing Body shall within 28 days publish an updated list of Members and this Constitution on its website. The membership list of the Constitution will be amended to include the new member a copy of which will be given to the new member.

2.4. Recommendation to the National Commissioning Board

2.4.1. Any Members membership may be terminated in accordance with a decision of the NHS Commissioning Board and more particularly if that member should cease to be a primary medical services provider in the geographic location defined in section 2 of the Constitution.

2.4.2. The Governing Board shall, if it believes that a Member no longer satisfies any of the relevant criteria entitling that Member to be a Member of the Group, inform the NHS Commissioning Board.

2.5. Council of Members

2.5.1. Each member practice will appoint a practice representative to attend Council of Member meetings with the authority to act on behalf of the practice

2.5.2. Once nominated the Practice Representative will remain the official representative of the member practice until the CCG is informed otherwise in writing.

2.5.3. Members may nominate a deputy Practice Representative (who should preferably be a GP) to attend and vote at Council of in the event of the Practice Representative being unable to attend

2.6. Governing Body

2.6.1. The Governing Body shall comprise 22 members

Clinical	Non Clinical
Elected GP from Central Ealing Network	Elected CCG Member Practice Manager
Elected GP from North North Network	Ealing Patient Representative
Elected GP from North Southall Network	Lay Member (leading on Governance)
Elected GP from South Southall Network	Lay Member (leading on Patient and Public involvement)
Elected GP from Acton Network	Lay Member (without portfolio – leading on Quality matters)

Elected GP from South Central Ealing Network	Accountable Officer
Elected GP from South North Network	
Elected Sessional GP	
Elected Local Nurse	Managing Director (voting)
Director of Public Health (Non-Voting)	Representative from the London Borough of Ealing (non-voting)
Nurse	

2.6.2. Elected Members of the Governing Body

2.6.2.1. GP Members will be elected to the Governing Body

- Eligibility to stand and eligibility to vote will be determined by, candidate should
- be the GP on the Ealing Performers List AND
- Have they worked at least 2 sessions per week as a GP in Ealing for 6 of the preceding 12 months and continue to work in a member practice.
- Be an active member of the GP network they wish to stand from. In the event of no GPs expressing interest to stand in the election from a particular network, expression of interest will be sought from another network.

2.6.2.2. The Ealing Nurse Member will be elected to the Governing Body

- Eligibility to stand and eligibility to vote will be determined by having worked as a Nurse in a Member practice for 6 of the preceding 12 months and continues to work in a member practice.
- The Practice Manager Member will be elected to the Governing Body

2.6.3. Eligibility to stand and eligibility to vote will be determined by having worked as a Practice Manager in a Member practice for 6 of the preceding 12 months and continues to work in a member practice. Ballots will be held by postal and/or electronic vote.

- The Electoral Body to elect members will be:

2.6.3.1. GPs

2.6.3.2. For each vacant post Practice Representatives will cast one vote per 1000 patients registered at the Member Practice as at the preceding 1st April

2.6.3.3. Nurse

2.6.3.4. For each vacant post practice nurses will cast one vote per nurse

2.6.3.5. Practice Manager

2.6.3.6. For each vacant post practice managers will cast one vote per Member practice

2.6.4. Members will be elected for a three year term to represent the following GP Networks:-

2.6.4.1. Central Ealing Network (1 Member)

2.6.4.2. North North Network (1 Member)

2.6.4.3. Acton Network (1 Member)

2.6.4.4. North Southall Network (1 Member)

2.6.4.5. South Southall Network (1 Member)

2.6.4.6. South Central Ealing Network (1 Member)

2.6.4.7. South North Network (1 Member)

2.6.4.8. Sessional GPs (1 member)

2.6.4.9. Nurse (1 member)

2.6.4.10. Practice Manager (1 member)

2.6.5. The CCG (and Council of Members) reserves the right to amend the construct of the Governing Body and the sequence of holding elections in the future, based on our strategic and operational priorities

2.6.6. Elected members may give 1 months' notice to retire but are expected to serve full terms (or full years if a part term).

2.6.7. Where a member leaves office part way through the year the Governing Body may convene an election or co-opt a member to the Governing Body for the remainder of the year. Any such co-option or election to be agreed by the Council of Members.

2.6.8. Members may be voted off the Governing Body only by majority vote of the Council of Members.

2.6.9. Members may serve a maximum of 5 terms.

2.6.10. GP elected members will elect a Chair and the Deputy Chair from among their number by a simple majority vote.

2.6.11. Elected members will decide if the Chair will be the Chair or Deputy Chair of the Governing Body (with a lay member acting as Chair or deputy Chair as appropriate).

2.6.12. Elected members will then appoint all other members of the Governing Body

2.6.13. The Accountable Officer, as listed in paragraph 6.5.2 of the group's Constitution, is subject to the following appointment process:

a) Nominations – The Governing Body will nominate the Accountable Officer subject to the outcome of Group recruitment and selection processes

b) Eligibility – Candidates must meet the role description requirements which shall be developed by the Governing Body in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).;

c) Appointment process

- The Governing Body shall develop a role description which will be published.
- The Governing Body will appoint the Accountable Officer subject to the outcome of any applicable national assessment and recruitment process and approval by the NHS Commissioning Board.
- They will be subject to an annual review in line with Group Human Resources policies and procedures.

d) Term of office – They will be appointed to Governing Body as a permanent appointment;

e) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f) Notice period – As stipulated in their contract of employment

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

a) Nominations – The Governing Body will nominate the Chief Finance Officer subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).

b) Eligibility – Candidates must meet the role description requirements which shall be developed by the Governing Body;

c) Appointment process

- The Governing Body shall develop a role description which will be published.
- The Governing Body will appoint the Chief Finance Officer subject to the outcome of any applicable national assessment and recruitment process and approval by the NHS Commissioning Board.
- They will be subject to an annual review in line with Group Human Resources policies and procedures.

d) Term of office – They will be appointed to the Governing Body as a permanent appointment;

e) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f) Notice period – As stipulated in their contract of employment.

2.6.15. The Lay Member (leading on Patient and Public Involvement)

a) Nominations - they will be nominated and elected by the locality Patient Groups

b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body;

c) Appointments Process - the elected lay member will be subject to a competency based selection process by the Governing Body.

d) Terms of Office - will be appointed for a 3 year term

e) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f) Notice period – 3 months

2.6.16. The Lay Member (leading on Governance)

a) Nominations will be for a joint appointment across the four Clinical Commissioning Groups subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).

b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body

c) Appointments Process - the elected lay member will be subject to a competency based selection process by the Governing Body

d) Terms of Office - will be appointed for a 3 year term

e) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f) Notice period – 3 months

2.6.17. The Lay Member without portfolio (leading on Quality matters)

a) Nominations will be for a joint appointment across the four Clinical Commissioning Groups subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).

b) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body

c) Appointments Process - the elected lay member will be subject to a competency based selection process by the Governing Body

d) Terms of Office - will be appointed for a 3 year term

e) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f) Notice period – 3 months

2.6.18. The Lay Member (leading on Information Management and Technologyers)

g) Nominations will be for a joint appointment across the four Clinical Commissioning Groups subject to the outcome of Group recruitment and selection processes in accordance with the National Commissioning Board's Guidance: *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* (July 2012).

h) Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body

i) Appointments Process - the elected lay member will be subject to a competency based selection process by the Governing Body

j) Terms of Office - will be appointed for a 3 year term

k) Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

l) Notice period – 3 months

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

- Registered Nurse,
- Secondary care Specialist Doctor

a. Nominations - they will be nominated and elected by the Governing Body

b. Eligibility - Candidates must meet the role description requirements which shall be developed by the Governing Body;

c. Appointments Process -individual will be subject to a competency based selection process by the Governing Body.

d. Terms of Office - will be appointed for initially a 1 year term

e. Grounds for removal from office – The individual can only be removed from office following the application of Group Human Resources policies and procedures.

f. Notice period – 3 months

2.6.20. GPs, lay members and other members of the Governing Body or committees of the CCG will be remunerated on the terms and conditions agreed by the Governing Body (via the Remuneration Committee)

3. MEETINGS OF THE CCG

3.1. Meetings of the Council of members

3.1.1. Calling meetings

3.1.1.1. Council and Member meetings of the group shall be held at regular intervals at such times and places as the group may determine.

3.1.1.2. One third or more members of the Council of Members may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting

3.1.2. Voting mechanisms at Council of Member Meetings

3.1.2.1. Voting is by a simple majority. Practices will have one vote per 1000 patient list size (as recorded on 1st April each year)

3.1.2.2. Postal and/or electronic voting will be allowed.

3.1.2.3. Proxy voting is not allowed.

3.1.3. Agenda, supporting papers and business to be transacted

3.1.3.1. The agenda will be sent to members seven days before the meeting and supporting papers will accompany the agenda, except in an emergency. No attendees at any meeting should normally have to make decisions when the papers have only been received less than three days beforehand, except in an emergency. The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. Such matters may be identified within this Constitution or following subsequent resolution shall be listed in an appendix to the Constitution.

3.1.3.2. The agenda shall be deemed to be a formal notice specifying the business proposed to be transacted and shall be e-mailed or delivered to every member or sent by post to the usual place of residence or work of each member before the meeting.

3.1.3.3. In the case of a meeting called by members in default of the Chair calling the meeting the notice shall be signed by those members.

3.1.3.4. No business shall be transacted at the meeting other than that specified on the agenda or emergency motions allowed under the Standing Order

3.1.3.5. A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chair.

3.1.3.6. The Governing Body will arrange for adequate time to be allocated to each agenda item to allow for appropriate discussion within the planned meeting schedule. Where members require greater time to discuss a matter, they may vote to have an additional meeting or to extend the current meeting to discuss the matter further, provided that enough members commit to the new or extended meeting to allow that meeting to be quorate.

3.1.3.7. Before each meeting of the Board a public notice of the time and place of the meeting and the public part of the agenda shall be displayed at the CCG's principal offices and on the group's website at least seven clear days (as a minimum) before the meeting (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1(4) (a)).

3.1.4. Petitions

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

3.1.5. Chair of meeting

3.1.5.1. At any meeting of the group the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair of the Governing Body shall preside. If the Chair and Deputy Chair are both absent, an Elected GP member of the Governing Body shall preside. if no elected GP members of the Governing Body are able to Chair the meeting a member chosen by the members present, or by a majority of them shall preside

3.1.5.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair of the Governing Body shall preside. If the Chair and Deputy Chair are both absent an Elected GP member of the Governing Body shall preside. If no elected GP members of the Governing Body are able to Chair the meeting a member chosen by the members present, or by a majority of them shall preside.

3.1.5.3. Chair's ruling

3.1.5.4. The decision of the Chair of the meeting on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting shall be final.

3.1.6. Quorum

3.1.6.1. No business shall be transacted at a meeting unless at least 75% of Members, rounded down to the next whole number are represented

3.1.6.2. 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 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.

3.1.7. Decision making

3.1.7.1. Save as provided in Constitution 7.28 – suspension of Constitution and 7.29 variation and amendment of the Constitution, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding i.e. the Chairman of the meeting, shall have a second and casting vote.

3.1.7.2. At the discretion of the Chair, all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.1.7.3. Absence is normally defined as being absent at the time of the vote. Only in exceptional circumstances may an absent member vote by proxy. In exceptional circumstances the member may request that the Chair of the CCG casts a specified vote or votes on behalf of the member. Where the Chair is unable to cast the proxy vote, due to absence or conflict, the Chair shall arrange for the Chair of the meeting, or the relevant part of the meeting to cast the specified vote(s) on behalf of the member.

3.1.7.4. A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.

3.1.7.5. For the voting rules relating to joint members see Standing Order 5.7.

3.1.7.6. Where members have declared a conflict of interest a simple majority of the remaining members will be required.

3.1.8. Emergency powers and urgent decisions

3.1.8.1. Where decisions need to be taken as a matter of urgency the Chair after taking advice from the Accountable Officer, may make decisions on behalf of the CCG or any Committee of the CCG after attempting to contact and take advice from the Deputy Chair, Chair of the Audit Committee, Chair of the Remuneration Committee and a GP member of the Governing Body. Failing this, the Chair may make such decisions after taking and achieving agreement from two of the above members.

3.1.8.2. Such decisions are to be reported to the next meeting of the Council of Members, the Governing Body and any relevant committee.

3.2. Meetings of the Governing Body

3.2.1. Calling Meetings of the Governing Body

3.2.1.1. Governing Body meetings of the group shall be held at regular intervals at such times and places as the group may determine.

3.2.1.2. One third or more members of the Governing Body may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting

3.2.1.3. The Chair of the CCG may call a meeting of the Governing Body at any time

3.2.2. Voting mechanisms at Governing Body Meetings

3.2.2.1. Voting is by a simple majority

3.2.2.2. There is no postal voting

3.2.2.3. Proxy voting is not allowed.

3.2.2.4. in the event of a tied vote the Chair may cast a deciding vote

3.2.3. Agenda, supporting papers and business to be transacted

3.2.3.1. The agenda will be sent to members seven days before the meeting and supporting papers will accompany the agenda, except in an emergency. No attendees at any meeting should normally have to make decisions when the papers have only been received less than three days beforehand, except in an emergency The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. Such matters may be identified within this Constitution or following subsequent resolution shall be listed in an appendix to the Constitution.

3.2.3.2. The agenda shall be deemed to be a formal notice specifying the business proposed to be transacted and shall be e-mailed or delivered to every member or sent by post to the usual place of residence or work of each member before the meeting.

3.2.3.3. In the case of a meeting called by members in default of the Chair calling the meeting the notice shall be signed by those members.

3.2.3.4. No business shall be transacted at the meeting other than that specified on the agenda or emergency motions allowed under the Standing Order

3.2.3.5. A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chair.

3.2.3.6. The Governing Body will arrange for adequate time to be allocated to each agenda item to allow for appropriate discussion within the planned meeting

schedule. Where members require greater time to discuss a matter, they may vote to have an additional meeting or to extend the current meeting to discuss the matter further, provided that enough members commit to the new or extended meeting to allow that meeting to be quorate.

3.2.3.7. Before each meeting of the Board a public notice of the time and place of the meeting and the public part of the agenda shall be displayed at the CCG's principal offices and on the group's website at least seven clear days (as a minimum) before the meeting (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1(4) (a)).

3.3. Suspension of Standing Orders

3.3.1. 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 66% of NHS Ealing group members are in agreement.

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

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

3.4. Application for variation and amendment of Standing Orders

3.4.1. This Constitution can only be varied in two circumstances:-

3.4.2. where the group formally applies to the NHS Commissioning Board and that application is granted provided that the Council of Members have agreed the variances.

3.4.3. where in the circumstances set out in legislation the NHS Commissioning Board varies the group's Constitution other than on application by the group

3.5. Record of Attendance

3.5.1. The names of all Members present at the meeting shall be recorded in the minutes of the group meeting.

3.6. Minutes

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

3.6.2. No discussion shall take place upon the minutes except upon their accuracy and action points arising or where the Chair considers discussion appropriate.

3.6.3. Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by the code of Practice on Openness in the NHS.

3.7. Admission of public and the press

3.7.1. Admissions and Exclusion on grounds of confidentiality of business to be transacted

3.7.1.1. the public and representatives of the press may attend all meetings of the Governing Body but shall be required to withdraw as follows:-

3.7.1.1.1 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be

prejudicial to the public interest' – Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960

3.7.1.1.2 Guidance should be sought from the CCG's Freedom of Information lead to ensure correct procedure is followed on matters to be included in the exclusion

3.7.1.2 General disturbances

3.7.1.2.1 The Chair (or Deputy Chair if one has been appointed) 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 the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the CCG Board resolving as follows:-

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

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

3.7.1.3.1 Matters to be dealt with by the CCG Board following the exclusion of representatives of the press, and other members of the public as provided above shall be confidential to the members of the CCG Governing Board and the CCG Members.

3.7.1.3.2 Members and Officers or any employee or advisor of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the CCG, without the express permission of the CCG Governing Body. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

3.7.1.4 Observers at CCG Meetings – The CCG will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the CCG Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.7 Appointment of committees and sub-committees

4.7.1 Subject to any directions given by the NHS Commissioning Board, the CCG may appoint committees and sub-committees of the CCG and make provision for the appointment of committees and sub-committees of its Governing Body.

4.7.2 Other than where there are statutory requirements, such as in relation to the audit committee and remuneration committee of the Governing Body, [the group] shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the group.

4.7.3 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, all committees and sub-committees unless stated otherwise in the committee or sub-committee's Terms of Reference.

4.8 Terms of Reference

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

4.9 Delegation of powers by committees to sub-committees

4.9.1 Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee.

4.9.2 No Sub-committee shall create or delegate its duties to another sub-committee.

4.10 Approval of Appointments to Committees and Sub-Committees

4.10.1 The Governing Body shall approve the appointments to each of the committees and sub-committees, which it has formally constituted including those of the Governing Body. Where the group determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee the terms of such appointment shall be within the powers of the group. The group shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

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

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 group for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 CCG seal

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

- The Accountable Officer
- The Chair of the Governing Body
- The Deputy Chair of the Governing Body
- 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 CCG by their signature.

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

6 OVERLAP WITH OTHER CCG 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 that will apply to all or specific groups of staff employed by Ealing Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the CCG's Standing Orders.

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

SCHEDULE OF MATTERS RESERVED TO THE GROUP AND SCHEME OF DELEGATION

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

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

1.3 A detailed Operational Scheme of Delegation [To be completed in conjunction with the NWL CSU] sets out the delegated limits and functions for individual members and officers and must be read in conjunction with schedule.

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

CONTROL	reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the ○ group's Governing Body ○ committees and sub-committees of the group, or ○ its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the ○ Governing Body's committees and sub-committees, ○ members of the Governing Body, ○ an individual who is member of the group but not the Governing Body or a specified person for inclusion in the group's Constitution.					
REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation.		✓			
REGULATION AND CONTROL	Prepare the group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's Constitution.			✓		
REGULATION AND CONTROL	Approval of the group's operational scheme of delegation that underpins the group's 'overarching scheme of reservation and delegation' as set out in its Constitution.		✓			
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the clinical commissioning group's					**Chief Financial**

	prime financial policies.					**Officer**
REGULATION AND CONTROL	Approve detailed financial policies		✓			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		✓			
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		✓			
MEMBERSHIP ARRANGEMENTS	Approve the arrangements for ○ identifying practice members to represent practices in matters concerning the work of the group; and ○ appointing clinical leaders to represent the group's membership on the group's Governing Body, for example through election (if desired).	✓				
MEMBERSHIP ARRANGEMENTS	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓				
MEMBERSHIP ARRANGEMENTS	Approve arrangements for identifying the group's proposed Accountable Officer.		✓			
STRATEGY & PLANNING	Agree the vision, values and overall strategic direction of the group.		✓			
STRATEGY & PLANNING	Approval of the group's operating structure.		✓			
STRATEGY & PLANNING	Approval of the group's commissioning plan		✓			
STRATEGY &	Approval of the group's corporate budgets that meet the financial duties as set out in		✓			

PLANNING	section 5.3 of the main body of the Constitution.					
STRATEGY & PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.		✓			
ANNUAL REPORT & ACOUNTS	Approval of the group's annual report and annual accounts.		✓		✓	
ANNUAL REPORT & ACOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.		✓			
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.		✓			
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.		✓			
HUMAN RESOURCES	Approve any other terms and conditions of services for the group's employees.		✓			
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the group.					**Remuneration Committee**
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.					**Remuneration Committee**
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the					**Remuneration Committee**

	group.					
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group.		✓			
HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group					**Remuneration Committee**
HUMAN RESOURCES	Approval of the arrangements for discharging the group's statutory duties as an employer.		✓			
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the group		✓			
QUALITY & SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓			
QUALITY & SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		✓			
OPERATIONAL & RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group.			✓		
OPERATIONAL & RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements.				✓	
OPERATIONAL &	Approval of the group's risk management		✓			

RISK MANAGEMENT	arrangements.					
OPERATIONAL & RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		✓			
OPERATIONAL & RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary controls that underpin the effective, efficient and economic operation of the group.		✓			
OPERATIONAL & RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.		✓			
OPERATIONAL & RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning.		✓			
INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints.		✓			
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data		✓			
CONTRACTS & TENDERING	Approval of the group's contracts for any commissioning support.		✓			
CONTRACTS & TENDERING	Approval of the group's contracts for corporate support (for example finance provision).		✓			
PARTNESHIP	Approve decisions that individual members or employees of the group participating in joint		✓			

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

APPENDIX F - NOLAN PRINCIPLES

The Nolan Principles set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

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

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

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

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

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

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

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

APPENDIX G – NHS CONSTITUTION

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

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

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

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

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

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

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

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

APPENDIX H – Committee Terms of Reference:

Governing Body

Approved sub-committees of NHS Ealing CCG Governing Body

The following committees and sub-committees have been appointed to help discharge NHS Ealing CCG's duties and powers.

a) The Audit Committee
b) The Remuneration Committee
c) The Executive Management and Innovation Committee
d) The Quality & Safety Committee
e) The Finance and Performance Committee
f) Patient Engagement and Equality Committee (including Equality and Diversity)

The Committee Terms of References will be maintain and updated by the CCG separately and no longer included in the Constitution.

APPENDIX I - NHS Ealing Clinical Commissioning Consortium: Intra-Practice Agreement

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

1. Parties to this agreement:

1.1. NHS Ealing Clinical Commissioning Group [CCG], and
1.2. [Member] (a member of the CCG).
1.3. The agreement commences on the [**insert date – coterminous with the Constitution]**

2. Introduction

2.1. This agreement sets out the arrangements;
  2.1.1. between Members of the NHS Ealing Clinical Commissioning Group; and
  2.1.2. between Members of the CCG.
2.2. All Member practices are expected to proactively engage in GP commissioning, engagement with the CCG will be seen through various requirements expected of each CCG member practice.
2.3. This agreement has been designed to support the development of GP skills and knowledge of clinical commissioning and the changing landscape of the NHS, in preparation for and delivery of statutory responsibilities from April 2013.

3. Roles and responsibilities

3.1. The CCG:

The CCG will commit to:

a) Supporting members and their practices in the delivery and improvement of health care for patients and the public within the localities, paying particular attention to:
  a. Legislative and regulatory requirements (for example CQC registration);
  b. Development of practices and the services which they provide;
  c. Professional development of members who wish to take on clinical leadership roles;
  d. Compliance with performance management of its commissioning activities.
b) Keeping healthcare spend within budget;
c) Building of supportive relationships with partner providers;
d) Consulting with Members on strategic issues facing the CCG
e) Keeping members informed of any public consultation in a timely manner to enable members to be prepared for potential questions from patients
f) Transparency and openness in its dealings with members with regard to decisions made;
g) Commissioning the best quality health care services for the residents of Ealing.
h) Being accountable to members to ensure that local clinical opinion is the key driver in the further development of local secondary and acute services

Members Practices:

The Members will commit to:

GENERAL

3.1.1. Embrace the principles and values of the corporate body, these principles will include:

3.1.1.1. The shared delivery of a balanced budget; acceptance, ownership and management of a delegated practice-commissioning budget in areas as defined by the consortium

3.1.1.2. The shared understanding of and engagement in the delivery of the QIPP Plan

3.1.1.3. Sharing of all non – business sensitive data (data which relates to their GMS/PMS or APMS contracts will not be shared)

3.1.1.4. The implementation of national priorities and standards;

3.1.1.5. The adoption of consortium working practice and protocols in terms of guidelines once endorsed by the Executive Committee.

3.1.2. Facilitating the organisational effectiveness of the CCG Member Practices by:

3.1.2.1. Appointing a Practice Representative with the authority to make decisions on behalf of the Practice The practice representative should be a GP (or in exceptional circumstances to be agreed with the Chair of the CCG another Clinical Member of the Practice) who speaks with the authority of the Member Practice

3.1.2.2. Authorising the Practice Representative to sign the ECC GP Commissioning Constitution and other consortium initiatives

3.1.3. Participate in:

3.1.3.1. CLINICAL COMMISSIONING

3.1.3.1.1. Accept that GP Commissioning is a shared agenda between Practices

3.1.3.1.2. Appoint a GP Practice Lead who will be the member of the Council of Members and who has the responsibility to disseminate commissioning/ consortium information to the rest of their practice

3.1.3.1.3. Share resources available for GP Commissioning, in a manner agreed by the consortium

3.1.3.2. Respond to appropriate and reasonable requests for information relating to commissioning from the CCG in a timely fashion

3.1.3.3. Share specialist skills within the consortium

3.1.3.4. Practices retain their autonomy and management of their individual primary care contracting budgets (GMS/ PMS/ APMS).

3.1.3.5. SERVICE DEVELOPMENT

3.1.3.5.1. Agree to operate as part of a Health Network or any other form of geographical clustering which the ECCG may deem appropriate.

3.1.3.5.2. Proactively work to understand the purposes of Health Networks (or any other form of locality) and engage constructively to support the network to deliver against its objectives and aspirations.

3.1.3.5.3. Share experience and good practice with other peers and colleagues within the Health Network to help peers and colleagues to collectively deliver against the objectives and aspirations of the network.

3.1.3.5.4. As part of the engagement with the Health Network (or locality), to share activity data which is appropriate and reasonably required with peers and colleagues or any topic that may be discussed. This will include but not be limited to prescribing, referral, acute activity and commissioning related financial data.

3.1.3.5.5. Work with their peers and administrative support to stay within their practice-commissioning budget

3.1.3.5.6. Share information about the development of GP Commissioning within ECCG
3.1.3.5.7. Respond to requests for practice agreement/ disagreement with the proposed decisions in a timely fashion
3.1.3.5.8. Facilitate peer visits and maintain an on-going dialogue with ECCG

3.2. Practice Representatives

The Practice Representative will commit to:

3.2.1. Represent their practice's views and act on behalf of the practice in matters relating to the Health Network (or locality):

3.2.2. Sign the NHS Ealing CCG Constitution and other consortium initiatives on behalf of the Member practice

3.2.3. Represent the Member practice's interests and views at Network Meetings and at Council of Members meetings. In this way practices will have input to commissioning intentions and clinical vision:

3.2.4. Assist in developing plans and identify the support required to make any changes in practice resulting from the work of the combined decision making body.

3.2.5. Attend and vote on behalf of the member practice at Council of Member meetings including

3.2.6. Agree any new additions to membership to the Clinical Commissioning Group

3.2.7. Potential new members meeting the required entry criteria can be accepted into the consortium by majority vote of the Council of Members

3.2.8. Contribute to the forum for collective decision making through the Council of Members

3.2.9. Report reflection and information on the service that their patients receive from all providers (including primary care providers)

3.2.10. Enable communications between practices and health and social care providers

3.2.11. Discuss and debate the views and wishes of the practices

3.2.12. Agree priorities for commissioning and review progress of commissioning with practices

3.2.13. Encourage other members of the practice, GPs, practice managers and nurses to attend open meetings which will be held by the consortium

4. HEALTH NETWORKS

4.1. The role of health networks will be:

4.1.1. To manage referrals, non-elective admissions and Accident and Emergency and Urgent Care Centre visits via the peer to peer review process.

4.1.2. To work together to provide agreed care pathways for their patients based on relevant conditions, and to follow pathway guidance as developed or recommended by the CCG based on best evidence and which will enable full compliance with GMC requirements.

4.1.3. To equalise the access to care provided for specific conditions across all patients of member practices via cross referral amongst member practices e.g. anticoagulation, child phlebotomy.

4.1.4. To continue to manage prescribing expenditure, reducing variation in prescribing practice, adoption of and compliance with formularies.

4.1.5. To work together to understand, interpret and deliver to the practice budget set by the CCG.

4.1.6. To provide a vehicle for training and education to member practices.

4.1.7. Health Networks should be assisted in this work by a Health Network Manager / coordinator who will work with the ECCG via the borough team on the specific work plan for each Health Network

5. **Local Dispute Resolution**

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

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

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

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

** Local Dispute resolution principle agreed, process to be finalised between our parties

Signed on behalf of the Member:	Signed on Behalf of the CCG
Print Name:	.....
Designation:	.....
Date:	.....

APPENDIX J –**Statement of Principles in relation to Patient and Public Involvement**

1.1. General Duties - in discharging its functions the CCG will:

Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[1] by:

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

(a) Applying the following **Statement of Principles** for Patient & Public Involvement (PPI) in the operation of the CCG:

(i) The CCG, its employees (including any sub-contractors/consultants) and its constituent member GP practices will be clear about what involvement means, have a strong commitment to involve users at all levels of the CCG and have a shared understanding of its purpose and be clear about the difference between working for and working with users.

(ii) The CCG will be clear about the objectives of any PPI work, its rational, relevance and connection to organisational and health priorities.

(iii) The CCG will be honest & transparent about what can change and what is not negotiable – and will communicate the reasons why.

(iv) The CCG is committed to the meaningful engagement of users (including Healthwatch) and will ensure that these views influence the commissioning of services by the CCG. The CCG will also ensure that the views of under-represented or hard to reach groups are fully incorporated into this process.

(v) The CCG fully recognise the vital contribution carers make to the local health economy. Therefore, the CCG is fully committed to ensuring that carers and their support/representative organisations are meaningfully involved in the commissioning process and are able to effectively influence the CCG's decision making process.

(vi) The CCG will ensure that patient experience and feedback from users (including Healthwatch) is measured and analysed effectively, and is used to influence the decision making process. The CCG is committed to providing and publishing evidence of how PPI is influencing its commissioning and decision making processes.

(vii) The CCG is committed to the principle that PPI begins early in the planning stages, so that the views of users are able to effectively influence decisions of the CCG prior to finalisation of commissioning plans.

(viii) The CCG will ensure that PPI is a continual, on-going involvement process and is committed to ensuring that PPI influences the CCG at all stages of the commissioning cycle (from planning to delivery & monitoring of services):

[1] See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- Strategic planning: Engaging with communities to identify health needs and aspirations; and involving the public in decisions about priorities and strategies.
- Service (re)design: Involving users & patient organisations in service (re)design and improvement.
- Specifying outcomes and procuring services: Involving users and their representatives (including Healthwatch) in specifying service outcome measures for improving service quality; and patient centred procurement and contracting.
- Patient centred monitoring and performance management: Involving users and their representatives (including Healthwatch) in the monitoring and performance management of commissioned services and in managing service demand
- The CCG is committed to the principal that meaningful PPI will ensure that it is able to commission services that best meet the health needs of the community and is an essential tool in driving improvements in the quality of the services that the CCG will commission on behalf of its local community.
- The CCG recognises that this can only be achieved if we work in partnership with providers, strategic partners, patients, carers, patient representatives (including Healthwatch) and the wider community we serve. The NHS Constitution for patients states patients: *'have the right to be involved, directly or through a representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'*.

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

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

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

(e) The CCG will ensure that it undertakes meaningful involvement with the practice-based Patient Participation Groups (PPG) and will ensure that these are adequately supported & resourced so that the CCG is interconnected with the views of its constituent practice populations. The CCG will ensure that these views are able to effectively inform and influence the commissioning process. The CCG will also ensure that the views of the practice-based PPGs and other key

stakeholders (including Healthwatch) are effectively used to improve the quality of GP services provided by the CCG's constituent practices.

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

(g) The CCG is committed to adopting and further developing the following locally-generated London Borough of Ealing policies:

(ix) The Carer's Strategy

(x) Older People's Strategy

(xi) Disability Strategy

The development & implementation of the above policies will be undertaken in partnership with the key stakeholders including users, carers, organisations representing patients and the London Borough of Ealing. These policies will be subject to annual review by the CCG to ensure that policies have been implemented and where necessary policies are updated following meaningful involvement of key stakeholders. The results of the CCG's annual review of these policies; their implementation & progress updates will be published in Annual Reports that are made readily & freely available to the public (for example by publication on the CCG's website).

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

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

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

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

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