NHS Wyre Forest
CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version: 1

NHS Commissioning Board Effective Date: 01/04/2018

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FOREWORD

a) The task of Clinical Commissioning Groups is to deliver a sustainable healthcare system in the face of the most significant financial challenge in generations, whilst maintaining quality, amidst a changing organisational environment. Medical advances offer increasing opportunities to treat disease but the cost of these advances together with an ageing population will prove very challenging and will require careful planning. In order to succeed, Commissioners will need to carefully consider efficiencies and productivity opportunities across the whole healthcare system – from primary to secondary care, and work in partnership with other key clinicians, social services and patient representatives to integrate services and redesign pathways

b) This constitution sets out the arrangements to meet NHS Wyre Forest Clinical Commissioning Group's responsibilities for commissioning a wide range of healthcare services for the people of Wyre Forest.

c) With the commitment from the GPs within the Group and the strong relationships we already have with our stakeholders we are confident we will be in a position to deliver our vision. However, we also recognise the need to keep our attention on the day job and to manage changes to ensure they are as seamless for our patients and partners as possible. We are committed to ensuring that the quality of patient care does not suffer as a consequence of any organisational changes.

d) The constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment/role within the Group:

   i) the Group's member practices;

   ii) the Group's employees;

   iii) individuals working on behalf of the Group;

   iv) anyone who is a member of the Group's Governing Body (including the Governing Body's audit and remuneration committees);

   v) anyone who is a member of any other committee(s) or sub-committees established by the Group or its Governing Body.

Accountable Officer: Simon Trickett

INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this Clinical Commissioning Group is NHS Wyre Forest Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. Clinical Commissioning Groups are established under the Health and Social Care Act 2012 ("the 2012 Act").[1] 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").[2] 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.[3]

1.2.2. The NHS Commissioning Board, which will be subsequently referred to within this constitution as NHS England, is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups[4] and undertakes an annual assessment of each established group.[5] 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.[6]

1.2.3. Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[7]

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS Wyre Forest Clinical Commissioning Group and has effect from 18th day of January 2013 (Amended January 2018), when NHS England established the group.[8] The constitution is published on the group's website at http://www.wyreforestccg.nhs.uk/about-

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1 See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act

2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

3 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

4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

us/useful-documents/ and is available in hard copy on application to the Group's office at Barnsley Court, Barnsley Hall Road, Bromsgrove.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.[9]

a) where the group applies to the NHS England and that application is granted;

b) where in the circumstances set out in legislation the NHS England varies the group's constitution other than on application by the group.

2. AREA COVERED

2.1. The geographical area covered by NHS Wyre Forest Clinical Commissioning Group consists of 12 GP Practices located within North-West Worcestershire. The practices are broadly within the geographic boundary of Wyre Forest District Council, which covers the three main towns of Kidderminster, Bewdley and Stourport-on-Severn and several surrounding villages including Areley, Rock, Chaddesley Corbett, Cookley. The 12 member Practices have a total registered population of just over 115,000 which is approximately 20% of the overall population of Worcestershire

2.2. Hagley Surgery is the only practice located outside the Wyre Forest District Council geographical area but has a long association with the GPs in this area and is part of the Wyre Forest Clinical Commissioning Group. In addition, a significant number of the people living in Hartlebury, although outside the main geographical area, are registered with Wyre Forest based practices.

2.3. Listed overleaf is the lower layer super output areas (LSOAs) the CCG area covers, as updated by NHS England as of 1st April 2017 (LSOAs are geographic areas designed to improve the reporting of small area statistics.)

[9] See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

LSOA Code 2017	LSOA Name 2017	LSOA Code 2017	LSOA Name 2017
E01032431	Wyre Forest 001A	E01032429	Wyre Forest 011C
E01032432	Wyre Forest 001B	E01032472	Wyre Forest 011D
E01032433	Wyre Forest 001C	E01032473	Wyre Forest 011E
E01032439	Wyre Forest 001D	E01032455	Wyre Forest 012A
E01032440	Wyre Forest 001E	E01032456	Wyre Forest 012B
E01032479	Wyre Forest 001F	E01032457	Wyre Forest 012C
E01032441	Wyre Forest 002A	E01032458	Wyre Forest 012D
E01032442	Wyre Forest 002B	E01032459	Wyre Forest 012E
E01032443	Wyre Forest 002C	E01032460	Wyre Forest 013A
E01032444	Wyre Forest 002D	E01032461	Wyre Forest 013B
E01032445	Wyre Forest 002E	E01032462	Wyre Forest 013C
E01032436	Wyre Forest 003A	E01032463	Wyre Forest 013D
E01032438	Wyre Forest 003B	E01032423	Wyre Forest 014A
E01032446	Wyre Forest 003C	E01032424	Wyre Forest 014B
E01032447	Wyre Forest 003D	E01032425	Wyre Forest 014C
E01032448	Wyre Forest 003E	E01032426	Wyre Forest 014D
E01032434	Wyre Forest 004A		
E01032435	Wyre Forest 004B		
E01032437	Wyre Forest 004C		
E01032450	Wyre Forest 004D		
E01032430	Wyre Forest 005A		
E01032480	Wyre Forest 005B		
E01032481	Wyre Forest 005C		
E01032482	Wyre Forest 005D		
E01032451	Wyre Forest 006A		
E01032452	Wyre Forest 006B		
E01032453	Wyre Forest 006C		
E01032454	Wyre Forest 006D		
E01032449	Wyre Forest 007A		
E01032464	Wyre Forest 007B		
E01032465	Wyre Forest 007C		
E01032466	Wyre Forest 007D		
E01032467	Wyre Forest 007E		
E01032468	Wyre Forest 007F		
E01032474	Wyre Forest 008A		
E01032475	Wyre Forest 008B		
E01032476	Wyre Forest 008C		
E01032477	Wyre Forest 008D		
E01032478	Wyre Forest 008E		
E01032469	Wyre Forest 009A		
E01032470	Wyre Forest 009B		
E01032471	Wyre Forest 009C		
E01032418	Wyre Forest 010A		
E01032419	Wyre Forest 010B		
E01032420	Wyre Forest 010C		
E01032421	Wyre Forest 010D		
E01032422	Wyre Forest 010E		
E01032427	Wyre Forest 011A		
E01032428	Wyre Forest 011B		

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

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

Practice Name	Address
Almer Lodge Surgery/Cookley Partnership	Aylmer Lodge, Broomfield Road, Kidderminster, Worcestershire, DY11 5PA Cookley Surgery, 1 Lea Lane, Cookley, Kidderminster, Worcestershire, DY10 3TA
Bewdley Medical Centre	Dog Lane, Bewdley, Worcestershire, DY12 2EG
Chaddesley Surgery	The Surgery, Hemming Way, Chaddesley Corbett, Worcestershire, DY10 4SF
Church Street Surgery	David Corbet House, Callows Lane, Kidderminster, Worcestershire, DY10 2JG
Forest Glades Medical Centre	Bromsgrove Street, Kidderminster, Worcestershire, DY10 1PE
Hagley Surgery	1 Victoria Passage, Hagley, Stourbridge, West Midlands, DY9 0NH
Kidderminster Health Centre	Bromsgrove Street, Kidderminster, Worcestershire, DY10 1PG
Northumberland House Surgery	437 Stourport Road, Kidderminster, Worcestershire, DY11 7BL
Stanmore House Surgery	Linden Avenue, Kidderminster, Worcestershire, DY10 1PG
Stourport Health Centre Medical Centre	The Health Centre, Worcester Street, Stourport-on- Severn, Worcestershire, DY13 8EH
Wolverley Surgery	The Surgery, Wolverley, Kidderminster, Worcestershire, DY11 5TH
York House Medical Centre	20-21 York Street, Stourport-on-Severn, Worcestershire, DY13 8EH

3.1.2. Appendix B of this constitution contains the list of practices. The signatures of the practice representatives confirming their agreement to this constitution is kept at the Group's office at Barnsley Court, Barnsley Hall Road, Bromsgrove.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group[10]

4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1. The mission of NHS Wyre Forest Clinical Commissioning Group is: "we will bring together local people, GPs and other clinical professionals to improve the quality and experience for patients of their health care".

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

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the group's objectives.

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

a) Promote a fair, ethical and transparent culture;
b) Place patient safety and experience at its core;
c) Identify that 'partnerships matter';
d) Listen and respond;
e) Promote evidence based practice; 'right care, right place, right time';
f) Support Patient Choice matters;
g) Promote privacy, dignity and mutual respect;
h) Work together with member practices;
i) Promote good health and wellbeing;
j) Identify opportunities for service redesign and innovation;
k) Ensure value for money is secured;
l) Be a good employer.

[10] See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

4.3. Aims

4.3.1. The group's aims are to:

a) deliver its strategic objectives which are set at the commencement of each financial year, in line with the prevailing priorities within the health economy

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act,[11] the group will at all times observe "such generally accepted principles of good governance as are relevant to it" 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*;[12]

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[13]

d) the seven key principles of the *NHS Constitution*;[14]

e) the Equality Act 2010.[15]

4.5. Accountability

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

a) publishing its constitution;

b) appointing independent lay members and non GP clinicians to its Governing Body;

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11 Inserted by section 25 of the 2012 Act

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

13 See Appendix F

14 See Appendix G

15 See http://www.legislation.gov.uk/ukpga/2010/15/contents

c) holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a commissioning plan;

e) complying with local authority health overview and scrutiny requirements;

f) meeting annually in public to publish and present its annual report (which must be published);

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to the NHS Commissioning Board as required.

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

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of Clinical Commissioning Groups: a working document*. They relate to:

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

   i) all people registered with member GP practices, and
   ii) 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 area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the group's employees;

d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the group will:

a) act, when exercising its functions to commission health services consistently[16] with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[17] *and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*[18] published by the Secretary of State before the start of each financial year by:

i) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms, as well as delegating responsibility which is reflected within the standing orders and scheme of delegation and reservation

b) ***meet the public sector equality duty***[19] by:

i) Delegation of the responsibility to oversee the discharge of this general duty to the Clinical Commissioning Group Governing Body;

ii) Delegation of the responsibility to publish evidence of compliance at least annually to the Accountable Officer; and

iii) Preparing and publishing specific and measurable equality objectives, revising these at least every four years.

c) work in partnership with Worcestershire County Council to develop ***joint strategic needs assessments***[20] and ***joint health and wellbeing strategies***[21] by:

i) Membership of the Worcestershire Health and Wellbeing Board; through a nominated member and deputy to represent the Group and provide the partnership link

5.2. General Duties - in discharging its functions the group will:

16 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

17 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

18 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

19 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

20 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

21 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

5.2.1. Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[22] by:

a) Work in partnership with patients and the local community to secure the best care for them;

b) Adapt engagement activities to meet the specific needs of the different patient groups and communities through the Patient and Public Involvement Advisory Group

c) Publish information about health services on the Group's website and through other media

d) Encourage and act on feedback

5.2.2. ***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***[23] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable review and evaluation of this function

5.2.3. Act ***effectively, efficiently and economically***[24] by:

a) Delegating lead responsibility to the Group's Governing Body

b) Reporting through regular Governing Body Reports, supported by the Chief Finance Officer

5.2.4. Act with a view to ***securing continuous improvement to the quality of services***[25] by:

a) Delegating responsibility to the Chief Nurse/Director of Quality, supported through the Quality, Performance and Resources Committee

22 See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

23 See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

24 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

25 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.5. Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***[26] by:

a) Delegating responsibility to the Group's Governing Body

b) Requiring the progress of delivery of the duty to be monitored through the Governing Body reporting mechanisms

5.2.6. Have regard to the need to ***reduce inequalities***[27] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable fulfilment of this function

5.2.7. ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[28] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable fulfilment of this function

5.2.8. Act with a view to ***enabling patients to make choices***[29] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable fulfilment of this function

5.2.9. ***Obtain appropriate advice***[30] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable review and evaluation of this function

26 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
27 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
29 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
30 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.10. ***Promote innovation***[31] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable fulfilment of this function

5.2.11. ***Promote research and the use of research***[32] by:

a) Delegating responsibility to the Governing Body and all formal committees to ensure that appropriate advice and membership is secured to support decision making, with reporting to the Governing Body as applicable, to enable fulfilment of this function

5.2.12. Have regard to the need to ***promote education and training***[33] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[34] by:

a) Delegating lead responsibility to the Accountable Officer and Chief Operating Officer to oversee the discharge of this duty

5.2.13. 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[35] by:

a) Delegating Lead Responsibility to the Accountable Officer and Director of Strategy

b) Proactively working towards the establishment and delivery of accountable care models

5.3. General Financial Duties – the group will perform its functions so as to:

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***[36] by

a) Delegating responsibility to the Chief Finance Officer with the lead responsibility to oversee its discharge

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31 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
32 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
35 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
36 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

b) Monitoring progress of the duty through the Group's Governing Body governance processes as set out in the Scheme of Reservation and Delegation and Prime Financial Policies

5.3.2. ***Ensure its use of resources*** *(both its capital resource use and revenue resource use)* ***does not exceed the amount specified by NHS England for the financial year***[37] by

a) Delegating responsibility to the Chief Finance Officer with the lead responsibility to oversee its discharge

b) Monitoring progress of the duty through the Group's Governing Body governance processes as set out in the Scheme of Reservation and Delegation and Prime Financial Policies

5.3.3. ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England*** [38] by

a) Delegating responsibility to the Chief Finance Officer with the lead responsibility to oversee its discharge

b) Monitoring progress of the duty through the Group's Governing Body governance processes as set out in the Scheme of Reservation and Delegation and Prime Financial Policies

5.3.4. ***Publish an explanation of how the group spent any payment in respect of quality*** made to it by NHS England[39] by

a) Delegating responsibility to the Chief Finance Officer with the lead responsibility to oversee its discharge

b) Monitoring progress of the duty through the Group's Governing Body governance processes as set out in the Scheme of Reservation and Delegation and Prime Financial Policies

5.4. Other Relevant Regulations, Directions and Documents

5.4.1 The group will

37 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

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

39 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

a) comply with all relevant regulations;

b) comply with directions issued by the Secretary of State for Health or NHS England; and

c) take account, as appropriate, of documents issued by NHS England.

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

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

6.1.1 The Clinical Commissioning Group is accountable for exercising 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) a committee or sub-committee of the group.

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

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

b) for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation[40]

6.2.1 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 group's committees and sub-committees, individual members and employees.

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

6.3 General

6.3.1 In discharging functions of the group that have been delegated to its Governing Body (and its committees), committees, joint committees and individuals must:

a) comply with the group's principles of good governance,[41]operate in accordance with the group's scheme of reservation and delegation,[42]

40 See Appendix D

41 See section 4.4 on Principles of Good Governance above

42 See appendix D

b) comply with the group's standing orders,[43]

c) comply with the group's arrangements for discharging its statutory duties,[44]

d) where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

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

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

a) identify the roles and responsibilities of those Clinical Commissioning Groups who are working together;

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

c) specify under which Clinical Commissioning Group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

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

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

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

6.4 Clinical Commissioning Group Practice Forum

6.4.1 The group have not established any committees, but when the members of the group meet to conduct business as the group, this will be known as the Clinical Commissioning Group Practice Forum

6.4.2 The Clinical Commissioning Group Practice Forum will be established as a group of the Wyre Forest Clinical Commissioning Group. The Practice Forum may meet in common with the Redditch and Bromsgrove and South Worcestershire Practice

[43] See appendix C

[44] See chapter 5 above

Forums, should any items of business arise which require an aligned, coordinated response across the Clinical Commissioning Groups. The chairs of each Practice Forum will determine whether the groups are required to meet in common and members will be notified of any such meetings being called

6.4.3 As outlined within section 2.2.2 of the standing orders, each member practice will nominate a Lead Commissioning GP as the main (but not exclusive) link for practice representation and engagement with the wider CCG membership and Governing Body. The appointment requirements are set out in Standing Orders and also included in the wider Accountability Arrangements and Agreement document for Member Practices and their individual lead commissioning representatives.

6.4.4 Any member of the Practice Forum may put themselves forward as chair, through submission of a written nomination to the Head of Corporate Governance. If more than one nomination is received, members of the Practice Forum will be required to vote and the chair selected through a simple majority

6.4.5 Quorum of the Practice Forum will require 70% of members to be in attendance, with any decisions being passed through a simple majority. Numerically, this would be 9 of 12 Wyre Forest CCG practices. Should any meetings be held in common and a vote called, 70% of members of each Practice Forum would need to be in attendance and a separate vote taken by each CCG

6.4.6 The Clinical Commissioning Group Practice Forum delegates all decision making to the Clinical Commissioning Group Governing Body with these exceptions;-

a) Agreement to change the group's constitution*

b) Approve the vision, values and overall strategic direction of the group

c) In exceptional circumstances if a member of the group continually behaves inconsistently to the terms of reference and despite attempting to resolve the situation utilising dispute resolution process, the approval to dismiss members of the group*

d) Approval of applications to be a member of the group*

e) Ratify the appointment of elected members of the Clinical Commissioning Group Governing Body

f) Approve the removal of elected members of the Clinical Commissioning Group Governing Body

g) Approve the appointment of the Chair of the Clinical Commissioning Group Practice Forum

* Subject to NHSE Approval Process

6.5 Joint Arrangements

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

a) Redditch and Bromsgrove and South Worcestershire Clinical Commissioning Groups, in terms of:

i) The establishment of Governing Body meetings in common

ii) The establishment of joint committees and committees in common of the Governing Body

b) Herefordshire CCG, in terms of the establishment of the Herefordshire & Worcestershire Joint Commissioning Committee.

6.5.2 The group has joint committee(s) with the following local authority(ies):

a) Worcestershire County Council, through the integrated Commissioning Executive Officers Group supporting the Section 75 Agreements)

6.5.3 Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.3.1 The Clinical Commissioning Group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

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

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the commissioning functions of another CCG; or

c) exercising jointly the commissioning functions of the CCG and another CCG

6.5.3.3 For the purposes of the arrangements described at paragraph 6.5.3.2, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG;

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG

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

6.5.3.5 For the purposes of the arrangements described at paragraph 6.5.3.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.3.2 c 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

6.5.3.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.5.3.2 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;

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

6.5.3.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.5.3.2 above

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

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

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

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

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

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

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

6.5.4.3 The arrangements referred to in paragraph 6.5.4.2 above may include other CCGs

6.5.4.4 Where joint commissioning arrangements pursuant to 6.5.4.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question

6.5.4.5 Arrangements made pursuant to 6.5.4.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG

6.5.4.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.5.4.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

b) The duties and responsibilities of the parties;

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

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

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

6.5.4.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.5.4.2 above

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

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

6.5.4.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written

report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives

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

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

6.5.5.1 The group has full delegated responsibility from NHS England for the exercise of NHS England's functions, through the establishment of a Joint Primary Care Commissioning Committee and in line with the requirements set out below

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

6.5.5.3 The 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

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

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

6.5.5.6 For the purposes of the arrangements described at paragraph 6.5.5.3 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.5.7 Where the CCG enters into arrangements with NHS England as described at paragraph 6.5.3.3 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

d) The duties and responsibilities of the parties;

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

f) Financial arrangements, including payments towards a pooled fund and management of that fund;

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

6.5.5.8 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.5.3b above

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

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

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

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

6.6 The Governing Body

6.6.1 ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in this constitution.[45] The Governing Body may also have functions of the Clinical Commissioning Group delegated to it by the group. Where the group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the group's functions to its Governing Body, these are set out from paragraph 6.6.1(c) below. The Governing Body has responsibility for:

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 46 (its main function);

45 See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

46 See section 4.4 on Principles of Good Governance above

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

c) The following duties and responsibilities have been agreed:

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

ii) Leading the setting of vision and strategy;

iii) Approving the annual commissioning plan, including consultation arrangements;

iv) Approving the annual budget;

v) Approve distribution of total allocations received and any sums to be held in reserve

vi) Monitoring performance against plans and budgets;

vii) Providing assurance of strategic risk;

viii) Ensuring that the registers of interest are reviewed regularly, and updated as necessary;

ix) Ensuring that all conflicts of interest or potential conflicts of interest are declared

x) Other responsibilities as outlined in the scheme of reservation and delegation in appendix D.

6.6.2 The Group may hold its Governing Body meetings as a 'meeting in common' with other organisations. In the main this would be with Redditch and Bromsgrove and South Worcestershire CCGs with whom it shares a number of Governing Body roles. In these instances the role of lead 'Chair' for the meeting will rotate between each CCG's Clinical Chair. At no time will a meeting take place if the Governing Body quoracy arrangements are not met. The holding of a 'meeting in common' will not affect the individual terms of the CCG's Governing Bodies as set out in their constitution and the decisions of the Wyre Forest CCG Governing Body will be made and recorded appropriately.

6.6.3 Where items are pertinent to all CCGs, items will be discussed and reflected in the minutes accordingly with decisions reached being recorded respectively for each CCG

6.6.4 Where items are pertinent to one CCG only, the respective CCG Chair or deputy will take that item, lead the discussion and ensure that the decision making is reached and recorded by those Governing Body members associated to the CCG.

6.6.5 Wyre Forest, Redditch and Bromsgrove and South Worcestershire CCGs have in place collaborative working arrangements and a joint management team, and it is anticipated that 'in common' meeting arrangements will support further alignment between the three CCGs. However , each Governing Body will continue to be accountable for its own decisions and Wyre Forest CCG may hold individual Governing Body meetings as appropriate, for example to discuss business specific to the CCG.

6.7 ***Composition of the Governing Body***

The Governing Body must not have less than 7 members and consists of:

a) GP chair and Clinical Lead;

b) Two Governing Body GPs

c) Four Lay Members

   i) One to lead on Audit, Governance and Remuneration Matters,

   ii) One to lead on Quality and Patient and Public Involvement Matters;

   iii) One to lead on Finance

   iv) One to lead on Primary Care

d) A registered nurse, identified locally as the Chief Nurse/Director of Quality

e) A secondary care specialist doctor;

f) The accountable officer;

g) The chief finance officer;

h) Two other individuals:

   i) Strategic Clinical Lead
   ii) Chief Operating Officer.

6.7.1 ***Committees of the Governing Body*** - the Governing Body has appointed the following committees and sub-committees:

a) Audit Committee – the audit committee, which is accountable to the group's 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 for the audit committee, which includes information on the membership of the audit committee[47]. The Audit Committee will meet as a committee in common with Redditch and Bromsgrove and South Worcestershire CCGs

i) The functions delegated by the Governing Body to the Audit Committee are detailed within the Scheme of Reservation and Delegation

b) Remuneration Committee – the remuneration committee, which is accountable to the group's Governing Body, will operate as a committee in common with Redditch and Bromsgrove and South Worcestershire CCGs. It makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee[48]

i) The functions delegated by the Governing Body to the Remuneration Committee are detailed within the Scheme of Reservation and Delegation

c) Clinical Executive Committee – the Clinical Executive Committee , which is accountable to the group's Governing Body, will operate as a joint committee with Redditch and Bromsgrove and South Worcestershire CCGs. The Governing Body has approved and keeps under review the terms of reference for the Clinical Executive Committee, which includes information on the membership of the Clinical Executive Committee [49]. The function of the Committee is to oversee the operational management of the CCGs, ensuring strategies are implemented effectively and commissioning of health services are performance managed

i) The functions delegated by the Governing Body to the Clinical Executive Committee are detailed within the Scheme of Reservation and Delegation

d) Quality, Performance and Resources Committee – the Quality, Performance and Resources Committee, which is accountable to the group's Governing Body,

47 See appendix C for the terms of reference of the Audit Committee

48 See appendix C for the terms of reference of the Remuneration Committee

49 See appendix C for the terms of reference of the Clinical Executive Committee

will operate as a joint committee with Redditch and Bromsgrove and South Worcestershire CCGs. The Governing Body has approved and keeps under review the terms of reference for the Quality, Performance and Resources Committee, which includes information on the membership of the Quality, Performance and Resources Committee

The function of the committee is to promote a culture of quality by:

i) Monitoring the quality and safety of all services (primary, secondary and tertiary care, including the independent sector) commissioned by the CCGs for its total population;

ii) Seeking assurance relating to financial governance across the CCGs to secure value for money

iii) Receiving reports detailing all commissioner and provider performance targets, set both nationally and locally, and seek appropriate assurances that these are met;

iv) Where possible provide assurance to the CCG Governing Body on these areas of responsibility; highlight areas of limited assurance and make recommendations where necessary identify and mitigate risk associated with quality, performance & finance

v) The functions delegated by the Governing Body to the Quality, Performance and Resources Committee are detailed within the Scheme of Reservation and Delegation

e) Primary Care Commissioning Committee – the Primary Care Commissioning Committee will operate as a committee in common with Redditch and Bromsgrove and South Worcestershire CCGs. The Governing Body has approved and keeps under review the terms of reference for the Primary Care Commissioning Committee, which includes information on the membership of the Primary Care Commissioning Committee. The CCG Governing Body is not able to change the decisions made by the committee. The function of the committee is to:

i) Function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers related to primary care commissioning;

ii) Make collective decisions on the review, planning and procurement of primary care services in the Wyre Forest area under delegated authority from NHS England

iii) In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS

England and Wyre Forest CCG, which will sit alongside the delegation and terms of reference

iv) Exercise its functions in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers

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

f) Financial Recovery Board (FRB) – the Financial Recovery Board, which is accountable to the group's Governing Body, will operate as a joint committee with Redditch and Bromsgrove and South Worcestershire CCGs. The Governing Body has approved and keeps under review the terms of reference for the Financial Recovery Board, which includes information on the membership of the Financial Recovery Board. The function of the committee is to develop and monitor delivery of a robust financial recovery and financial risk mitigations plans (FRP and FRMP) for Redditch and Bromsgrove, South Worcestershire and Wyre Forest CCGs. FRB is established as an exceptional committee and will continue to operate whilst there is a requirement for financial recovery on a task and finish basis.

i) The functions delegated by the Governing Body to the Financial Recovery Board are detailed within the Scheme of Reservation and Delegation

g) Herefordshire and Worcestershire Joint Commissioning Committee – the Herefordshire and Worcestershire Joint Commissioning Committee, which is accountable to the group's Governing Body, will operate as a joint committee with Redditch and Bromsgrove, South Worcestershire and Herefordshire CCGs. The Governing Body has approved and keeps under review the terms of reference for the Herefordshire and Worcestershire Joint Commissioning Committee , which includes information on the membership of the Herefordshire and Worcestershire Joint Commissioning Committee. The function of the committee is to:

i) Provide the strategic leadership, commissioning and operational coordination relating to the STP, development of the operating plan and its implementation

ii) Provide strategic leadership and decision making relating to the transition to future commissioning arrangements.

iii) Provide a strategic decision making relating to the implementation of STP programmes.

iv) Lead the development of commissioning strategies for joint clinical transformation programmes.

v) Lead the joint commissioning of those services, identified in the joint clinical transformation programmes and provide a mechanism for joint decision making which will ensure quality and service outcomes are an integral part of the commissioned pathway.

vi) Develop a sustainable commissioning solution across the STP footprint by March 2019.

vii) In line with the agreed Joint Committee work plan, consider future functions such as the joint commissioning of a range of specialist services.

viii) Provide strategic leadership in relation to the development of new accountable care systems arrangements and make recommendations accordingly to the CCG Governing Bodies.

6.8 **Transparency**

6.8.1 The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting

6.8.2 Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website at http://www.wyreforestccg.nhs.uk/about-us/publicgoverningbodymeetings/ and will be available as paper copies on application to the Group's offices at Hillview Medical Centre, Redditch or at Barnsley Court, Bromsgrove

6.8.3 Arrangements will be made to ensure key communications issued by the Group are accessible to the public Clinical Commissioning Groups to insert any specific provision they wish in relation to transparency of the Governing Body here

7. ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

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

a) The Lead Commissioning GP arrangements are a critical method for capturing individual practice views to secure a representative viewpoint on behalf of the member practices. Each member practice will nominate a Lead Commissioning GP as the main (but not exclusive) link for practice representation and engagement with the wider CCG membership and Governing Body. The appointment requirements are set out in Standing Orders and also included in the wider Accountability Arrangements and Agreement document for Member Practices and their individual lead commissioning representatives.

b) The role of each practice representative/Lead Commissioning GP is to:

i) Represent their practice's views and act on behalf of the practice in matters relating to the CCG

ii) To routinely attend the Practice Forum meetings

iii) To attend the Clinical Commissioning Group annual general meeting and extraordinary meetings if called;

iv) To represent the views of the member practice at the Practice Forum and vote on the member practice's behalf;

v) To act as a communication conduit between the member practice and the Clinical Commissioning Group Governing Body;

vi) Individually and collectively to provide a forum for consultation with the Group's membership by the Clinical Commissioning Group Governing Body

vii) To consult with colleagues, including GPs, nurses and other practice staff to enable them to feed the practice's views into clinical commissioning decisions;

viii) To proactively engage with the Clinical Commissioning Group on issues of service redesign, commissioning decisions and other operational issues

ix) To comment on the strategic commissioning plan and monitor delivery against the CCG plan through the Practice Forum;

x) To participate in the established practice engagement visits with other members of the practice

7.2 All Members of the Group's Governing Body

7.2.1 Guidance on the roles of members of the group's Governing Body is set out in a separate document[50]. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.3 The Chair of the Governing Body

7.3.1 The chair of the Governing Body is responsible for:

a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

b) building and developing the group's Governing Body and its individual members

c) ensuring that the group has proper constitutional and governance arrangements in place;

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

e) supporting the accountable officer in discharging the responsibilities of the organisation;

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

g) leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

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50 *Clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board, October 2012

k) ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities).

7.3.2 The chair of the Governing Body is also the senior clinical voice of the group and they will take the lead in interactions with stakeholders, including NHS England.

7.4 The Vice Chair of the Governing Body

7.4.1 The Vice Chair of the Governing Body deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act. This role is undertaken by one of the CCG Lay Members.

7.5 Governing Body GPs

In addition to the practice representatives identified in section 7.1 above, the group has identified two other GPs / primary care health professionals from member practices to support the work of the group and represent the group rather than represent their own individual practices. These GPs and primary care health professionals are members of the Governing Body and undertake the following roles on behalf of the group:

a) Governing Body GPs

7.6 Role of the Accountable Officer

7.6.1 The accountable officer of the group is a member of the Governing Body.

7.6.2 The role of accountable officer has been summarised in a national document [51] 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.

[51] See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

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 ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.7 Role of the Chief Finance Officer

7.7.1 The chief finance officer is a member of the Governing Body and is responsible for providing financial advice to the Clinical Commissioning Group and for supervising financial control and accounting systems

This role of chief finance officer has been summarised in a national document[52] as:

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) making appropriate arrangements to support, monitor on the group's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;

d) being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;

7.8 Role of the Registered Nurse (Chief Nurse & Director of Quality)

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a registered nurse on the Governing Body, locally identified as the Chief Nurse and Director of Quality, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

This role of the Registered Nurse has been summarised in a national document as:

a) Be a registered nurse who has developed a high level of professional expertise and knowledge;

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52 See the NHS Commissioning Board's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

b) Be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

c) Be highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint;

d) Be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;

e) Be able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation‘s circumstances; and

f) Be able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

7.9 Role of the Secondary Care Specialist Doctor

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting

This role of Secondary Care Specialist Doctor has been summarised in a national document as:

a) Must be a consultant – either currently employed, or in employment at some time in the period of 10 years ending with the date of the individual‘s appointment to the Governing Body;

b) Has a high level of understanding of how care is delivered in a secondary care setting;

c) Be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

d) Be highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working;

e) Be able to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value;

f) Be able to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation‘s circumstances; and

g) Be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform

7.10 **Role of Lay Members**

The CCG have the following lay member appointments:

a) Lay Member with Responsibility for Audit and Governance

i) Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. This person will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times. They will need to be able to chair the audit committee

b) Lay Member with Responsibility for PPI and Quality

i) The focus of this role will be to ensure that the three CCGs hear and understand the expectations and views of patients and public in Worcestershire. The post holder will also have a particular focus on quality, ensuring that the services which the CCGs commission are of the highest possible standard and that where quality issues emerge, the CCGs put plans and actions in place to remedy these

ii) They will have the skills, knowledge and experience to assess and confirm that appropriate systems and processes are in place for the CCGs to comply with their statutory duties for promoting the involvement of patients, patient choice and public consultation.

c) Lay Member with Responsibility for Finance

i) Their role will be to ensure that the CCGs have processes and controls in place to fulfil their financial strategies and plans and that they aim to secure value for money in all aspects of their business. They will help ensure that transparent and clear reporting and appropriate scrutiny of financial and business control is in place in all aspects of the CCGs business. They will play a pivotal role in ensuring the CCGs' route to financial recovery is successful and sustainable in the longer term.

d) Lay Member with Responsibility for Primary Care

i) The focus of this role is to provide a sound understanding of the challenges and opportunities which face primary care and the need to prioritise the primary care transformation agenda by implementing General Practice Forward View (GPFV).

7.11 **Role of the Strategic Clinical Lead**

The key responsibilities of this role are:

a) To lead the development and implementation of the CCG's Commissioning Priorities and to drive the delivery of the CCG's Strategic Plan, maintaining the confidence and engagement of the member practices, whilst supporting the public and partnership reputation of the CCG.

b) Lead the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) footprint from a clinical perspective for Worcestershire, working closely with the Herefordshire clinical lead counterpart and supporting the Executive Lead

c) Lead the ongoing development of a Worcestershire Clinical Strategy, with a particular focus on the facilitation of new accountable care system models

d) Provide support from a clinical perspective to the creation of "commissioning at scale" involving initially joint committees across populations, moving over time to potentially new forms of strategic commissioning bodies

e) Offer support to the NHSE Medical Director for the West Midlands in the wider evolution of commissioning and provider reforms potentially through a network of clinical leaders.

7.12 **Role of the Chief Operating Officer**

The purpose of the Chief Operating Officer (COO) role in is to ensure that arrangements are put in place so that the CCG successfully delivers its strategic business objectives and continuous improvement in the services provided to the CCG population. This includes:

a) The COO provides senior management support in ensuring that the CCG exercises its functions effectively, efficiently and economically. The COO is responsible for the development and implementation of effective management systems to enable CCG leaders, together with the wider membership, to deliver the CCG's business and strategic objectives.

b) The COO will be instrumental in leading the CCG to commission effectively health services that meet the needs of its communities, to the highest quality and within available resources. Working closely with the executives and other officers, the COO has managerial responsibility for the safe and effective running of the CCG

c) The COO has specific responsibility for ensuring effective management systems are in place and for directing the operation of the CCG according to the strategic commissioning priorities set by the CCG

d) The COO is responsible for the development and implementation of effective working arrangements, to enable CCG clinical leaders, together with the wider membership to deliver the CCG's objectives as set out in the commissioning plan.

7.13 Joint Appointments with other Organisations

7.13.1 The group has the following joint appointments with other organisations:

a) The Accountable Officer is employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

b) The Chief Finance Officer is employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

c) The Chief Nurse/Director of Quality is employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

d) The Chief Operating Officer is employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

e) The Lay Member for Finance is subject to a contract of services and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

f) The Lay Member for Audit and Governance is subject to a contract of services and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

g) The Lay Member for PPI and Quality is subject to a contract of services and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

h) The Lay Member for Primary Care is subject to a contract of services and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

i) The Secondary Care Clinician is subject to a contract of services and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

j) The GP Member is employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

k) The Governing Body GPs are employed by South Worcestershire Clinical Commissioning Group and shall work on behalf of Redditch and Bromsgrove Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group.

l) All other employees are employed by either Wyre Forest Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group and work on behalf of all three Worcestershire CCGs

7.13.2 All these joint appointments are supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

8.1.1 Employees, members, committee and sub-committee members of the group and 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

8.1.2 They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at http://www.southworcsccg.nhs.uk/south-worcestershire-ccg/corporate/?assetdet1088028=133055

8.1.3 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.

8.2 Conflicts of Interest

8.2.1 As required by section 14O 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 to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 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.

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

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

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

8.2.4 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

8.3.1 The group will maintain registers of the interests of:

a) The members of the group who are directly involved in the work of the CCG;

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.

e) Contractors undertaking work on behalf of the group

8.3.2 The registers will be published on the group's website at http://www.southworcsccg.nhs.uk/about-us/corporate-information/conflicts-of-interest/

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

8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5 The Head of Corporate Governance will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

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

8.4.2 The Head of Corporate Governance will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.

8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Head of Corporate Governance and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

a) When an individual should withdraw from a 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.

c) 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 Head of Corporate Governance.

8.4.4 To further strengthen scrutiny and transparency of CCGs' decision-making processes, a Conflicts of Interest Guardian (akin to a Caldicott Guardian) has been appointed. This role is undertaken by the CCG Audit Committee Chair. This is supported by the CCG's Head of Governance, who should keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

8.4.5 The Conflicts of Interest Guardian will, in collaboration with the CCG's governance lead:

a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest

b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;

c) Support the rigorous application of conflict of interest principles and policies;

d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

e) Provide advice on minimising the risks of conflicts of interest

8.4.6 Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's governing body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, governing body and committee members and member practices will continue to have individual responsibility in playing their part on an ongoing and daily basis.

8.4.7 Where an individual member, employee or person providing services to the group is aware of an interest which:

a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;

b) Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of

the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

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

8.4.9 Where the chair of any meeting of the group, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, 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 for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.10 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

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

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

8.4.13 This may include:

a) Requiring another of the group's committees or sub-committees, the group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

b) Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or

committee / sub-committee in question) so that the group can progress the item of business:

c) A member of the Clinical Commissioning Group who is an individual;

d) An individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group;

e) A member of a relevant Health and Wellbeing Board;

f) A member of a Governing Body of another Clinical Commissioning Group.

g) These arrangements must be recorded in the minutes.

8.4.14 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 Head of Corporate Governance of the transaction

8.4.15 The Head of Corporate Governance will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

8.5 Managing Conflicts of Interest: contractors and people who provide services to the group

8.5.1 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 any relevant conflict / potential conflict of interest.

8.5.2 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 interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

8.6.1 The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a

manner that is open, transparent, non-discriminatory and fair to all potential providers.

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

a) All relevant clinicians (not just members 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

8.6.3 Copies of this Procurement Policy will be available on the group's website at http://www.wyreforestccg.nhs.uk/strategies-policies-and-procedures/

9 THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

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

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

9.10 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.

9.11 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at http://www.wyreforestccg.nhs.uk/strategies-policies-and-procedures/

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 The group will publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.

10.1.2 Key communications issued by the group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the group's website at http://www.wyreforestccg.nhs.uk/about-us/publicgoverningbodymeetings/

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

10.2 Standing Orders

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

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

b) Scheme of reservation and delegation (Appendix D) – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group's Governing Body, the Governing Body's committees and sub-committees, the group's 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 NHS England, 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 NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
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
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
Group	NHS [Wyre Forest] 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 (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)
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 98A 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

Practice Name	Address
Almer Lodge Surgery/Cookley Partnership	Aylmer Lodge, Broomfield Road, Kidderminster, Worcestershire, DY11 5PA Cookley Surgery, 1 Lea Lane, Cookley, Kidderminster, Worcestershire, DY10 3TA
Bewdley Medical Centre	Dog Lane, Bewdley, Worcestershire, DY12 2EG
Chaddesley Surgery	The Surgery, Hemming Way, Chaddesley Corbett, Worcestershire, DY10 4SF
Church Street Surgery	David Corbet House, Callows Lane, Kidderminster, Worcestershire, DY10 2JG
Forest Glades Medical Centre	Bromsgrove Street, Kidderminster, Worcestershire, DY10 1PE
Hagley Surgery	1 Victoria Passage, Hagley, Stourbridge, West Midlands, DY9 0NH
Kidderminster Health Centre	Bromsgrove Street, Kidderminster, Worcestershire, DY10 1PG
Northumberland House Surgery	437 Stourport Road, Kidderminster, Worcestershire, DY11 7BL
Stanmore House Surgery	Linden Avenue, Kidderminster, Worcestershire, DY10 1PG
Stourport Health Centre Medical Centre	The Health Centre, Worcester Street, Stourport-on- Severn, Worcestershire, DY13 8EH
Wolverley Surgery	The Surgery, Wolverley, Kidderminster, Worcestershire, DY11 5TH
York House Medical Centre	20-21 York Street, Stourport-on-Severn, Worcestershire, DY13 8EH

APPENDIX F - NOLAN PRINCIPLES

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

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)[53]

[53] Available at http://www.public-standards.gov.uk/

APPENDIX G – NHS CONSTITUTION

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

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[54]

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

[54] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961