

Part III

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APPENDIX 1

NEWBURY & DISTRICT LOCALITY REGISTER OF MEMBERS

Name and address of GP practice
Strawberry Hill Medical Centre Old Bath Road Newbury Berkshire RG14 1JU
Falkland Surgery Monks Lane Newbury Berkshire RG14 7DF
Hungerford Surgery The Croft Hungerford Berkshire RG17 0HY
Thatcham Medical Practice Bath Road Thatcham Berkshire RG18 3HD
Chapel Row Surgery The Avenue Bucklebury Berks RG7 6NS
Burdwood Surgery Wheelers Green Way Thatcham Berks RG19 4YF
Downland Practice East Lane Chieveley Berks RG20 8UY
Eastfield House Surgery 6 St John's Road Newbury Berks RG14 7LW
Kintbury & Woolton Hill Surgery Newbury Street Kintbury Berkshire RG17 9UX

Lambourn Surgery
Bockhampton Road
Lambourn
Berkshire
RG17 8PS

NEWBURY & DISTRICT LOCALITY GEOGRAPHY

LSOA CODE	MSOA CODE	MSOA NAME	STWARD CODE	STWARD NAME	LA CODE	LA NAME
E01016254	E02003377	West Berkshire 011	00MBNJ	Aldermaston	00MB	West Berkshire
E01016255	E02003377	West Berkshire 011	00MBNJ	Aldermaston	00MB	West Berkshire
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E01016264	E02003377	West Berkshire 011	00MBNM	Bucklebury	00MB	West Berkshire
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E01016277	E02003367	West Berkshire 001	00MBNQ	Chieveley	00MB	West Berkshire
E01016278	E02003373	West Berkshire 007	00MBNQ	Chieveley	00MB	West Berkshire
E01016279	E02003379	West Berkshire 013	00MBNR	Clay Hill	00MB	West Berkshire
E01016280	E02003379	West Berkshire 013	00MBNR	Clay Hill	00MB	West Berkshire
E01016281	E02003379	West Berkshire 013	00MBNR	Clay Hill	00MB	West Berkshire
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E01016283	E02003373	West Berkshire 007	00MBNS	Cold Ash	00MB	West Berkshire
E01016284	E02003373	West Berkshire 007	00MBNS	Cold Ash	00MB	West Berkshire
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E0101632 2	E02003387	West Berkshire 021	00MBPF	St Johns	00MB	West Berkshire
E0101632 3	E02003378	West Berkshire 012	00MBPG	Speen	00MB	West Berkshire
E0101632 4	E02003378	West Berkshire 012	00MBPG	Speen	00MB	West Berkshire
E0101632 5	E02003378	West Berkshire 012	00MBPG	Speen	00MB	West Berkshire
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E0101632 9	E02003380	West Berkshire 014	00MBPJ	Thatcham Central	00MB	West Berkshire
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E0101633 1	E02003382	West Berkshire 016	00MBPJ	Thatcham Central	00MB	West Berkshire
E0101633 2	E02003382	West Berkshire 016	00MBPJ	Thatcham Central	00MB	West Berkshire
E0101633 3	E02003383	West Berkshire 017	00MBPK	Thatcham North	00MB	West Berkshire
E0101633 4	E02003382	West Berkshire 016	00MBPK	Thatcham North	00MB	West Berkshire

E0101633 5	E02003383	West Berkshire 017	00MBPK	Thatcham North	00MB	West Berkshire
E0101633 6	E02003382	West Berkshire 016	00MBPK	Thatcham North	00MB	West Berkshire
E0101633 7	E02003383	West Berkshire 017	00MBPL	Thatcham South and Crookham	00MB	West Berkshire
E0101633 8	E02003383	West Berkshire 017	00MBPL	Thatcham South and Crookham	00MB	West Berkshire
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E0101634 7	E02003385	West Berkshire 019	00MBPP	Victoria	00MB	West Berkshire
E0101634 8	E02003385	West Berkshire 019	00MBPP	Victoria	00MB	West Berkshire

WOKINGHAM LOCALITY REGISTER OF MEMBERS

Woodley Centre Surgery 106 Crockhamwell Road Woodley Reading RG5 3JY
Wilderness Road Surgery 1 Wilderness Road Earley Reading RG6 7RU
Loddon Vale Practice Hurricane Way Woodley Reading RG5 4UX
Wokingham Medical Centre 23 Rose Street Wokingham Berkshire RG40 1XS
Finchampstead Surgery 474 Finchampstead Road Wokingham RG40 3RG
Parkside Family Practice 224 Wokingham Road Reading

RG6 1JS
Wargrave Surgery Victoria Road Wargrave RG10 8BP
Woosehill Medical Centre Fernlea Drive Woosehill Wokingham RG41 3DR
Brookside Group Practice Brookside Close Earley Berkshire RG6 7HG
Twyford Surgery Loddon Hall Road Twyford RG10 9JA
New Wokingham Surgery 18 New Wokingham Road Crowthorne RG45 6JL
Swallowfield Medical Practice The Street Swallowfield Reading RG7 1QY
Burma Hills Surgery Ashridge Road Wokingham RG40 1PH

WOKINGHAM LOCALITY GEOGRAPHY

LSOA_CODE	MSOA_CODE	MSOA_NAME	STWARD_COD	STWARD_NAM	LA_CODE	LA_NAME
E01016610	E02003456	Wokingham 018	00MFNB	Arborfield	00MF	Wokingham
E01016611	E02003456	Wokingham 018	00MFNC	Barkham	00MF	Wokingham
E01016612	E02003453	Wokingham 015	00MFNC	Barkham	00MF	Wokingham
E01016613	E02003444	Wokingham 006	00MFND	Bulmershe and Whitegates	00MF	Wokingham
E01016614	E02003444	Wokingham 006	00MFND	Bulmershe and Whitegates	00MF	Wokingham
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E01016687	E02003445	Wokingham 007	00MFNX	South Lake	00MF	Wokingham
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E01016689	E02003445	Wokingham 007	00MFNX	South Lake	00MF	Wokingham
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E01016704	E02003447	Wokingham 009	00MFPB	Winnersh	00MF	Wokingham
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E01016709	E02003458	Wokingham 020	00MFPC	Wokingham Without	00MF	Wokingham

SOUTH READING LOCALITY REGISTER OF MEMBERS

Name and address of GP practice
Abbey Medical Centre 41 Russell Street Reading Berks RG1 7XD
Chatham Street Surgery 121 Chatham Street Reading Berks RG1 7JE
Eldon Road Surgery 10 Eldon Road Reading Berks RG1 4DH
Grovelands Medical Centre 701 Oxford Road Reading Berks RG30 1HG
Kennet Surgery 30 Cholmeley Road Reading Berks RG1 3NQ
London Street Surgery 172 London Road Reading Berks RG1 3PA
Longbarn Lane 22 Longbarn Lane Reading Berks RG2 7SZ
Melrose Surgery 73 London Road Reading Berks RG1 5BS
Milman Road Health Centre Milman Road Reading Berks RG2 0AR
Pembroke Surgery 31 Alexandra Road

<p>Reading Berks RG1 5PG</p>
<p>Reading Walk-in Centre 1st Floor, 102-106 Broad Street Mall Reading Berks RG1 7QA</p>
<p>Russell Street Surgery 79 Russell Street Reading Berks RG1 7XG</p>
<p>South Reading Surgery (including Shinfield Surgery) 257 Whitley Wood Road Reading Berks RG2 8LE</p>
<p>Tilehurst Village Surgery 92 Westwood Road Tilehurst, Reading Berks RG31 5PP</p>
<p>University Practice 9 Northcourt Avenue Reading Berks RG2 7HE</p>
<p>Westwood Road Surgery 66 Westwood Road Tilehurst, Reading Berks RG31 5PP</p>

SOUTH READING LOCALITY GEOGRAPHY

LSOA11CD	LSOA11NM	CCG17CD	CCG17CDH	CCG17NM	LAD17CD	LAD17NM	FID
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E01016434	Reading 009C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23223
E01016435	Reading 009D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23228
E01016436	Reading 009E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23232
E01016437	Reading 018B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23235
E01016438	Reading 017D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23239
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E01016443	Reading 017F	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23269
E01033415	Reading 011F	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23276
E01016353	Reading 011B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23279
E01033417	Reading 010F	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23286
E01016355	Reading 007A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23289
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E01016356	Reading 008A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23296
E01033420	Reading 011H	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23300
E01033421	Reading 010G	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23306
E01016357	Reading 008B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23308
E01033422	Reading 011I	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23314
E01016358	Reading 007B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23317
E01033423	Reading 011J	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23321
E01016359	Reading 007C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23325
E01016360	Reading 007D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23334
E01016361	Reading 007E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23340
E01016368	Reading	E38000160	10W	NHS South	E06000038	Reading	23344

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E01016370	Reading 016A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23358
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E01016375	Reading 014B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23397
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E01016377	Reading 017C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23413
E01016378	Reading 011D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23421
E01016379	Reading 014D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23425
E01016388	Reading 013A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23432
E01016389	Reading 013B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23441
E01016390	Reading 013C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23450
E01016391	Reading 011E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23454
E01016392	Reading 013D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23461
E01016393	Reading 013E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23470
E01016394	Reading 009A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23477
E01016395	Reading 008C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23486
E01016396	Reading 006D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23495
E01016397	Reading 006E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23503
E01016398	Reading 008D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23510
E01016399	Reading 008E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23518
E01016400	Reading 008F	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23527
E01016401	Reading 012A	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23534
E01016402	Reading 010B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23538
E01016403	Reading 012B	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23545
E01016404	Reading 010C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23550
E01016405	Reading 010D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23556

LSOA11CD	LSOA11NM	CCG17CD	CCG17CDH	CCG17NM	LAD17CD	LAD17NM	FID
E01016406	Reading 010E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23562
E01016413	Reading 014E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23567
E01016414	Reading 014F	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23571
E01016415	Reading 016D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23576
E01016416	Reading 012C	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23583
E01016417	Reading 012D	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23588
E01016418	Reading 012E	E38000160	10W	NHS South Reading CCG	E06000038	Reading	23591

NORTH & WEST READING LOCALITY REGISTER OF MEMBERS

Name and address of GP practice
Balmore Park Surgery 59a Hemdean Road Caversham Reading Berkshire RG4 7SS
Emmer Green Surgery 4 St Barnabas Road Emmer Green Reading Berkshire RG4 8RA
Tilehurst Surgery Partnership Tylers Place Pottery Road Tilehurst Reading RG30 6BW
Mortimer Surgery 72 Victoria Road Mortimer Berkshire RG7 3SQ
Circuit Lane Surgery 53 Circuit Lane Southcote Reading Berkshire RG30 3AN
Peppard Road Surgery 45 Peppard Road Caversham

Reading Berkshire RG4 8NR
Priory Avenue Surgery 2 Priory Avenue Caversham Reading Berkshire RG4 7SF
The Boathouse Surgery Whitchurch Road Pangbourne Reading Berkshire RG8 7DP
Theale Medical Centre Englefield Road Theale Reading Berkshire RG7 5AS
Western Elms Surgery 317 Oxford Road Reading Reading Berkshire RG30 1AT

NORTH & WEST READING LOCALITY GEOGRAPHY

LSOA_CODE	MSOA_CODE	MSOA_NAME	STWARD_COD	STWARD_NAM	LA_CODE	LA_NAME
E01016256	E02003369	West Berkshire 003	00MBNK	Basildon	00MB	West Berkshire
E01016257	E02003369	West Berkshire 003	00MBNK	Basildon	00MB	West Berkshire
E01016258	E02003371	West Berkshire 005	00MBNL	Birch Copse	00MB	West Berkshire
E01016259	E02003372	West Berkshire 006	00MBNL	Birch Copse	00MB	West Berkshire
E01016260	E02003372	West Berkshire 006	00MBNL	Birch Copse	00MB	West Berkshire
E01016261	E02003371	West Berkshire 005	00MBNL	Birch Copse	00MB	West Berkshire
E01016262	E02003372	West Berkshire 006	00MBNL	Birch Copse	00MB	West Berkshire
E01016267	E02003381	West Berkshire 015	00MBNN	Burghfield	00MB	West Berkshire
E01016268	E02003381	West Berkshire 015	00MBNN	Burghfield	00MB	West Berkshire
E01016269	E02003381	West Berkshire 015	00MBNN	Burghfield	00MB	West Berkshire
E01016270	E02003381	West Berkshire 015	00MBNN	Burghfield	00MB	West Berkshire
E01016271	E02003374	West Berkshire 008	00MBNP	Calcot	00MB	West Berkshire
E01016272	E02003372	West Berkshire 006	00MBNP	Calcot	00MB	West Berkshire
E01016273	E02003372	West Berkshire 006	00MBNP	Calcot	00MB	West Berkshire
E01016274	E02003374	West Berkshire 008	00MBNP	Calcot	00MB	West Berkshire
E01016275	E02003374	West Berkshire 008	00MBNP	Calcot	00MB	West Berkshire
E01016276	E02003374	West Berkshire 008	00MBNP	Calcot	00MB	West Berkshire
E01016307	E02003388	West Berkshire 022	00MBPB	Mortimer	00MB	West Berkshire
E01016308	E02003388	West Berkshire 022	00MBPB	Mortimer	00MB	West Berkshire
E01016309	E02003388	West Berkshire 022	00MBPB	Mortimer	00MB	West Berkshire
E01016313	E02003369	West Berkshire 003	00MBPD	Pangbourne	00MB	West Berkshire
E01016314	E02003369	West Berkshire 003	00MBPD	Pangbourne	00MB	West Berkshire
E01016315	E02003370	West Berkshire 004	00MBPE	Purley on Thames	00MB	West Berkshire
E01016316	E02003370	West Berkshire 004	00MBPE	Purley on Thames	00MB	West Berkshire
E01016317	E02003370	West Berkshire 004	00MBPE	Purley on Thames	00MB	West Berkshire
E01016318	E02003370	West Berkshire 004	00MBPE	Purley on Thames	00MB	West Berkshire
E01016327	E02003375	West Berkshire 009	00MBPH	Sulhamstead	00MB	West Berkshire
E01016328	E02003375	West Berkshire 009	00MBPH	Sulhamstead	00MB	West Berkshire
E01016344	E02003375	West Berkshire	00MBPN	Theale	00MB	West

		009				Berkshire
E01016345	E02003375	West Berkshire 009	00MBPN	Theale	00MB	West Berkshire
E01016349	E02003371	West Berkshire 005	00MBPQ	Westwood	00MB	West Berkshire
E01016350	E02003371	West Berkshire 005	00MBPQ	Westwood	00MB	West Berkshire
E01016362	E02003392	Reading 004	00MCMT	Caversham	00MC	Reading
E01016363	E02003392	Reading 004	00MCMT	Caversham	00MC	Reading
E01016364	E02003391	Reading 003	00MCMT	Caversham	00MC	Reading
E01016365	E02003392	Reading 004	00MCMT	Caversham	00MC	Reading
E01016366	E02003392	Reading 004	00MCMT	Caversham	00MC	Reading
E01016367	E02003392	Reading 004	00MCMT	Caversham	00MC	Reading
E01016380	E02003393	Reading 005	00MCMX	Kentwood	00MC	Reading
E01016381	E02003394	Reading 006	00MCMX	Kentwood	00MC	Reading
E01016382	E02003394	Reading 006	00MCMX	Kentwood	00MC	Reading
E01016383	E02003393	Reading 005	00MCMX	Kentwood	00MC	Reading
E01016384	E02003393	Reading 005	00MCMX	Kentwood	00MC	Reading
E01016385	E02003394	Reading 006	00MCMX	Kentwood	00MC	Reading
E01016386	E02003390	Reading 002	00MCMY	Mapledurham	00MC	Reading
E01016387	E02003390	Reading 002	00MCMY	Mapledurham	00MC	Reading
E01016407	E02003389	Reading 001	00MCNC	Peppard	00MC	Reading
E01016408	E02003389	Reading 001	00MCNC	Peppard	00MC	Reading
E01016409	E02003391	Reading 003	00MCNC	Peppard	00MC	Reading
E01016410	E02003389	Reading 001	00MCNC	Peppard	00MC	Reading
E01016411	E02003389	Reading 001	00MCNC	Peppard	00MC	Reading
E01016412	E02003389	Reading 001	00MCNC	Peppard	00MC	Reading
E01016419	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016420	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016421	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016422	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016423	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016424	E02003403	Reading 015	00MCNE	Southcote	00MC	Reading
E01016425	E02003390	Reading 002	00MCNF	Thames	00MC	Reading
E01016426	E02003390	Reading 002	00MCNF	Thames	00MC	Reading
E01016427	E02003391	Reading 003	00MCNF	Thames	00MC	Reading
E01016428	E02003391	Reading 003	00MCNF	Thames	00MC	Reading
E01016429	E02003391	Reading 003	00MCNF	Thames	00MC	Reading
E01016430	E02003390	Reading 002	00MCNF	Thames	00MC	Reading

APPENDIX 2

THE MEMBERS OF THE GOVERNING BODY

Role and competencies:

Each member of the Governing Body must support the Governing Body in its function of ensuring that the CCG has appropriate arrangements in place to ensure it exercises its functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it.

Each member of the Governing Body will have previous experience of working in a collective decision making group and a track record in securing or supporting improvements for patients or the wider public,

Each member of the Governing Body must:

- Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- Embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny;
- Demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services;
- Be committed to ensuring that the Governing Body remains “in tune” with the Member practices;
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution;
- Demonstrate a commitment to upholding the ‘Nolan Principles of Public Life’ along with an ability to reflect them in his/her leadership role and the culture of the CCG;
- Be committed to upholding the proposed Standards for members of NHS Boards and Governing Bodies in England;
- Be committed to ensuring that the CCG values diversity and promotes equality and inclusivity in all aspects of its business;
- Consider social care principles and promote health and social care integration where this is in the patient’ best interest; and
- Bring leadership qualities to the CCG including:
 - Creating the vision for the future;
 - Working with others to commission continually improving services;
 - Being close to patients by engaging and involving patients and communities;
 - Intellectual capacity and application and being alert to finding ways to improve; and
 - Demonstrate personal qualities;

And each member of the Governing Body will have:

- A general understanding of good governance and of the difference between governance and management;
- A general understanding of health and an appreciation of the broad social, political and economic trends influencing it;
- Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform CCG deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;
- The confidence to question information and explanations supplied by others, who may be experts in their field;
- The ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill;
- The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives;

- The ability to recognise key influencers and the skills in engaging and involving them;
- The ability to communicate effectively, listening to others and actively sharing information; and
- The ability to demonstrate how their individual skills and abilities can actively contribute to the work of the Governing Body and how this will enable the member to participate effectively as a team member.

Additional specification for individual members:

Chair/Deputy Chair

The chair/ deputy chair must demonstrate appropriate qualifications and experience to

- Ensure that the CCG is effective and works to the benefit of all CCG members and is seen as part of the local CCG not separate from it;
- Contribute to the building of a shared vision, values and culture of the CCG;
- Ensure that the CCG has proper constitutional and governance arrangements in place;
- Provide leadership for the governing body and be responsible for ensuring that the Governing Body operates effectively and efficiently as set out in this Constitution and in accordance with all legislation, guidance, policies etc;
- Work closely with, provide support to and maintain good working relationships with other members of the Governing Body, the Councils of Members, the Chief Officer and all other committees and subcommittees;
- Ensure that the CCG builds and maintains effective relationships, particularly with the health and wellbeing board(s);
- Act as a lead and/or spokesperson for the CCG where a collective view or voice is needed;
- Ensure that the functions of the CCG are carried out in a way that is fair, open and objective;
- Ensure effective running of Governing Body meetings;
- Ensure that public and patients' views are heard and their expectations understood, and so far as possible and appropriate, met;
- Lead and influence clinical and organisational change to enable the CCG to deliver commissioning responsibilities;
- Ensure that the CCG can account to its local patients, stakeholders and NHS England;
- Be the senior clinical voice for interactions with stakeholders, especially the with NHS England; and

Chief Officer

The Chief Officer must demonstrate appropriate qualifications and experience to:

- Work closely with the Chair of the Governing Body to ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) of the CCG's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing development of Members and staff;
- Ensure that the CCG complies with its duties under the 2006 Act, including:
 - its duty to exercise its functions effectively, efficiently and economically;
 - its duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis, or treatment of illness;
 - its obligations to provide financial information to NHS England;
 - its obligations relating to finance, accounting and auditing;
 - its duty to provide information to the Governing Body following requests from Secretary of State; and
 - exercises its functions in a way which provides good value for money;
- Ensure that the regularity and propriety of expenditure is discharged;
- Ensure that good practice is adopted;
- Ensure safeguarding of funds through effective financial and management systems

Chief Finance Officer

The Chief Finance Officer must demonstrate appropriate qualifications and experience to:

- Be the Governing Body's professional expert on finance and ensure through robust systems and processes the regularity and propriety of expenditure is fully discharged;
- Be able to advise the Governing Body on the effective, efficient and economic use of its allocation to remain within that allocation and deliver required financial targets and duties;
- Ensure the discharge by the CCG of obligations under relevant financial directions;
- Ensure that appropriate accountability arrangements are in place for the delivery of specific financial targets;
- Review detailed monthly monitoring reports and year-end forecasts of performance against non financial performance targets;
- Implement the CCG's financial policies and co-coordinating any corrective action necessary to further these policies;
- Maintain an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- Ensure that sufficient records are maintained to show and explain the CCG's transactions, in order to disclose the financial position of the CCG at any time;
- Prepare and maintain such accounts, certificates, estimates, records and reports as the CCG may require for the purpose of carrying out its statutory duties in accordance with relevant accounting convention.
- Develop and implement systems and procedures to ensure effective financial planning, financial management and accountancy;
- Oversee the development and implementation of robust financial processes and procedures to ensure that the CCG meets its statutory financial responsibilities, national and local financial management and reporting duties;
- Ensure that effective financial governance is achieved and that they are operated, managed and adequately resourced by appropriately trained staff;
- Provide effective stewardship of funds by implementing systems as appropriate to safeguard public funds and the CCG's assets;
- Conduct regular reviews and evaluation of financial management systems and procedures;
- Conduct regular financial risk assessments, report to the Chief Officer and implement remedial and/or corrective actions as appropriate;
- Develop and implement financial reporting arrangements and provide financial reports as required by law, Regulation, Guidance or any other policy.

Lay member with lead role in championing patient and public empowerment

The lay member must demonstrate appropriate qualifications and experience to:

- Provide an external view of the working of the CCG, with a strategic and impartial focus;
- Ensure that public and patients views are heard and their expectations understood and met as appropriate;
- Ensure that the CCG builds and maintains an effective relationship with Local Health Watch and draws on existing patient and public engagement and involvement expertise;
- Ensure that the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public;
- If the Deputy chair, take the Chair's role for discussions and decisions where the Chair had made a declaration of interest;
- Actively contribute to and engage in the CCG business in a non-executive capacity through the Governing Body;

Lay member with the lead role in financial management and audit matters

The lay member must demonstrate appropriate qualifications and experience to:

- Provide an external view of the working of the CCG, with a strategic and impartial focus;
- Express informed views about financial management and audit matters
- Chair the Audit Committee and act as Conflicts of Interest Guardian
- Ensure that in all aspects of the CCGs business there is transparent and clear reporting and appropriate scrutiny of financial and business control
- Actively contribute to and engage in the CCG business in a non-executive capacity through the Governing Body;

Lay member with the lead role in overseeing key elements of governance, including audit, remuneration and managing conflicts of interest

The lay member must demonstrate appropriate qualifications and experience to:

- Provide an external view of the working of the CCG, with a strategic and impartial focus;
- If the Deputy Chair, take the Chair's role for discussions and decisions where the Chair had made a declaration of interest;
- Participate in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place;
- Actively contribute to and engage in the CCG business in a non-executive capacity through the Governing Body;

General Practitioners

General Practitioners will:

- Provide leadership to the CCG and ensure that it discharges its statutory duties and complies with governance requirements as provided for by law, Regulation, guidance etc.
- Contribute to the achievement of the CCG goals by using holistic understanding of patients' needs;
- Bring the unique understanding of the Member practices to the discussions and decisions of the Governing Body;
- Lead in shaping the design of services;
- Identify how services can be provided such as to enhance quality and contribute to the implementation of such changes;
- Promote the effective use of resources;

Nurse Director

The Nurse Director must demonstrate appropriate qualifications and experience to:

- Provide an independent strategic clinical view on all aspects of the CCG business;
- Take a balanced view of the clinical and management agenda;
- Contribute a generic view from his/her professional perspective, regardless of issues relating to their own clinical practice or employing organisation's circumstances; and
- Bring detailed insights from a nursing perspective into discussions regarding service re-design, clinical pathways, quality, safeguarding, and system reform.

Secondary Care Specialist

The secondary care specialist must demonstrate appropriate qualifications and experience to:

- Provide an independent strategic clinical view on all aspects of the CCG business;
- Take a balanced view of the clinical and management agenda;
- Contribute a generic view, regardless of issues relating to their own clinical practice or employing organisation's circumstances; and
- Bring appropriate insights to discussions regarding service re-design, clinical pathways and system reform.

APPENDIX 3

MANAGING CONFLICTS OF INTEREST

Conflicts of Interests

1. The CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
2. Where an individual has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG 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 and any relevant guidance issued by NHS England in relation to conflicts of interest.
3. A conflict of interest will include:
 - a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - 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;
 - a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - 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); and
 - where an individual is closely related to, or in a relationship - including friendship, with an individual in the above categories.
4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

Declaring and Registering Interests

5. The CCG will maintain one or more registers of the interests of:
 - the members of the CCG;
 - the members of its Council of Members
 - the members of the Governing Body;
 - the members of the committees and the subcommittees of the Governing Body; and
 - its employees.
6. The registers will be updated in accordance with the timetable prescribed by NHS England and will be published on the CCG's Website.
7. The CCG will make arrangement to ensure that individuals declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, 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. 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.

9. The CCG's Audit Committee will ensure that the register(s) of interest is/are reviewed at least annually , and updated as necessary. It will also be responsible for reviewing reports of potential breaches of this policy and how they have been handled. The Conflicts of Interest Guardian and the Chief Officer will be responsible for notifying NHS England of any confirmed breaches in the quarterly and annual assessment returns.

Managing Conflicts of Interest: General

10. Individual members of the CCG, the Governing Body, Council of Members, the committees of the Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.
11. The lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG 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 CCG's decision making processes.
12. Arrangements for the management of conflicts of interest are to be determined by the lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG 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:
 - when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
13. 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 CCG'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 lay member of the Governing Body responsible for overseeing the management of conflicts of interest on behalf of the CCG.
14. Where an individual member, employee or person providing services to the CCG is aware of an interest which:
 - has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - 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.
15. The chair of the meeting will then determine how this should be managed and inform the member of their decision.
16. 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 the arrangements in the following paragraphs, which must be recorded in the minutes of the meeting.
17. Where the chair of any meeting of the CCG, including the Council of Members, or the Governing Body and its 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.
18. 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.

19. Any declarations of interests, and arrangements agreed in any meeting of the CCG, Council of Members or the Governing Body or its committees, will be recorded in the minutes.
20. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed. 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 CCG'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 the lay member of the Governing Body responsible for overseeing the management of conflicts of interest on the action to be taken.
21. This may include:
 - requiring another of the CCG's committees or subcommittees, the Governing Body or its committees or subcommittees (as appropriate) which can be quorate to progress the item of business, or if this is not possible;
 - 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 / subcommittee in question) so that the CCG can progress the item of business:
 - a member of the CCG who is an individual; an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a governing body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

22. In any transaction undertaken in support of the CCG'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 lay member of the Governing Body responsible for overseeing the management of conflicts of interest of the transaction.
23. The lay member of the Governing Body responsible for overseeing the management of conflicts of interest will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

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

24. Anyone seeking information in relation to a procurement or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.
25. Anyone contracted to provide services or facilities directly to the CCG 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.

Transparency in Procuring Services

26. The CCG recognises the importance of 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 CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
27. The CCG will publish a procurement strategy approved by its Governing Body which will ensure that:
 - all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services, and;
 - service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

Copies of this procurement strategy will be available on the CCG's Website.

Managing Conflicts of Interest where GP practices are potential providers

28. The CCG will establish a process to ensure that the guidance as set out in NHS England's *Managing conflicts of interest: Guidance for clinical commissioning groups* is adopted. In addition to the measures set out above, where the CCG commissions services from GP practices either through a competitive or AQP process or through single tender, these decisions (with the appropriate templates as required) will be reported to the CCG Audit Committee and to the Health and Wellbeing Board/s.

APPENDIX 4

NOLAN PRINCIPLES

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

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

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

APPENDIX 5

SUMMARY OF THE 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)

APPENDIX 6

STANDING ORDERS

A STATUTORY FRAMEWORK AND STATUS

Introduction

- 1** These standing orders have been drawn up to regulate the proceedings of the CCG so that CCG can fulfil its obligations, as set out in the Health Act 2006 as amended. They are effective from the date the CCG is established.
- 2** The standing orders, together with the CCG's scheme of reservation and delegation (set out in summary at Appendix 8, and in full at Part IV) and the CCG's prime financial policies (set out at Appendix 9), provide a procedural framework within which the CCG discharges its business. They set out:
 - The arrangements for conducting the business of the CCG;
 - the appointment of Member Representatives;
 - the procedure to be followed at meetings of the CCG, the Council of Members, the Governing Body and its committees or subcommittees;
 - the process to delegate powers; and
 - the declaration of interests and standards of conduct.
- 3** These arrangements must comply, and be consistent where applicable, with requirements set out in the HSCA Act and take account as appropriate of any relevant guidance.
- 4** The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the CCG's Constitution. Members, Member Representatives on the Council of Members, employees, members of the Governing Body, members of the Governing Body's committees and subcommittees, and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

Schedule of matters reserved to the CCG and the scheme of reservation and delegation

- 5** The Health Act 2006 as amended provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session through the Council of Members. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation set out in Appendix 8.

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

Composition of membership

- 6** Paragraph 35 of the Constitution provides details of the eligibility for membership of the CCG.
- 7** Paragraphs 7-16 of the Constitution provide details of the governing structure used in the CCG's decision-making processes.
- 8** Paragraphs 22 and –27-30 outline certain key roles and responsibilities within the CCG in relation to its Council of Members and its Governing Body, including the role of Member Representatives on the Council of Members.

Key roles on the Council of Members

- 9** Paragraph 10 of the Constitution provides that the Members will exercise their constitutional rights and fulfil their statutory responsibilities in respect of the CCG through the Council of Members, and that each Member shall appoint a representative to the Council of Members.
- 10** The role of Member Representative on the Council of Members - Each Member will appoint one of its members to be its representative on the Council of Members. That representative's term of office will be determined by the relevant Member.
- 11** The roles of Chair and Vice Chair of the Council of Members are subject to the following appointment process:
- Nominations: by Members;
- Eligibility: Membership of the CCG;
- Appointment process: secret ballot; one vote per Member practice, simple majority;
- Term of office: Two (2) years, renewable up to four (4) years (six (6) years maximum)
- Notice period: Three (3) months

Key roles on the locality Council of Members meetings

- 12** Each locality will appoint one of its members to chair the locality Council meeting.
- 13** The role of locality Council Chair is subject to the following appointment process:
- Eligibility: Membership of the CCG, and from a practice located within the locality in question;
- Appointment process: secret ballot; one vote per Member practice of the locality in question, simple majority;
- Term of office: Two (2) years, renewable up to four (4) years (six (6) years maximum)
- Notice period: Three (3) months

Key Roles on the Governing Body

- 14** Paragraph 12 of the Constitution sets out the composition of the CCG's Governing Body and Appendix 4 of the Constitution identifies certain key roles and responsibilities within the CCG and its Governing Body. These standing orders set out how the CCG appoints individuals to these key roles.

15 Terms of Office for each member shall be as set out below after the first three (3) years of the existence of the CCG. During the first three years of its existence, however, in order to preserve business continuity on the Governing Body, such terms of office may be varied but shall only be shorter and not longer than the terms set out below:

16 The role of Chair of the Governing Body is subject to the following appointment process:

Nominations: by the Council of Members' practices:

Eligibility: qualified GP, providing NHS primary care services to patients of the CCG, who has been elected by his/her locality to be a Governing Body member (for the avoidance of doubt, the following are excluded from the role:

- Chief Officer
- Chief Finance Officer
- Secondary Care Specialist
- Nurse Director
- Lay members)

Appointment process: election by the GP members of the Governing Body and the secondary care consultant; secret ballot; simple majority

Term of office: Two (2) years, renewable up to four (4) years (six (6) years maximum);

Notice period: Three (3) months

17 The role of the GP members of the Governing Body, as listed in Appendix 3 of the Constitution, is subject to the following appointment process:

Representation: each of the localities may provide one GP member to the Governing Body

Nominations: by the locality Council of Members' practices

Eligibility: qualified GP, providing NHS primary care services to patients of the locality

Appointment process: open selection process adhering to CCG and /or NHS England recruitment & assessment policies (to ensure core competencies for the role are met); an election by the locality Council of Members' practices on a one vote per practice basis; simple majority

Term of office: Two (2) years, renewable up to four (4) years (six (6) years maximum);

Notice period: Three (3) months

18 The role of the Secondary Care Specialist, and lay members are subject to the following appointment process:

Open selection process adhering to CCG and/or NHS England recruitment and assessment policies and guidance.

Term of office: Two (2) years, renewable up to four (4) years (six (6) years maximum);

Notice period: Three (3) months

19 The roles of Chief Officer, Chief Finance Officer and the Nurse Director are subject to the following process:

Open selection process, adhering to CCG and /or NHS England recruitment & assessment policies and guidance.

Term of office: permanent employees

Notice period: Three (3) months

The roles and responsibilities of each of these key roles are further defined in NHS England guidance, "Clinical commissioning group governing body members: Role outlines, attributes and skills (Oct 2012)".

20 Termination of tenure of office and suspension of officer members

1. A person who is an officer member under paragraph 12 of the Constitution shall cease to hold office as a member if he ceases to hold the post or office in the CCG by virtue of which he became an officer member.
2. If the chair and non-officer members are of the opinion that it is not in the interests of the CCG that a person who is an officer member should continue to hold office as such a member, they may with the consent of NHS England Chief Executive forthwith terminate his tenure of office.
3. If the Council of Members of a CCG notifies the chair of the CCG that they are of the opinion that a person who is an officer member should not continue to hold office as such a member, the chair and non-officer members of the CCG may terminate his tenure of office if they are of the opinion that it is not in the interests of the CCG for him to continue to hold office.
4. Where under paragraph (3) the chair and non-officer members terminate the tenure of office of an officer member or determine that such a member shall continue to hold office, they shall forthwith notify NHS England Chief Executive in writing, stating the reasons for their decision.
5. If a person who is an officer member has failed to attend a meeting of the CCG for a period of three months, the chair and non-officer members shall forthwith terminate the tenure of office of that officer member unless they are satisfied that:
 - (a) the absence was due to a reasonable cause; and
 - (b) the member will be able to attend meetings of that CCG within such period as the chair and non-officer members consider reasonable.
6. If an officer member of a CCG is suspended from his post in the CCG or from his membership of the Operational Leadership Team he shall be suspended from performing his functions as a member for the period of his suspension

19 Termination of tenure of office: chair and non-officer members

1. Where during his period of membership a non-officer member of a CCG is appointed to be the chair of the CCG, his tenure of office as a member shall terminate when his appointment as chair takes effect.
2. If the Council of Members is of the opinion that:
 - (a) it is not in the interests of the health service in the area for which a CCG acts; or
 - (b) it is not conducive to the good management of a CCG, for a person whom they have appointed as the chair or a non-officer member of that CCG to continue to hold that office, the Council of Members may forthwith terminate his tenure of office.
3. If the chair or a non-officer member of a CCG has failed to attend a meeting of that CCG for a period of three months, NHS England Chief Executive shall forthwith terminate the tenure of office of the chair or that member unless he is satisfied that:
 - (a) the absence was due to a reasonable cause; and
 - (b) the chair or member will be able to attend meetings of that CCG within such period as the Council of Members considers reasonable.
4. Where a person has been appointed to be the chair or a non-officer member of a CCG:

- (a) if it comes to the notice of the Chief Officer that the person has become disqualified for appointment, the Chief Officer shall forthwith notify him in writing of such disqualification; or
- (b) if it comes to the notice of the Chief Officer that at the time of his appointment the person was so disqualified, the Chief Officer shall forthwith declare that he was not duly appointed and so notify him in writing, and, upon receipt of any such notification, his tenure of office, if any, shall be terminated and he shall cease to act as such chair or member.

C. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

- 21** The CCG will hold an annual general meeting (an “AGM”) once a year apart from Year 1. The AGM will be held in public and be a matter of public record. The matters to be considered at the AGM will be set out in the notice calling it, but will include:
- 21.1 Consideration of the CCG’s annual report, accounts, operating plan and commissioning strategy;
 - 21.2 Consideration of an annual report describing all public consultations undertaken by the CCG, the findings and the actions it has taken as a result;
 - 21.3 Ratification of election of members of the Governing Body;
 - 21.4 Ratifying members of the OLT; and
 - 21.5 The transaction of any other business included in the notice.
- 22** The agenda will be drawn up by the Chair and circulated to all Members and public (via the CCG website) at least five (5) days before the scheduled meeting.

Meetings of the Council of Members

- 23** The Council of Members will meet throughout the year as locality Councils. Each of these Councils will meet at least six times per year.
- 24** The Members of the locality Councils will come together at least once a year, to formally take those decisions that are reserved to them as the CCG Council, such as signing off the Operational and Strategic Plan and the Annual Report and Accounts.

Meetings of the locality Councils

- 25** The Council of Members will meet throughout the year as locality Councils, working with the relevant locality group.
- 26** All arrangements regarding chairing, attendance by practice representatives other than GP Members and meeting logistics may be decided by locality Councils.
- 27** Voting rights:
- Except where otherwise stated in the constitution, (i.e. for matters relating to elections and representation), Member Representatives will have one vote per practice. For all other

matters, each Member Representative will have voting rights proportionate to the population of their Member practice as follows:

POPULATION	VOTES
1-5000	1
5001 – 10000	2
10001 – 15000	3
15001 +	4

28 In the case of a tied vote, the Council Chair will be entitled to a casting vote.

Meetings of the full Council of Members

29 The locality Councils will come together at least once a year, to formally take those decisions that are reserved to them as the CCG Council, such as signing off the Operational and Strategic Plan and Annual Report.

30 The locality Council chairs will rotate chairmanship of the full Council meetings.

31 Every Member Representative will have one vote. In the case of equality of votes, the Chair will be entitled to a casting vote.

32 Voting rights:

Except where otherwise stated in the constitution, (i.e. for matters relating to elections and representation, where Member Representatives will have one vote per practice), each Member Representative will have voting rights proportionate to the population of their Member practice as follows:

POPULATION	VOTES
1-5000	1
5001 – 10000	2
10001 – 15000	3
15001 +	4

33 In the case of a tied vote, the Council Chair will be entitled to a casting vote.

- 34** Quorum will be achieved by at least 50% of those entitled to vote on the business to be transacted, each being a Member representative or his/her proxy, being present.
- 35** No business other than the appointment of a Chair will be transacted if those attending a meeting do not constitute a quorum.
- 36** Proxies may only be validly appointed by a notice in writing (a “proxy notice”) that states the name of the Member Representative appointing the proxy, the name of the person appointed as proxy and the meeting for which that proxy is appointed. Such proxy notice must be signed by the Member Representative appointing the proxy and delivered to the Chair at least 48 hours before the relevant meeting.
- 37** A resolution in writing approved by 50% of those entitled to vote will be as valid and effectual as if it had been passed at a meeting that was duly convened and held.
- 38** An annual schedule of meetings will be agreed by the Council of Members. In exceptional circumstances the Governing Body, or 50% of Member Representatives, may call a general meeting of the Council of Members at any time by giving all of the Member Representatives at least 14 days’ notice. The Council of Members’ Chair or the CCG Chair will chair general meetings.
- 39** Where the agenda for a general meeting of the Council of Members includes an item requiring a decision by the Member Representatives on any matter reserved to the Council of Members, that general meeting shall be in public and the arrangements discussed in paragraphs 34, 36, 37 and 41 below shall apply.
- 40** Every notice calling such a meeting will specify the place, date and time of the meeting and the nature of business to be transacted at it and any resolution proposed to be passed must be set out in full. Notice must be given to each Member Representative and to each member of the Governing Body. The agenda will be drawn up by the Chair and circulated to all Member Representatives at least five (5) days before the scheduled meeting.
- 41** Accidental omission to give notice of a meeting to, or the non-receipt of notice by, any person entitled to receive notice will not invalidate proceedings at a meeting.

Meetings of the Governing Body

- 42** The Governing Body will meet in public not less than four times per year.
- 43** The Chair may determine that certain items need to be discussed in private in line with the requirements of guidance and the law (for example staff discipline, or confidential information relating to patients). Such items will be decided in a private part of the Governing Body meeting, from which the public will be excluded.
- 44** The date, time and venue of the meetings will be made public with at least 14 days’ notice. The agenda and all papers required for the meeting will be made public at least five (5) days before the meeting. Notice, the agenda and all papers required for the meeting must be given to each Member representative and to each member of the Governing Body at least five (5) days before the meeting. The following bodies may also be notified: the CCG’s auditor, the Chair of the Health and Wellbeing Board and the local Health Watch.
- 45** The agenda will be agreed between the Chief Officer and the Chair.
- 46** Members of the public will be allowed to ask questions at specified times (which may include but not necessarily be limited to the submissions of questions in advance of the meeting), but may not contribute to discussion unless specifically invited by the Chair.

- 47** The Governing Body may make any arrangements it considers appropriate to enable those attending a meeting to listen and contribute and to exercise their rights and vote.
- 48** The quorum will be seven (7) voting members, at least four (4) of whom are practising clinicians. The only decision the Governing Body can take if a meeting is not quorate is to call a special general meeting of the Council of Members.
- 49** Voting: Each member of the Governing Body will have one vote. If the number of votes for or against a proposal is equal, the Chair will have a casting vote. All decisions will be made on at least a simple majority vote.
- 50** Right of veto: In exceptional circumstances, a Governing Body GP will have a right of veto on a proposal where s/he can demonstrate a) a rationale explaining why it will be detrimental to the patient population in their locality, and b) a majority opinion of their locality council of members that this is so.
- 51** The veto exists in relation to the delivery of the proposal in their locality, and not to the proposal across the wider geography.
- 52** The Governing Body must make, keep and make available to Members and the public:
- Minutes of all AGMs, meetings of the Governing Body and meetings of the Council of Members which are held in public;
 - The Register of Members and Member Representatives; and
 - A register of interests in accordance with Appendix 5.

Suspension of Standing Orders

- 53** Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting of the Council of Members.
- 54** A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 55** A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's audit committee for review of the reasonableness of the decision to suspend standing orders.

D. APPOINTMENT OF COMMITTEES AND SUBCOMMITTEES

Appointment of committees and subcommittees

- 56** The CCG may appoint committees and subcommittees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and subcommittees of the Governing Body. Where such committees and subcommittees of the CCG, or committees and subcommittees of its Governing Body, are appointed they are included in an appendix to the Constitution.
- 57** Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee, Remuneration Committee or Primary Care Commissioning Committee, the CCG shall determine the membership and terms of reference of committees and subcommittees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
- 58** The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and subcommittees and all committees and subcommittees unless stated otherwise in the committee or subcommittee's terms of reference.

Terms of Reference

- 59** Terms of reference shall have effect as if incorporated into the Constitution and are contained in Appendix 2

Delegation of Powers by Committees to Subcommittees

- 60** Where committees are authorised to establish subcommittees they may not delegate executive powers to the subcommittee unless expressly authorised by the Council of Members.

Approval of Appointments to Committees and Subcommittees

- 61** The CCG shall approve the appointments to each of the committees and subcommittees which it has formally constituted including those the Governing Body. The CCG shall agree such travelling or other allowances as it considers appropriate.

E. OVERLAP WITH OTHER CLINICAL COMMISSIONING CCG POLICY STATEMENTS / PROCEDURES AND REGULATIONS

Policy statements: general principles

- 62** The CCG will from time to time agree and approve policy statements/ procedures which will apply to all or specific CCGs of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

APPENDIX 7

SCHEME OF RESERVATION AND DELEGATION

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

- 1.1 The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions will have effect as if incorporated in the Constitution.
- 1.2 The CCG remains accountable for all of its functions, including those that it has delegated.
- 1.3 Part IV of the constitution details the full scheme of reservation and delegation, of which this is an extract of key items.

2. **Functions reserved to the Council of Members**

- 2.1 The following matters require the prior approval [by at least 75% of those votes cast at a meeting of the Council of Members] and no action may be taken by the Governing Body without such approval (except calling a meeting of the Council of Members, or circulating a written resolution requesting such approval for Members to vote on):
- 2.2 Applying to NHS England to carry out any action that requires NHS England approval, including to:
 - amend this Constitution, except to the extent that such amendments are required by law or Regulations;
 - change the vision or values of the CCG or doing anything that is inconsistent with them;
 - change the Geography;
 - change the name of the CCG;
 - merge with any other clinical commissioning group;
 - remove any Member for any reason other than those set out in paragraph 38 of the Constitution (for example a Member breaching the policy for managing conflicts of interests, for failing to comply with decisions of the Governing Body or for consistent and/or flagrant breaches of this Constitution)
- 2.3 Approval of the annual operational plan, the commissioning strategy/plan, the procurement strategy and the Annual Report which are recommended by the Governing Body;
- 2.4 Entering into certified externally financed development agreements; and
- 2.5 Extension of terms of members of Governing Body in exceptional circumstances.

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

- 3.1 All other functions are delegated to the Governing Body.
- 3.2 In pursuit of the purpose in paragraph 19 of the Constitution, the CCG will establish the Governing Body and delegate to it the power to develop the strategic direction of the CCG and to conduct the overall management of the CCG, on such terms as the Council of Members will determine (having taken account of all relevant statutory requirements and NHS England and Department of Health guidance).
- 3.3 The Governing Body will discharge its statutory duties and functions delegated to it by:
 - Leading the CCG and secure effective clinical engagement in its business and decision making in accordance with statutory obligations;

- Commissioning support services from appropriately qualified and experienced professionals to enable the CCG to fulfil its statutory duties;
- Recommending to the Council of Members a commissioning strategy/plan (setting the strategic direction of the CCG) and an annual operating plan (to meet statutory obligations and implement the commissioning strategy);
- Publishing annually the Commissioning Plan approved by the Council of Members and submit a copy to NHS England and to the relevant Health and Wellbeing Board;
- Preparing, in consultation with the relevant Health and Wellbeing Board and in accordance with such Directions given by NHS England, recommend to the Council of Members and publish an Annual Report in every financial year except its first financial year setting out how the CCG discharged its functions in the previous financial year;
- Publishing and submitting a copy of the Annual Report to NHS England and hold a meeting for the purpose of presenting the report to members of the public;
- Overseeing the delivery of the annual operating plan and commissioning strategy, once they have been approved by the Council of Members;
- Approving a procurement strategy and ensuring its publication;
- Holding each member of the Governing Body and each Member of the CCG to account for the delivery of the annual operating plan and commissioning strategy;
- Ensuring that its revenue resource use in a financial year does not exceed the amount specified by Direction of NHS England;
- Promoting the dynamic and pro-active involvement of Members to secure improvements in commissioning of health care and other services and in the business of the CCG;
- Taking into account the views of Members when making decisions;
- Promoting the NHS Constitution (which is summarised at Appendix 6);
- Engaging in a collaborative approach within the local health system with patients, the public and other stakeholders;
- Engaging with the relevant Health and Wellbeing Board/s and nominating a member of the Governing Body to act as the CCG's representative on it;
- Pro-actively engaging with the local Health Watch;
- Appointing and ensuring the effectiveness of an Audit Committee, a Remuneration Committee and others as required, including a Quality Committee;
- Ensuring that the CCG achieves financial break-even;
- Publishing an explanation of how it has spent any quality payments made to it;
- Appointing and ensuring the effectiveness of an Operational Leadership Team;
- Monitoring and ensuring that the CCG meets all statutory, financial and quality requirements imposed upon it whether by law, Regulations, official guidance, policy provisions or otherwise;
- Establishing systems and processes to implement effective corporate, clinical, financial, information and research governance and for the management of conflicts and probity issues;
- Establishing systems and processes to ensure public assets are secure;
- Discharging such functions as are imposed by the Secretary of State in Regulations from time to time;
- Overseeing the development, implementation and on-going review of all policies required to underpin all of the above in this paragraph 3.3.
- Publishing the CCG Prospectus approved by the Council of Members and the Local Health and Wellbeing Board.

3.4 The Governing Body may delegate any of its functions to any member, employee, committee or subcommittee, provided the terms of any such delegation are set out clearly in a scheme of delegation that includes standing orders and standing financial instructions which are made available publically.

3.5 Any committee and subcommittee established by the Governing Body (including those relating to Audit, Remuneration and any other committee or subcommittee) will have terms of reference and will have at least one member of the Governing Body in attendance to be quorate.

APPENDIX 8

PRIME FINANCIAL POLICIES

1 INTRODUCTION

1.1 General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Constitution.
- 1.1.2. The prime financial policies are part of the control environment for managing the CCG's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation as set out at Appendix 8.
- 1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, changes to which will be approved annually by the Audit Committee, known as *detailed financial policies*. The CCG refers to these prime and detailed financial policies together as the CCG's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Audit Committee is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the chief finance officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's Constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the CCG's Members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of CCG's Members, employees, members of the Governing Body, members of the governing body's committees and subcommittees, members of the CCG's committee and subcommittee (if any) and persons working on behalf of the CCG are set out in the Constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the scheme of reservation and delegation (Appendix 8).

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Chief Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the CCG's Constitution, any amendment will not come into force until the CCG applies to NHS England and that application is granted.

2 INTERNAL CONTROL

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

2.2. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 15 of the Constitution for further information).

2.3. The Chief Officer has overall responsibility for the CCG's systems of internal control.

2.4. The Chief Finance Officer will ensure that:

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

3 AUDIT

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

3.2. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the CCG to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Chief Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.3. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Chief Officer to review audit

issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.

- 3.4. The Chief Finance Officer will ensure that:
- a) the CCG has a professional and technically competent internal audit function; and
 - b) the Council of Members approves any changes to the provision or delivery of assurance services to the CCG.

4 FRAUD AND CORRUPTION

- 4.1. The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.
- 4.2. The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.3. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

5 EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Chief Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfill its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6 ALLOTMENTS

- 6.1. The CCG's Chief Finance Officer will:
- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;

- b) before the start of each financial year, submit to the Councils of Members for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7 COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

- 7.1. The CCG will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.
- 7.2. The Chief Officer will compile and submit to the Council of Members a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.3. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit budgets for approval by the Governing Body.
- 7.4. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.5. The Chief Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.6. The Governing Body will approve consultation arrangements for the CCG's commissioning plan.

8 ANNUAL ACCOUNTS AND REPORTS

- 8.1. The CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.
- 8.2. The Chief Finance Officer will ensure the CCG:
 - a) prepares a timetable for producing the annual report and accounts;
 - b) prepares the accounts according to the timetable;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the group's website.

9 INFORMATION TECHNOLOGY

- 9.1. The CCG will ensure the accuracy and security of the group's computerised financial data.
- 9.2. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.
- 9.3. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

ACCOUNTING SYSTEMS

- 9.4. The CCG will run an accounting system that creates management and financial accounts.
- 9.5. The Chief Finance Officer will ensure:
- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 9.6. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

10 BANK ACCOUNTS

- 10.1. The CCG will keep enough liquidity to meet its current commitments.
- 10.2. The Chief Finance Officer will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
- b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

10.3. The Audit Committee shall approve the banking arrangements.

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

11.1. The CCG will:

- a) operate a sound system for prompt recording, invoicing and collection of all monies due;
- b) seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions; and
- c) ensure its power to make grants and loans is used to discharge its functions effectively.

11.2. The Chief Financial Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

12 TENDERING AND CONTRACTING PROCEDURE

12.1. The CCG:

- a) will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending;
- b) will seek value for money for all goods and services by reference to the optimum combination of whole life cost and quality; and
- c) shall ensure that competitive tenders are invited in line with the detailed financial policies of the CCG and subject to the requirements of the NHS (Procurement, Patient Choice and Competition) Regulations 2012, the thresholds of the Public Contracts Regulations 2006 and NHS England Guidance on Competition for:
 - i) the supply of goods, materials and manufactured articles; and
 - ii) the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health).

- 12.2. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer or the CCG's Governing Body.
- 12.3. The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- 12.4. the CCG's standing orders;
- a) the Public Contracts Regulation 2006 the NHS (procurement, Patient Choice and Competition) Regulations, and, any successor legislation and any other applicable law; and
 - b) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 12.5. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Chief Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG and, as far as it is known, the CCG:
- a) Will, in each procurement and consistently with the relevant law, exclude companies which have been convicted of offences, or whose director(s) or any other person or company who has powers of representation, decision or control of the company has or have been convicted of offences in the conduct of their business or committed an act of grave professional misconduct in the conduct of their business, such as breaches of employment, equal opportunities or environmental legislation. However, any corrective/remedial action taken by the company in response to such an offence should also be taken into account in determining its suitability as a bidder; and
 - b) Will, in each procurement and consistently with relevant EU and international law, ensure that contractual provisions, procurement procedures and selection and award criteria prohibit or restrict contractors' use of offshore jurisdictions and/or improper tax avoidance schemes or arrangements and/or exclude companies which use such jurisdictions and/or such schemes or arrangements.

13 COMMISSIONING

- 13.1. Working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility
- 13.2. The CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority/authorities, including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 13.3. The Chief Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 13.4. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

14 RISK MANAGEMENT AND INSURANCE

14.1. The CCG will put arrangements in place for the evaluation and management of its risks.

15 PAYROLL

15.1. The CCG will put arrangements in place for an effective payroll service.

15.2. The Chief Finance Officer will ensure that the payroll service selected:

- a) is supported by appropriate (i.e. contracted) terms and conditions;
- b) has adequate internal controls and audit review processes;
- c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

15.3. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll

16 NON-PAY EXPENDITURE

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

16.2. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers

16.3. The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

16.4. The Chief Finance Officer will:

- a) advise the Audit Committee on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

17 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

17.1. The CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG's fixed assets.

17.2. The Chief Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

17.3. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

18 RETENTION OF RECORDS

18.1. The CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance.

18.2. The Chief Officer shall:

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

APPENDIX9

GLOSSARY

Term	Meaning
Chief Officer	An individual, defined by the Act, appointed by NHS England with responsibility for ensuring that the CCG complies with its obligations under the Act and exercises its functions in a way that provides good value for money;
Act	NHS Act 2006 as amended by the Health and Social Care Act 2012 and related regulations;
Annual Report	The annual report of the CCG as required by the Act;
CCG	Clinical Commissioning Group;
Chief Financial Officer	The qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance;
Constitution	This document that governs how the CCG will fulfil its statutory duties and make decisions;
Council of Members	The committee of the CCG appointed by the Members under the standing orders and the scheme of reservation and delegation;
Commissioning Support Services (CSS)	Commissioning support procured from external organisations
Federation	The federation of CCGs established via the Federation Agreement
Federation Agreement	As set out in Appendix 2
Geography	The geographical area that the CCG has responsibility for, namely Newbury and District, as set out in Appendix 2;
Governing Body	The body appointed under the Act with the main function of ensuring that the CCG has made appropriate arrangements for ensuring that it complies with its obligations under the Act and generally accepted principles of good governance;
Term	Meaning

GPs	General practitioners;
Members	The individual practices who have entered into this Constitution, as evidenced by their signatures on the Register of Members;
NHS England	The body established by the Act that is responsible for authorising CCGs ;
NHS Constitution	The NHS Constitution: The NHS Belongs to us all (March 2012) DH Guidance Gateway number 132961;
Nolan Principles	The First Report of the Committee on Standards in Public Life (1995) as set out in Appendix 6;
PCTs	Primary Care Trusts;
Register of Members	Appendix 1;