

NHS Frimley Clinical Commissioning Group Constitution

Version 1

NHS England Effective Date 1 April 2021

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Constitution

INTRODUCTION AND STATUS

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Frimley Clinical Commissioning Group (“the CCG”).

1.2. Statutory Framework

- 1.2.1. CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

- 1.2.2. When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

- a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- c) Financial duties (under sections 223G-K of the 2006 Act);
- d) Child safeguarding (under the Children Acts 2004,1989);
- e) Equality, including the public-sector equality duty (under the Equality Act 2010);
and
- f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

- 1.2.3. Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

- 1.2.4. The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

- 1.2.5. CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements

for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3. Status of this Constitution

- 1.3.1. This Constitution will be effective from 1 April 2021 the date of establishment of the CCG by NHS England.
- 1.3.2. Changes to this Constitution are effective from the date of approval by NHS England, and the date shall be noted on the constitution (as amended).
- 1.3.3. The Constitution as in force from time to time is published on the CCG website at <http://www.frimleyccg.nhs.uk>

1.4. Amendment and Variation of this Constitution

- 1.4.1. This Constitution can only be varied in two circumstances.
 - a) where the CCG applies to NHS England and that application is granted; and
 - b) where in the circumstances set out in legislation NHS England varies the Constitution other than on application by the CCG.
- 1.4.2. The CCG may only apply to NHS England for a variation under paragraph 1.4.1(a) when the changes have been approved by the Governing Body.
- 1.4.3. Any member of the Governing Body may propose a variation to the constitution, which shall be considered by the Governing Body unless:
 - a) the proposed changes alter the powers or duties of the members; or
 - b) the proposed changes alter the reserved powers of the members; or
 - c) at least half (50%) of all the Governing Body members formally request member approval be sought.
- 1.4.5 In the event of approval of proposed changes to the constitution being sought from the member practices:
 - a) the proposed amendments will be shared in writing; and
 - b) the agreement shall be sought in writing.

In accordance with section 6.1 in the Standing Orders. This does not require a meeting of the member practices.

1.5. Related documents

- 1.5.1. This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Schedule of Delegated Authority Limits for Financial Commitments, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- a) Standing Orders – which set out the arrangements for meetings and the selection and appointment processes for the CCG’s Committees, and the CCG Governing Body (including Committees);
- b) The Scheme of Reservation and Delegation – sets out those decisions that are reserved for the Membership as a whole and those decisions that have been delegated by the CCG or the Governing Body;
- c) Prime financial policies – which set out the arrangements for managing the CCG’s financial affairs;
- d) Schedule of Delegated Authority Limits for Financial Commitments – which set out the delegated limits for financial commitments on behalf of the CCG;
- e) The CCG Governance Handbook – which includes:
 - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest; and
 - Committee terms of reference.

1.6. **Accountability and transparency**

1.6.1. The CCG will demonstrate its accountability to its Members, local people, stakeholders and NHS England in a number of ways, including by being transparent. We will meet our statutory requirements to:

- a) publish our Constitution and other key documents including
 - Standing Orders;
 - Scheme of Reservation and Delegation;
 - Governance Handbook;
 - Committee Terms of Reference.
- b) appoint lay members and independent members as well as non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England’s statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 and expected standards of good practice (see also part 6 of this Constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) publish an annual commissioning strategy that takes account of national, system and local priorities; which may be included within an overall strategy with other partners;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG’s Communications and Engagement Strategy which can be found on our website <http://www.frimleyccg.nhs.uk>
- h) discharge its duties under section 14Z2, the CCG will ensure that NHS values lie at the heart of the group’s work, which are:
 - working together for patients;
 - respect and dignity;
 - commitment to quality of care;
 - compassion;

- improving lives; and
 - everyone counts.
- i) comply with local authority health overview and scrutiny requirements;
 - j) meet annually in public to present an annual report which is then published;
 - k) produce annual accounts which are externally audited;
 - l) publish a clear complaints process;
 - m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
 - n) provide information to NHS England as required; and
 - o) be an active member of the local Health and Wellbeing Board(s).

1.6.2. In addition to these statutory requirements, the CCG will demonstrate its accountability by:

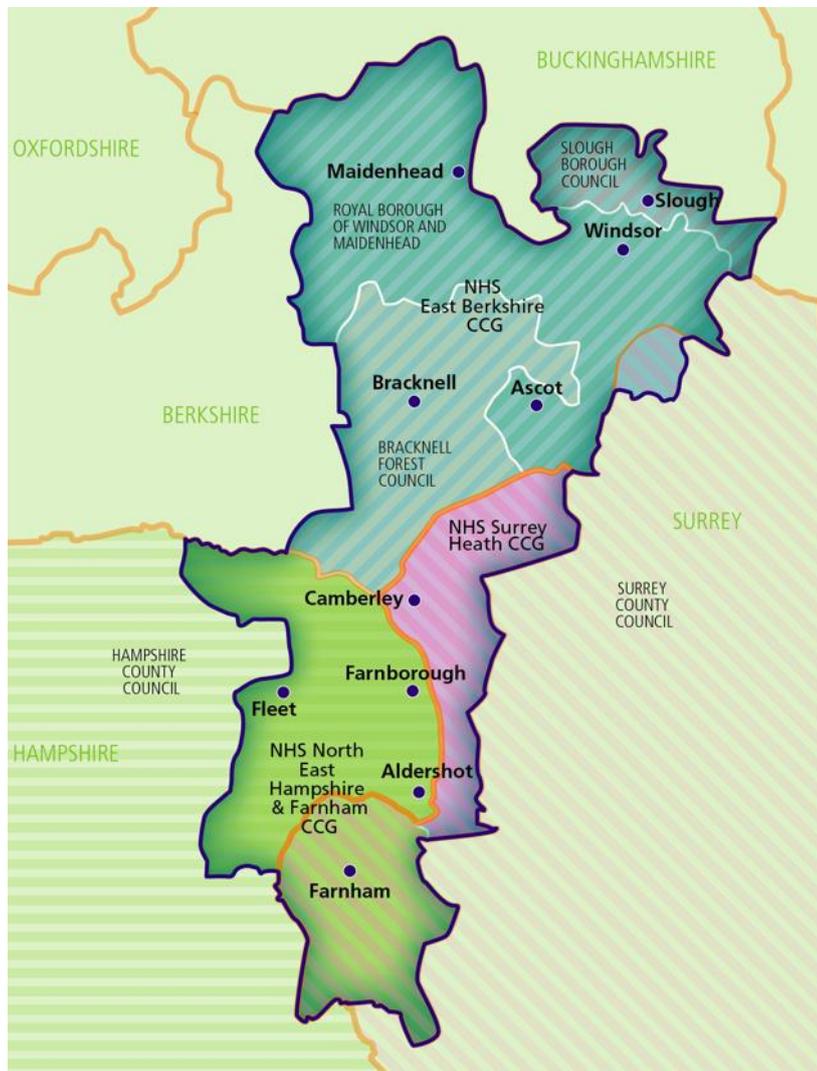
- a) holding engagement events and using other means to engage patients, the public and stakeholders to support strategy and service development;
- b) seeking continuous feedback from Members, stakeholders, patients and the public on a continuous basis through its web site and Healthwatch;
- c) fully including patients, families, carers, the public, voluntary and third sector organisations, health professionals and our partners in how the CCG designs services, sets priorities and plans;
- d) publishing minutes of meetings and other documents on its internet site;
- e) publishing corporate and clinical policies on our website
<http://www.frimleyccg.nhs.uk>

1.7. Liability and Indemnity

- 1.7.1. The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.
- 1.7.2. No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.
- 1.7.3. No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.
- 1.7.4. The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCGs' business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

AREA COVERED BY THE CCG

2.1. Map of the geographical area covered by the CCG.



2.2. The geographical area covered by the CCG comprises of the following and aligned to the Local Super Output Area (LSOA) codes shown in Appendix 5:

- i. the whole of The Royal Borough of Windsor and Maidenhead;
- ii. the whole of the area covered by Slough Borough Council;
- iii. the whole of the area covered by Bracknell Forest Council;
- iv. area covered by Surrey Heath Borough Council including Ash and Ash Vale with the exception of village of Chobham, Bisley and West End;
- v. Waverley 013F. The area covered by the CCG is for Farnham Town;
- vi. the towns of Aldershot and Farnborough;
- vii. the towns of Fleet and Yateley.

2.3. The CCG is divided into five Places:

| PLACE | DESCRIPTION |
|---|--|
| Slough | As described in para 2.2 ii |
| Bracknell Forest | As described in para 2.2 iii |
| Royal Borough of Windsor and Maidenhead | As described in para 2.2 i |
| Surrey Heath | As described in para 2.2 iv |
| North East Hampshire and Farnham | As described in para 2.2 v, vi and vii |

Each Member is allocated to the Place where the Member has its principal practice premises as set out in paragraph 3.1.3 below

MEMBERSHIP MATTERS

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a Membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the Membership of the CCG are listed below.

| Practice Name | Address |
|-------------------------------|--|
| Bracknell | |
| The Waterfield Practice | Ralphs Ride, Bracknell, RG12 9LH |
| The Sandhurst Group Practice | 1 Cambridge Road, Sandhurst, GU47 0UB |
| Binfield Surgery | Terrace Road North, Bracknell, RG42 5JG |
| The Easthampstead Practice | 23 Rectory Lane, Bracknell RG12 7BB |
| Forest Health Group, | Ringmead, Birch Hill, Bracknell RG12 7PG |
| The Gainsborough Practice | Warfield Green Medical Centre, 1 County Lane, Bracknell, RG42 3JP |
| The Great Hollands Practice | Great Hollands Health Centre, Great Hollands Square, Bracknell, RG12 8WY |
| The Ringmead Practice | Leppington, Bracknell, Berkshire, RG12 7WW |
| The Crown Wood Medical Centre | 4A Crown Row, Bracknell, RG12 0TH |
| The Evergreen Practice | Skimped Hill Health Centre, Bracknell, RG12 1LH |
| Slough | |
| Kumar Medical Centre | 59 Grasmere Avenue, Slough, SL2 5JE |
| Wexham Road Surgery | 242 Wexham Road, Slough, SL2 5JP |
| The Avenue Medical Centre | Wentworth Avenue, Britwell Estate, Slough, SL2 2DG |
| Farnham Road Surgery | 301 Farnham Road, Slough, Berkshire, SL2 1HD |
| Upton Medical Partnership | The Village Medical Centre, 45 Mercian Way, Cippenham, SL1 5ND |
| Bharani Medical Centre | 16-18 Lansdowne Avenue, Slough, SL1 3SJ |

| | |
|---------------------------------|--|
| Ragstone Road Surgery | 40 Ragstone Road, Slough, SL1 2PY |
| Dr Sharma Surgery | The Surgery, 240 Wexham Road, Slough, SL2 5JP |
| Shreeji Medical Centre | 22 Whitby Road, Slough, SL1 3DQ |
| Manor Park Medical Centre | 2 Lerwick Drive, Slough, SL1 3XU |
| Herschel Medical Centre | 45 Osborne Street, Slough, SL1 1TT |
| Crosby House Surgery | 91 Stoke Poges Lane, Slough, SL1 3NY |
| Langley Health Centre | Common Road, Slough, SL3 8LE |
| The Orchard Practice | Willow Parade, 276 High Street, Slough, SL3 8HD |
| Cippenham Surgery | 261 Bath Road, Slough, SL1 5PP |
| Chapel Medical Centre | Upton Hospital, Albert Street, Slough, SL1 2BJ |
| Windsor and Maidenhead | |
| Woodlands Park Surgery | 15 Woodlands Park Rd, Maidenhead SL6 3NW |
| Linden Medical Centre | 9A Linden Ave, Maidenhead SL6 6JJ |
| Ross Road | 85 Ross Rd, Maidenhead SL6 2SR |
| Claremont and Holyport Practice | 2 Cookham Rd, Maidenhead SL6 8AN |
| The Cedars Surgery | 8 Cookham Road, Maidenhead SL6 8AJ |
| Cookham Medical Centre | Lower Rd, Cookham, Maidenhead SL6 9HX |
| Rosemead Surgery | 8A Ray Park Ave, Maidenhead SL6 8DS |
| Redwood House Surgery | Redwood House, Cannon Ln, Maidenhead SL6 3PH |
| Cordwallis Road Surgery | 1 Cordwallis Rd, Maidenhead SL6 7DQ |
| Symons Medical Centre | 25 All Saints Ave, Maidenhead SL6 6EL |
| Green Meadows Partnership | Winkfield Road, Ascot, Berkshire, SL5 7LS |
| Kings Corner Surgery | Kings Road, Sunninghill, Ascot, Berkshire, SL5 0AE |
| Magnolia House | 15 Station Road, Sunningdale, Ascot, SL5 0QJ |
| Ascot Medical Centre | Forest Lodge, Gate 3 Heatherwood Hospital, King's Ride, Ascot, SL5 8AA |
| Lee House Surgery | 84 Osborne Road, Windsor, SL4 3EW |
| Sheet Street Surgery | 21 Sheet Street, Windsor, SL4 1BZ |

| | |
|---|--|
| Clarence Medical Centre | Vansittart Road, Windsor, SL4 5AS |
| Datchet Health Centre | Green Lane, Slough, SL3 9EX |
| Runnymede Medical Practice, | Newton Court Medical Centre, Burfield Road, Old Windsor, Berkshire, SL4 2QF |
| South Meadow Surgery | 3 Church Close, Eton, SL4 6AP |
| North East Hampshire and Farnham | |
| Princes Gardens Surgery | 2A High Street, Aldershot, Hampshire, GU11 1BJ |
| The Cambridge Practice | Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY |
| The Wellington Practice | Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY |
| Giffard Drive Surgery | 68 Giffard Drive, Cove, Farnborough, Hampshire, GU14 8QB |
| Voyager Family Health | Farnborough Centre for Health, Apollo Rise, Southwood Business Park, Farnborough, Hampshire GU14 0NP |
| Alexander House Surgery | Alexander House, 2 Salisbury Road, Farnborough, Hampshire, GU14 7AW |
| Jenner House Surgery | 159 Cove Road, Farnborough, Hampshire, GU14 0HQ |
| Mayfield Medical Centre | Croyde Close, Farnborough, Hampshire GU14 8UE |
| North Camp Surgery | 2 Queens Road, Farnborough, Hampshire, GU14 6DH |
| Farnham Park Health Group | Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS |
| Downing Street Group Practice | 4 Downing Street, Farnham, Surrey, GU9 7PA |
| Holly Tree Surgery | 42 Boundstone Road, Wrecclesham, Farnham, Surrey, GU10 4TG |
| Farnham Dene Medical Practice | Farnham Centre for Health, Hale Road, Farnham, GU9 9QS |
| Richmond Surgery | Richmond Close, Fleet, Hampshire, GU52 7US |
| Fleet Medical Centre | Church Road, Fleet, Hampshire, GU51 4PE |
| Branksomewood Healthcare Centre | Branksomewood Road, Fleet, Hampshire, GU51 4JX |
| Cron dall New Surgery | Redlands Lane, Cron dall, Farnham, Surrey, GU10 5RF |
| Oakley Health Group | 51 Frogmore Road, Blackwater Camberley, Surrey, GU17 0DB |
| The Border Practice | Blackwater Way, Aldershot, Hampshire, GU12 4DN |

| Surrey Heath | |
|---------------------------|---|
| Bartlett Group | Frimley Green Medical Centre, 1 Beech Road, Frimley Green, Surrey, GU16 6QQ |
| Camberley Health Centre | 159 Frimley Road, Camberley, Surrey, GU15 1PZ |
| Lightwater Surgery | 39 All Saints Road, Lightwater, Surrey, GU18 5SQ |
| Park House Surgery | Park Street, Bagshot, Surrey, GU19 5AQ |
| Park Road Group Practice | 143 Park Road, Camberley, Surrey, GU15 2NN |
| Station Road Surgery | 4 Station Road, Frimley, Surrey, GU16 7HG |
| Upper Gordon Road Surgery | 37 Upper Gordon Road, Camberley, Surrey, GU15 2HJ |

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Speaking, Writing or Acting in the Name of the CCG

3.3.1 Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG.

3.3.2 Nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its Members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4 Members' Rights

3.4.1 Members will be invited to work with the CCG to enhance the health and wellbeing of the local population, and support the CCG to fulfil its statutory duties. Member practices will be invited to:

- a) Discuss the strategic direction of commissioning across both health and care for the local population;
- b) Review performance in the delivery of the CCG's functions;
- c) Approve or disapprove amendments to the Constitution where required pursuant to clause 1.4;
- d) Elect Place Based Clinical Leaders;

- e) Remove, by passing a removal resolution, the Place Based Clinical Leaders which sit on the Governing Body when the continuation in office is not in the interest of the body or public (as described in the Standing Orders section 5.3); and
- f) Participate in the development of the CCG's Corporate Governance documents, including the CCG Handbook.

3.5 Members' Meetings

- 3.5.1 Paragraph 6 of Schedule 1A of the 2006 Act requires the CCG to secure effective participation by each member and this will be carried out through a number of engagement forums. The full Membership will be invited and encouraged to participate in the following:
- a) meeting to confirm their continued support for the Constitution;
 - b) CCG's annual general meeting and other meetings of the Council of Members;
 - c) Public engagement forums; and
 - d) locality arrangements where Members within each locality meet on a regular basis.
- 3.5.2 The meetings of all Member practices will be formally constituted and known as the Council of Members. The intention is to work by openly, engaging with Members and seek consensus wherever possible.
- 3.5.3 At all times the CCG shall encourage and support the use of virtual and electronic gathering of Members to ensure the need to travel and disruption to delivery of services in their practices is minimised.

3.6 Practice Representatives

- 3.6.1 Regulation 21 of the National Health Service (General Medical Services Contracts) Regulations 2015/1862 requires each member practice to nominate a practice representative to act on its behalf in dealings with the CCG.
- 3.6.2 Each Member practice may nominate a Healthcare Professional as its practice representative, and shall notify the CCG of the individual and provide an email address for communications with them.
- 3.6.3 The Practice representatives shall act as the principal line of communication between the Member practice and the CCG, and shall represent the Member Practice at Council of Member meetings
- 3.6.4 Member practices may appoint an alternate Healthcare Professional to act on its behalf as Practice representative, by notifying the CCG in writing of that individual.

ARRANGEMENTS FOR THE EXERCISE OF OUR FUNCTIONS.

4.1 Good Governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance. These include:

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) the Good Governance Standard for Public Services;
- c) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- d) the seven key principles of the NHS Constitution;
- e) the Equality Act 2010; and
- f) Managing Conflicts of Interest: Statutory Guidance for CCGs, NHS England.

4.2 General

4.2.1 The CCG will:

- a) comply with all relevant laws, including regulations;
- b) comply with directions issued by the Secretary of State for Health or NHS England;
- c) have regard to statutory guidance including that issued by NHS England; and
- d) take account, as appropriate, of other documents, advice and guidance.

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this Constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

4.3.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

- a) any of its Members or employees;
- b) its Governing Body;
- c) a Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

4.4.1 The Governing Body may grant authority to act on its behalf to:

- a) any Member of the Governing Body;
- b) a Committee or Sub-Committee of the Governing Body;
- c) a Member of the CCG who is an individual (but not a Member of the Governing Body); and
- d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

PROCEDURES FOR MAKING DECISIONS

5.1. Scheme of Reservation and Delegation

- 5.1.1. The CCG has published a scheme of reservation and delegation which is published in full on our website here <http://www.frimleyccg.nhs.uk>
- 5.1.2. The CCG's scheme of reservation and delegation sets out:
- a) those decisions that are reserved for the membership as a whole; and
 - b) those decisions that have been delegated by the CCG, the Governing Body or other individuals.
- 5.1.3. The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.
- 5.1.4. The accountable officer may periodically propose amendments to the Scheme of Reservation and Delegation, which shall be considered and approved by the Governing Body unless:
- a) Changes are proposed to the reserved powers of the members; or
 - b) At least half (50%) of all the Governing Body formally request that the amendments be put before the membership for approval.

5.2. Standing Orders

- 5.2.1. The CCG has agreed a set of Standing Orders which describe the processes that are employed to undertake its business. They include procedures for:
- conducting the business of the CCG;
 - the appointments to key roles including Governing Body Members;
 - the procedures to be followed during meetings; and
 - the process to delegate powers.
- 5.2.2. A full copy of the Standing Orders is included in Appendix 3. The Standing Orders form part of this Constitution.

5.3. Standing Financial Instructions (SFIs)

- 5.3.1. The CCG has agreed a set of SFIs which include the delegated authority limits for financial commitment. A copy of the Delegated Authority Limits are included at Appendix 4 and form part of this Constitution. The CCG has committed to review the authority limits set out in Appendix 4 in line with the Frimley Health and Care ICS Roadmap and the financial framework referenced in "Integrated Care: Next Steps for Integrated Care Systems" published on 26 November 2020.
- 5.3.2. The CCG has also adopted Prime financial policies for the detailed management of financial issues which form part of the suite of documents in the governance handbook.

5.4. The Governing Body: Its Role and Functions

5.4.1. The Governing Body has statutory responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2. The CCG has also delegated the following additional functions to the Governing Body which are also set out in the scheme of reservation and delegation. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:

- a) Commissioning decisions for secondary care, subject to any further delegation to Place Committees;
- b) leading the development of vision and strategy for the CCG;
- c) overseeing and monitoring quality improvement;
- d) stimulating innovation and modernisation;
- e) overseeing and monitoring performance;
- f) overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
- g) promoting a culture of strong engagement with patients, carers, members, the public and other stakeholders about the activity and progress of the CCG;
- h) ensuring good governance and leading a culture of good governance throughout the CCG;
- i) Any other functions not reserved to the Membership.

5.4.3. The detailed procedures for the Governing Body, including voting arrangements, are set out in the Standing Orders.

5.5. Composition of the Governing Body

5.5.1. This part of the Constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website <http://www.frimleyccg.nhs.uk>

5.5.2. The Governing Body of the CCG will be composed of:

- a) Chair;
- b) Accountable Officer;
- c) Chief Finance Officer;
- d) Secondary Care Specialist;
- e) Registered Nurse who will be the Executive Director of Quality and Nursing;
- f) Two lay members
 - one who has qualifications, expertise or experience to enable them to lead on finance and audit matters;

- one who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions;

5.5.3. The CCG has agreed the following additional members:

- a) Five elected Place Based Clinical Leaders; and
- b) One further lay member who will be Chair or Deputy Chair of the Primary Care Commissioning Committee;
- c) Three further independent members, one of whom may be appointed as the Chair.

5.5.4 Either the Accountable Officer or the Chair will be a GP

5.5.5 In the event that the Accountable Officer is not a GP:

- a) An additional Clinical Leader will be elected (as set out in Standing Orders 5.3.2.) as a member of the Governing Body. This individual will be a GP and fulfil the role of Chair;
- d) One of the Lay Members will be appointed as Deputy Chair; and
- e) The Medical Director will be appointed as an additional Governing Body Member.

5.6. Additional Attendees at Governing Body Meetings

5.6.1. The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Additional attendees may include:

- a) Other CCG employees
- b) Integrated Care System Lead;
- c) Local Authority representatives; and
- d) Public Health representatives.

Any such person may be invited at the discretion of the Chair to speak and participate in debate, but may not vote.

5.7. Appointments to the Governing Body

5.7.1. The process of appointing Clinical Leaders to the Governing Body, the selection of the Chair and the appointment procedures for other Governing Body Members are set out in the Standing Orders.

5.7.2. Also set out in Standing Orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

5.8. Committees and Sub-Committees

5.8.1. The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2. The Governing Body may establish Committees and Sub-Committees.

5.8.3. Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the Governing Body.

Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4. With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.8.5. All Members of the Remuneration Committee will be Members of the CCG Governing Body.

5.9. Committees of the Governing Body

5.9.1. The Governing Body will maintain the following statutory or mandated Committees:

5.9.2. Audit Committee. This Committee will be known as the Audit and Risk Committee. It is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.9.3. The Audit and Risk Committee will be chaired by the Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and Members of the Audit and Risk Committee may include people who are not Governing Body Members.

5.9.4. Remuneration Committee. This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.9.5. The Remuneration Committee will be chaired by a Lay Member other than the Audit Chair and only Members of the Governing Body may be Members of the Remuneration Committee.

5.9.6. Primary Care Commissioning Committee.

5.9.6.1. This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017. This includes the requirement for a Lay Member Chair and a Lay Deputy Chair.

5.9.6.2. The CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act amongst which include:

- a) Duty as to improvement in quality of services (section 14R);
- b) Duty in relation to quality of primary medical services (section 14S); and

c) Duties as to reducing inequalities (section 14T).

5.9.7. None of the above Committees may operate on a joint committee basis with another CCG(s).

5.9.8. The terms of reference for each of the above committees are included in Appendix 2 to this Constitution and form part of the Constitution.

5.9.9. The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. This includes but is not limited to five place-based committees. The Place Based Committees shall have some delegated authority for commissioning related to that Place.

5.9.10. These Committees are set out in the scheme of Reservation and Delegation and further information about these Committees, including terms of reference, are published in the CCG Governance handbook online here <http://www.frimleyccg.nhs.uk/>

5.10. Collaborative Commissioning Arrangements

5.10.1. The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2. In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3. The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

- a) reporting arrangements to the Governing Body, at appropriate intervals;
- b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
- c) progress reporting against identified objectives.

5.10.4. When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

- a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
- b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
- c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

- d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
- e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- h) specify how decisions are communicated to the collaborative partners.

5.11. Joint Commissioning Arrangements with Local Authority Partners

- 5.11.1. The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.
- 5.11.2. Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:
- a) Delegating specified commissioning functions to the Local Authority;
 - b) Exercising specified commissioning functions jointly with the Local Authority;
 - c) Exercising any specified health-related functions on behalf of the Local Authority.
- 5.11.3. For purposes of the arrangements described in 5.11.2, the Governing Body may:
- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of commissioning;
 - b) make the services of its employees or any other resources available to the Local Authority; and
 - c) receive the services of the employees or the resources from the Local Authority.
 - d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:
 - how the parties will work together to carry out their commissioning functions;
 - the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - how risk will be managed and apportioned between the parties;
 - financial arrangements, including payments towards a pooled fund and management of that fund;
 - contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
 - the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.
- 5.11.4. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.12. Joint Commissioning Arrangements – Other CCGs

- 5.12.1. The CCG may work together with other CCGs in the exercise of its Commissioning Functions.
- 5.12.2. The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body except to the extent that they relate to the continuing liability of the CCG under any joint arrangements
- 5.12.3. The CCG may make arrangements with one or more other CCGs in respect of:
 - a) delegating any of the CCG's commissioning functions and activates to another CCG;
 - b) exercising any of the Commissioning Functions of another CCG; or
 - c) exercising jointly the Commissioning Functions of the CCG and another CCG.
- 5.12.4. For the purposes of the arrangements described at 5.12.3, the CCG may:
 - a) make payments to another CCG;
 - b) receive payments from another CCG; or
 - c) make the services of its employees or any other resources available to another CCG; or
 - d) receive the services of the employees or the resources available to another CCG.
- 5.12.5. Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 5.12.6. For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 5.12.7. Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
 - a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.12.8. The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

- 5.12.9. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.
- 5.12.10. Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.
- 5.12.11. The Governing Body shall require, in all collaborative commissioning arrangements, that a lead Governing Body Member is appointed for the joint arrangements whose responsibility shall be :
- a) make a quarterly written report on progress made against objectives to the Governing Body; and
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the collaborative commissioning arrangements.
- 5.12.12. Should a collaborative commissioning arrangement prove to be unsatisfactory the Governing Body can decide to withdraw from the arrangement, but has to give six months' notice (or such other period is required under the relevant agreement with the partners) to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the notice period.

5.13. Joint Commissioning Arrangements with NHS England

- 5.13.1. The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2. The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.13.3. In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4. The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.
- 5.13.5. Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.13.6. Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

- 5.13.7. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.13.8. Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.
- 5.13.9. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 5.13.10. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.13.11. The Governing Body of the CCG shall require, in all joint commissioning arrangements with NHS England that the lead Governing Body Member for the joint arrangements make;
- a) make quarterly written reports to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - c) publish an annual report on progress made against objectives.
- 5.13.12. Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

PROVISIONS FOR CONFLICT OF INTEREST MANAGEMENT AND STANDARDS OF BUSINESS CONDUCT

6.1. Conflicts of Interest

- 6.1.1. As required by section 14O of the 2006 Act, the CCG has made 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 being unduly influenced by external or private interest.
- 6.1.2. The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3. Employees, Members, Committee and Sub-Committee Members of the CCG and Members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, 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 the Standards of Business Conduct Policy.
- 6.1.4. The CCG has appointed the Audit and Risk Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's Governance Lead, their role is to:
 - a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
 - c) Support the rigorous application of conflict of interest principles and policies;
 - d) Provide independent advice and judgment to staff and Members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
 - e) Provide advice on minimising the risks of conflicts of interest.

6.2. Declaring and Registering Interests

- 6.2.1. The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.
- 6.2.2. The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at the CCG's headquarters upon request.
- 6.2.3. All relevant persons for the purposes of NHS England's statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

- 6.2.4. The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 6.2.5. Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6. Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3. Training in Relation to Conflicts of Interest

- 6.3.1. The CCG ensures that relevant staff and all Governing Body Members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

6.4. Standards of Business Conduct

- 6.4.1. Employees, Members, Committee and Sub-Committee Members of the CCG and Members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:
- a) act in good faith and in the interests of the CCG;
 - b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
 - c) comply with the standards set out in the Professional Standards Authority guidance - Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England; and
 - d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.
- 6.4.2. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definitions of Terms Used in This Constitution

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| 2006 Act | National Health Service Act 2006 |
| Accountable Officer (AO) | an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: <ul style="list-style-type: none"> complies with its obligations under: <ul style="list-style-type: none"> • sections 14Q and 14R of the 2006 Act, • sections 223H to 223J of the 2006 Act, • paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and • any other provision of the 2006 Act specified in a document published by the Board for that purpose; |
| Area | exercises its functions in a way which provides good value for money. The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution |
| Chair of the CCG Governing Body | The individual appointed by the CCG to act as chair of the Governing Body. The CCG has determined that this will be an Independent Member of the Governing Body if the Accountable officer is a GP and will be a GP if the Accountable officer is a manager. |
| Chief Finance Officer (CFO) | A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body. |
| Clinical Commissioning Groups (CCG) Committee | A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act. |
| Sub-Committee | A Committee created and appointed by the Membership of the CCG or the Governing Body. |
| Consensus | A Committee created by and reporting to a Committee. A generally accepted opinion or decision among a group of people where there is no dissent. |
| Council of Members | A meeting of the Member Practice Representatives who between them represent all of the CCG's member practices. |
| Governance Lead | The most senior employee of the CCG who has responsibility for governance matters, |
| Governing Body | The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it. |
| Governing Body Member Healthcare Professional | Any individual appointed to the Governing Body of the CCG A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999 |
| Independent member of the Governing Body | A member of the Governing Body appointed by the CCG and who fulfils the requirements specified in section 5.4.13 of the Standing Orders. The Independent Members along with the Lay Members will be collectively known locally as Non-Executive Directors. |
| Lay Member | A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law. The Lay |

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| Primary Care Commissioning Committee | Members along with the Independent Members will be collectively known locally as Non-Executive Directors. A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body |
| Professional Standards Authority | An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013 |
| Member/ Member Practice Member practice representative | A provider of primary medical services to a registered patient list, who is a Member of this CCG. Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act. |
| NHS England | The operational name for the National Health Service Commissioning Board. |
| Non-Executive Director Place | A local collective term which includes any person who is a Lay Member or an Independent Member of the CCG's Governing body. One of Five areas of the CCG as described in section 2.3. Each Member practice is allocated to the Place where its main premises is located. |
| Place-based Clinical Leaders | One of five members of the CCG Governing Body elected by the practice members of a Place. All of whom will be GPs as specified in section 5.3.2 of the Standing Orders. |
| Registered Nurse | This role brings a broader view, from the perspective of a registered nurse, on health and care issues to underpin the work of the CCG, especially the contribution of nursing to patient care. |
| Registers of interests | This role will be fulfilled by an Executive Director of Quality and Nursing. Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: <ul style="list-style-type: none"> • the Members of the group; • the Members of its CCG Governing Body; • the Members of its Committees or Sub-Committees and • Committees or Sub-Committees of its CCG Governing Body; and Its employees. |
| Joint Committee | Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making |
| Primary Care Networks (PCNs) | A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. |
| Integrated Care Systems (ICS) | NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. |

Appendix 2: Committee Terms of Reference

REMUNERATION COMMITTEE

1. Status

- 1.1. The Remuneration Committee (the Committee) is established in accordance with the National Health Service Act 2006, NHS CCG Regulations and the CCG's constitution.
- 1.2. It is a statutory committee of, and accountable to, the CCG Governing Body.
- 1.3. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders.

2. Purpose

- 2.1. Subject to any restrictions set out in the relevant legislation, the committee has the function of making recommendations to the Governing Body about the exercise of its functions under section 14L(3)(a) and (b) of the NHS Act, i.e. its functions in relation to:
 - 2.1.1. determining the remuneration, fees, severance and allowances payable to employees of the CCG and to other persons providing services to it (as detailed in clause 4.1); and
 - 2.1.2. determining allowances payable under pension schemes established by the CCG.
- 2.2. The following additional functions are delegated to the Committee as set out in the Scheme of Reservation and Delegation:
 - 2.2.1. The Committee will make recommendations to the Governing body on the following:
 - appointment process of governing body members; the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements); and succession planning;
 - terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities;
 - disciplinary arrangements where the accountable officer is an employee or member of the clinical commissioning group;
 - arrangements for discharging the group's statutory duties as an employer; and
 - Human Resources policies for employees and for other persons working on behalf of the group.

3. Authority

- 3.1. It is the responsibility of the Governing Body to make decisions about the remuneration of employees and other persons providing services to the CCG, acting upon the advice and recommendations of the Remuneration Committee. The Remuneration Committee is accountable to the Governing Body.
- 3.2. The Remuneration Committee is authorised by the Governing Body to:

- Investigate any activity within its terms of reference. It may seek any information it requires from employees and all employees are directed to co-operate with any request made by the Committee.
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the CCG and Governing Body for obtaining legal or professional advice; and
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the CCG's constitution, standing orders and Scheme of Reservation and Delegation.
- 3.3. The Committee will also have oversight of:
- matters relating to compliance with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, as necessary;
 - arrangements for the appraisal and objective setting of members of the Governing Body, including the Chair;
 - appointment or election process for members of the Governing Body;
 - matters relating to the development of the Governing Body as a whole and for individual members;
 - the CCG's people strategy and workforce plans; and
 - matters relating to assurances regarding staff management including attendance, health & wellbeing and organisational development.
- 3.4. For the avoidance of doubt, in the event of any conflict, the CCG's Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

4. Duties

- 4.1. The Committee has the following statutory duties:
- 4.1.1. make recommendations to the Governing Body about remuneration, fees and allowances for employees of the CCG and people who provide services to the CCG. For avoidance of doubt, this includes:
- all employees regardless of the use or otherwise, of various pay frameworks, seniority or role;
 - people who fulfil clinical roles (eg GP clinical leads) who are neither employees nor on the Governing Body;
 - Assurance on process and framework for agreeing rates for interims, independent contractors or self-employed contractors;
 - all components of remuneration (including any performance-related elements and other benefits, such as lease cars); and
 - termination payments (including redundancy and severance payments) and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.
- 4.1.2. make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG for its employees and Members.
- 4.2. The Committee will not consider any matters relating to Lay Members or Independent Members of the Governing Body (Non-Executive Directors) and all matters relating to Non-Executive Directors will be considered by a separate group which will be known as the Remuneration Panel. This will consist of non-conflicted members of the Governing Body. Details, including terms of reference are included in the CCG Governance Handbook.

- 4.3. The Committee has authority to request that the Remuneration Panel provide a recommendation in other circumstances where conflicts of interest has been raised as an issue.

5. Membership (voting)

- 5.1. The Committee shall be appointed by the Governing Body from amongst the Governing Body members. Only Governing Body members may be members of the Remuneration Committee.
- 5.2. The Committee's membership will be comprised of:
- At least one Lay Member which will not include the individual who is Chair of the Audit Committee; and
 - Two further Non Executive Members; and
 - the Secondary Care Specialist.
- 5.3. The Chair of the CCG will not be a member of the Remuneration Committee.
- 5.4. The Chair and Deputy Chair of the CCG's Audit and Risk Committee will not be members of the Remuneration Committee.

6. Attendees (non voting)

- 6.1. Only members of the Committee have the right to attend meetings.
- 6.2. The Chair of the Committee may invite individuals such as the Accountable Officer, Chief Finance Officer, and the lead Executive Director for HR. Such attendees will not be eligible to vote.
- 6.3. HR and external advisors may be invited to attend all or part of a meeting as and when appropriate. Such invitees will not be eligible to vote.

7. Chair and Deputy

- 7.1. The CCG Governing Body shall appoint the Chair of the Committee who will be a Lay Member.
- 7.2. A Deputy Chair will be appointed by the Governing Body who will be a Non-Executive Member.
- 7.3. The Chair and Deputy Chair of the Remuneration Committee shall not be members of the CCG's Audit and Risk Committee.

8. Quoracy

- 8.1. The quorum necessary for the transaction of business shall be three members.
- 8.2. A meeting is established when members attend face-to-face, by telephone, video-call, any other electronic means or a combination of the above.

9. Decision Making and Voting

- 9.1. Recommendations will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 9.2. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

- 9.3. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 9.4. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 9.5. If a decision is needed which cannot wait for the next scheduled meeting, the chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

10. Administration

- 10.1. The Committee will meet in private.
- 10.2. Meetings will be held when required, with a minimum of one meeting per year.
- 10.3. Secretariat support will be provided to the Committee to ensure the committee can discharge its function effectively and efficiently.
- 10.4. The Chair will agree the agenda prior to the meeting and the agenda and supporting papers will be circulated in accordance with the time specified in the Standing Orders
- 10.5. Any items to be placed on the agenda are to be sent to the secretariat no later than seven calendar days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.
- 10.6. Minutes will be taken at all meetings including telephone and electronically facilitated meetings.
- 10.7. The minutes will be ratified by agreement of the Remuneration Committee prior to presentation to a private meeting of the Governing Body.
- 10.8. Minutes will not usually be published on the CCG's website.

11. Conflicts of Interest

- 11.1. No member of the committee, or attendee, shall be present, take part in or be party to discussions about any matter relating to their own role.
- 11.2. The committee will operate in accordance with Managing Conflicts of Interest: Statutory Guidance for CCGs and the CCG policy and procedure for managing conflicts of interest at all times.
- 11.3. Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.
- 11.4. Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.
- 11.5. Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the CCG policy and may result in suspension from the Committee.

12. Reporting, responsibilities and review of committee effectiveness

- 12.1. The Remuneration Committee will submit copies of its minutes and a report containing its recommendations to the next private meeting of the Governing Body following each of its meetings. Where minutes and reports identify individuals, or otherwise fulfil the requirements, they will not be made public. Any public reports will be made to satisfy the requirements of the 2012 NHS Regulations (CCG) 16(2-5).
- 12.2. Reports will contain sufficient information to explain the rationale for the Committee's recommendations and to enable the Governing Body to make its decision.
- 12.3. The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.
- 12.4. The Committee will conduct an annual review of its effectiveness to inform this report.

13. Review of terms of reference

- 13.1. These terms of reference will be formally reviewed by the committee every three years, but may be amended at any time.
- 13.2. Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.
- 13.3. A record of the date and outcome of reviews is kept in the CCG governance handbook.

Date of Governing Body approval: 1 April 2021

AUDIT COMMITTEE

1. Introduction

- 1.1. The Audit and Risk Committee is established in accordance with NHS Frimley Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.
- 1.2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Authority

- 2.1. The Audit & Risk Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the CCG within its remit and all employees are directed to cooperate with any reasonable request made by the Committee.
- 2.2. The Committee is authorised by the Governing Body to commission reports or surveys it deems necessary to help fulfil its obligations.
- 2.3. In exceptional cases, the Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the Committee must follow any procedure put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.
- 2.4. The Committee is authorised to make decisions, under delegated authority from the Governing Body, on the adoption of policies and procedures for all areas within its remit.
- 2.5. For the avoidance of doubt, in the event of any conflict, the CCG's Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

3. Membership

- 3.1. Members of the Committee shall be appointed by the Governing Body.
- 3.2. The Committee will consist of five members, all of whom shall be members of the Governing Body, and comprise of the following:
 - Three Non-Executive members of the Governing Body (Lay Members and independent members); and
 - two Healthcare Professional members of the Governing Body.
- 3.3. One member shall have recent and relevant financial experience.
- 3.4. The Chair of the CCG shall not be a member of the Committee.
- 3.5. Only members of the Committee have the right to attend Committee meetings. However:
 - 3.5.1. the Chief Finance Officer, head of internal audit, external audit lead partner and representative from Counter Fraud Services will be invited to attend meetings of the Committee on a regular basis;
 - 3.5.2. other individuals may be invited to attend all or part of any meeting as and when appropriate; and when approved by the Chair; and
 - 3.5.3. other Non-Executive Directors on the Governing Body are able to attend but not vote.

4. Chair and deputy Chair

- 4.1. The Governing Body shall appoint the Audit & Risk Committee Chair who shall be the Lay Member who is appointed by virtue of having qualifications, expertise or experience to enable them to lead on finance and audit matters.
- 4.2. A Deputy Chair will be appointed by the Governing Body and selected from the remaining Non-Executive Directors.
- 4.3. The Chair and Deputy Chair of the Committee shall not be members of the CCG's Remuneration Committee.

5. Quoracy

- 5.1. The quorum necessary for the transaction of business shall be three members including the Chair or Deputy Chair.

6. Frequency

- 6.1. The Committee shall meet at least four times a year at appropriate intervals in the financial reporting and audit cycle, and otherwise as required, to discharge all its responsibilities.
- 6.2. Outside of the formal meeting programme, the Committee Chair will maintain a dialogue with key individuals involved in the CCG's governance, including the CCG Chair, the Accountable Officer, Chief Finance Officer, the external audit lead partner and the head of internal audit.

7. Notice of meetings

- 7.1. Meetings of the Committee shall be called by the secretariat of the Committee at the request of the Committee Chair or any of its members, or at the request of the external audit lead partner or head of internal audit if they consider it necessary.
- 7.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.

8. Minutes of meetings

- 8.1. The secretariat shall minute the proceedings and decisions of all Committee meetings, including recording the names and roles of members present and people in attendance.
- 8.2. Draft minutes of Committee meetings shall be circulated to all members of the Committee. Once approved, minutes should be circulated to all other members of the Governing Body unless, exceptionally, it would be inappropriate to do so.

9. Responsibilities

9.1. Financial reporting

- 9.1.1. The committee shall monitor the integrity of the financial statements of the CCG, including its annual and month 9 reports, and any other formal statements relating to its financial performance, and review and report to the Governing Body on significant financial reporting issues and judgements which those statements contain having regard to matters communicated to it by the auditor.
- 9.1.2. In particular, the committee shall review and challenge where necessary:
 - the application of significant accounting policies and any changes to them;
 - the methods used to account for significant or unusual transactions where different approaches are possible;
 - whether the CCG has adopted appropriate accounting policies and made appropriate estimates and judgements, taking into account the external auditor's views on the financial statements;
 - the clarity and completeness of disclosures in the financial statements and the context in which statements are made;
 - all material information presented with the financial statements, including the strategic report and the corporate governance statements relating to the audit and to risk management;
 - the explanations for any significant variances;
 - any unadjusted misstatements in the financial statement; and
 - significant adjustments resulting from the audit.
- 9.1.3. The Committee shall review any other statements requiring Governing Body approval, including the annual accounts which contain financial information, where to carry out a

review prior to Governing Body approval would be practicable and consistent with any prompt reporting requirements under any law or regulation.

- 9.1.4. Where the Committee is not satisfied with any aspect of the proposed financial reporting by the CCG, it shall report its views to the Governing Body.

9.2. Narrative reporting

- 9.2.1. Where requested by the Governing Body, the Committee should review the content of the annual report and accounts and advise the Governing Body on whether, taken as a whole, it is true, fair, balanced and provides the information necessary for stakeholders to assess the CCG's performance, business model and strategy and whether it informs the Governing Body's statement in the annual report on these matters, as required.

9.3. Internal controls and risk management systems

The Committee shall:

- 9.3.1. Keep under review and ensure the effectiveness of the CCG's internal financial controls systems that identify, assess, manage and monitor financial risks, and other internal control and risk management systems.
- 9.3.2. Review and recommend to the Governing Body the approval of the statements included in the annual report concerning internal control, risk management, including the assessment of principal risks and emerging risks, and the viability statement.

9.4. Compliance, speaking-up and fraud

- 9.4.1. The Committee will review the adequacy and security of the CCG's arrangements for its employees, contractors and external parties to raise concerns, in confidence on financial, clinical or organisational matters. The committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

The Committee shall:

- Satisfy itself that the CCG has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS Counter Fraud Authority (NHSCFA) standards.
 - Review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.
 - Ensure that the counter fraud service provides, at a minimum, three progress reports annually and that these are scrutinised and challenged where appropriate.
 - Be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.
 - Review the adequacy and security of the CCG's arrangements for its employees, contractors and external parties to raise concerns, in confidence in financial management, reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.
 - Report concerns of suspected fraud, bribery and corruption to the NHSCFA.
- 9.4.2. Matters relating to counter fraud reported to the Committee will be minuted but all sensitive information that could undermine the integrity of a criminal investigation will be redacted in all instances where recommended by the Local Counter Fraud Specialist and otherwise when it is deemed appropriate by Committee to do so.

9.5. Internal audit

The Committee shall:

- 9.5.1. Ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standard, 2017 and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body.
- 9.5.2. Approve the appointment or termination of appointment of the head of internal audit.
- 9.5.3. Review and approve the role and mandate of internal audit, monitor and review the effectiveness of its work, and annually approve the internal audit charter ensuring it is appropriate for the current needs of the organisation.
- 9.5.4. Review and approve the annual internal audit plan to ensure it is aligned to the key risks of the business as identified in the assurance framework, and meets NHSE England's audit requirements (for example conflicts of interest and primary care commissioning) and receive regular reports on work carried out.
- 9.5.5. Ensure internal audit has unrestricted scope, the necessary resources and access to information to enable it to fulfil its mandate, ensure there is open communication between different functions and that the internal audit function evaluates the effectiveness of these functions as part of its internal audit plan, and ensure that the internal audit function is equipped to perform in accordance with appropriate professional standards for internal auditors
- 9.5.6. Ensure the internal auditor has direct access to the CCG Chair and to the Committee Chair, providing independence from the executive and accountability to the Committee.
- 9.5.7. Consider the major findings of internal audit work (and management responses) and ensuring coordination between internal and external auditors to optimise the use of audit resources.
- 9.5.8. Carry out an annual assessment of the effectiveness of the internal audit function and as part of this assessment:
 - meet with the head of internal audit without the presence of management to discuss the effectiveness of the function;
 - review and assess the progress of the internal audit work plan;
 - receive a report on the results of the internal auditor's work;
 - determine whether it is satisfied that the quality, experience and expertise of internal audit is appropriate for the business; and
 - review the actions taken by management to implement the recommendations of internal audit and to support the effective working of the internal audit function.
- 9.5.9. Monitor and assess the role and effectiveness of the internal audit function in the overall context of the CCG's risk management system and the work of compliance, finance and the external auditor.
- 9.5.10. Consider whether an independent, third party review of processes is appropriate.

9.6. External Audit

The Committee shall:

- 9.6.1. Review the management letter and response to the auditor's findings and recommendations.
- 9.6.2. Seek to ensure coordination of the external audit with the activities of the internal audit function.
- 9.6.3. Evaluate the risks to the quality and effectiveness of the financial reporting process in the light of the external auditor's communications with the Committee.
- 9.6.4. Meet regularly with the external auditor (including once at the planning stage before the audit and once after the audit at the reporting stage) and, at least once a year, meet with the external auditor without management being present, to discuss the auditor's remit and any issues arising from the audit.
- 9.6.5. Discuss with the external auditor the factors that could affect audit quality and review and approve the annual audit plan, ensuring it is consistent with the scope of the audit engagement, having regard to the seniority, expertise and experience of the audit team.

- 9.6.6. Review the findings of the audit with the external auditor. This shall include but not be limited to, the following:
 - a discussion of any major issues which arose during the audit;
 - the auditor's explanation of how the risks to audit quality were addressed;
 - key accounting and audit judgements;
 - the auditor's view of their interactions with executive Directors;
 - levels of errors identified during the audit;
- 9.6.7. Review any representation letter(s) requested by the external auditor before it is (they are) signed by executive Directors.
- 9.6.8. Review the effectiveness of the audit process, including an assessment of the quality of the audit, the handling of key judgements by the auditor, and the auditor's response to questions from the Committee.
- 9.6.9. Ensure the internal auditor has direct access to the CCG Chair and to the Committee Chair, providing independence from the executive and accountability to the Committee.

When applicable the Committee or its sub-committee will:

- 9.6.10. Consider and make recommendations to the Governing Body in relation to the appointment, re-appointment and removal of the CCG's external auditor.
- 9.6.11. Develop and oversee the selection procedure for the appointment of the audit firm in accordance with applicable regulatory requirements.
- 9.6.12. If an external auditor resigns, investigate the issues leading to this and decide whether any action is required.
- 9.6.13. Oversee the relationship with the external auditor. In this context the Committee shall:
- 9.6.14. Approve their remuneration, including both fees for audit and non-audit services, and ensure that the level of fees is appropriate to enable an effective and high-quality audit to be conducted.
- 9.6.15. Approve their terms of engagement, including any engagement letter issued at the start of each audit and the scope of the audit.
- 9.6.16. Assess annually the external auditor's independence and objectivity taking into account relevant law, regulation, the Ethical Standard and other professional requirements and the group's relationship with the auditor as a whole, including any threats to the auditor's independence and the safeguards applied to mitigate those threats including the provision of any non-audit services.
- 9.6.17. Satisfy itself that there are no relationships between the auditor and the CCG (other than in the ordinary course of business) which could adversely affect the auditor's independence and objectivity.
- 9.6.18. Agree with the Governing Body a policy on the employment of former employees of the CCG's auditor, taking into account the Ethical Standard and legal requirements, and monitor the application of this policy.
- 9.6.19. Monitor the auditor's processes for maintaining independence, its compliance with relevant law, regulation, other professional requirements and the Ethical Standard, including the guidance on the rotation of audit partner and staff.

9.7. Information Governance (IG)

The Committee shall:

- 9.7.1. Receive regular updates on IG compliance, including uptake & completion of data security training; data breaches and any related issues and risks.
- 9.7.2. Review the annual SIRO report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- 9.7.3. Receive reports on audits to assess information and IT security arrangements, including the annual data security & protection toolkit audit.
- 9.7.4. Provide assurance to the Governing Body that there is an effective framework in place for the management of risks associated with information governance.

10. Other Matters

The Committee shall

- 10.1. Receive reports on the use of single tender waivers.
- 10.2. Receive reports from relevant independent service auditors and assess any significant impact on the control environment of the CCG. Service auditor reports are provided in strict confidence and are not to be shared except where required by law or regulation.
- 10.3. Have access to sufficient resources in order to carry out its duties, including access to the company secretariat for advice and assistance as required.
- 10.4. Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.
- 10.5. Give due consideration to all relevant laws and regulations; and published guidance.
- 10.6. Work and liaise as necessary with all other Governing Body committees ensuring interaction between committees and with the Governing Body is reviewed regularly, taking particular account of the impact of risk management and internal controls being delegated to different committees.
- 10.7. Ensure that a periodic evaluation of the Committee's performance is carried out.

11. Reporting responsibilities

- 11.1. The Committee Chair shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities; and shall also formally report annually to the Governing Body on how it has discharged its responsibilities.
- 11.2. The Committee's annual report shall include:
 - the significant issues that it considered in relation to the financial statements and how these were addressed;
 - its assessment of the effectiveness of the external audit process, the approach taken to the appointment or reappointment of the external auditor, length of tenure of audit firm, when a tender was last conducted and advance notice of any retendering plans; and
 - any other issues on which the Governing Body has requested the Committee's opinion.
- 11.3. The Committee shall make whatever recommendations to the Governing Body it deems appropriate on any area within its remit where action or improvement is needed.
- 11.4. The Committee shall compile a report on its activities to be included in the CCG's annual report.
- 11.5. The report should describe the work of the Audit & Risk Committee, including significant issues that the Committee considered in relation to the financial statements and how these issues were addressed:
 - an explanation of how the Committee has assessed the independence and effectiveness of the external audit process and the approach taken to the appointment or reappointment of the external auditor, information on the length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans; and
 - an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services, having regard to matters communicated to it by the auditor and all other information requirements set out by NHS England.

12. Conflicts of Interest

- 12.1. The Committee will operate in accordance with Managing Conflicts of Interest: Statutory Guidance for CCGs and the CCG policy and procedure for managing conflicts of interest at all times.
- 12.2. The Committee Chair will have the additional role as the CCG's Conflict of Interest Guardian and have a key role in conflicts of interest management.
- 12.3. Any report on breaches, the impact of these and action taken will be reviewed by the Committee Chair in the first instance.

- 12.4. To ensure appropriate oversight and assurance, and to ensure the Committee Chair's position as Conflicts of Interest Guardian is not compromised, the Committee Chair should not hold the position of chair or deputy chair of the primary care commissioning committee or the CCG's Remuneration Committee.

13. Decision Making

- 13.1. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 13.2. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 13.3. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 13.4. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

14. Terms of Reference

- 14.1. These terms of reference will be formally reviewed by the Committee every three years, and may be amended at any time.
- 14.2. Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.
- 14.3. A record of the date and outcome of reviews is kept in the CCG governance handbook.

Date of Governing Body approval: 1 April 2021

PRIMARY CARE COMMISSIONING COMMITTEE

Primary Care Commissioning Committee Terms of Reference

1. Introduction

- 1.1. The CCG has established the Frimley CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.2. The Committee has been established as a committee of the CCG Governing Body in accordance with the CCG’s constitution and the delegation by NHS Commissioning Board (also known as NHSE England) under section 13Z of the NHS Act.
- 1.3. The delegation is set out in Schedule 1 of these terms of reference.
- 1.4. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s constitution.

2. Statutory Framework

- 2.1. NHS England has delegated to the CCG authority to exercise the primary care functions set out in Schedule 1 of these terms of reference in accordance with section 13Z of the NHS Act.
- 2.2. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
- 2.4. The members acknowledge that the Committee is subject to any directions made by NHS England or the Secretary of State.

3. Role of the Committee

- 3.1. The Committee has been established in accordance with the above statutory provisions to enable the members of the Committee to make collective decisions on the review, planning and procurement of primary care services in the area that covers the five places of Bracknell Forest, North East Hampshire & Farnham, Royal Borough of Windsor & Maidenhead, Slough, and Surrey Heath under delegated authority from NHS England.

- 3.2. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Frimley CCG which will sit alongside the delegation and terms of reference.
- 3.3. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.4. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
- 3.5. This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area (which covers the five places);
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

4. Sub Committees and delegation

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

5. Membership (voting)

- 5.1. Membership of the Committee will consist of
 - 3 Non-Executive Directors members of the Governing Body of which at least two must be Lay Members;
 - 3 Executive Directors – (1) primary care and (2) finance (3) Quality portfolio holders; and
 - Place Based Clinical Leads of the Governing Body.
- 5.2. Executives may appoint an appropriate deputy (who must be an employee of the CCG) to attend a meeting. For the purpose of a quorum the deputy shall be counted as a member and shall have full voting rights on that occasion

6. Chair/ Vice Chair Appointments

- 6.1. Chairperson will be appointed by the Governing Body and selected from the Lay Members.
- 6.2. Deputy Chair will be appointed by the Governing Body and selected from the remaining Lay Members.

7. Attendees (non voting)

- 7.1. Managerial representatives from each place.
- 7.2. A standing invitation will be issued to representatives from:

- Health Watch;
- Health and Wellbeing Board; and
- LMC.

8. Quoracy

- 8.1. The meetings will be quorate when there are five voting members present and must have a Non-Executive and Executive Director majority present.

9. Meetings

- 9.1. Meetings will be held in public subject to the application of 9.2 (as described below).
- 9.2. The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons (permitted by the Public Bodies (admission to meetings) Act 1960 as amended or succeeded from time to time) stated in the resolution and arising from the nature of that business or of the proceedings.

10. Conflicts of Interest and other duties

- 10.1. The committee will operate in accordance with Managing Conflicts of Interest: Statutory Guidance for CCGs and the CCG policy and procedure for managing conflicts of interest at all times.
- 10.2. The CCG acknowledges that in exercising its functions (including those delegated to it) it must comply with the statutory duties set out in Chapter 2 of the NHS Act and including duties to:
- a) Manage conflicts of interest (14O)
 - b) Promote the NHS Constitution (14P);
 - c) Exercise its functions effectively, efficiently and economically (14Q);
 - d) Improve quality of services (14S);
 - e) Improve quality of primary medical services (14 R);
 - f) Reduce inequalities (14T);
 - g) Promote the involvement of each patient(14U);
 - h) Promote patient choice(14V);
 - i) Promote integration(14Z1); and
 - j) Public involvement and consultation (14Z2).
- 10.3. The CCG will comply with the financial provisions in the Delegation Agreement and with its statutory financial duties, including those under sections 223H and 223I of the NHS Act. It will also assist NHS England to meet its duties under sections 223C, 223D and 223E of the NHS Act.
- 10.4. The CCG will comply with the reporting and audit requirements set out in the Delegation Agreement and the NHS Act and will also comply with any reporting requirements set out in its constitution

11. Decision Making

- 11.1. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 11.2. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the

Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

- 11.3. In the event that there is a conflict between the CCGs constitution and standing orders and the terms of the delegation, the delegation will prevail.
- 11.4. NHS England and the CCG shall be bound by decisions of the Committee.
- 11.5. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 11.6. Only members of the Committee as set out in section 5.1 may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 11.7. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 11.8. If a decision is needed which cannot wait for the next scheduled meeting or in other circumstances (including where it is not practicable to hold a meeting, due to pandemic), the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

12. Emergency/ Chair's action

- 12.1. In an emergency or for an urgent decision, the Chair (or in the absence the Deputy Chair) may take action in agreement with the Accountable Officer or Chief Finance Officer (or their deputies), together with one other member of the committee. This action will be reported as soon as possible to the full Committee along with the reason for the Chair's action.
- 12.2. The Action and the reasons will be formally reported to the next formal meeting of the committee and recorded in the minutes.

13. Administration

- 13.1. Minutes will be taken at all meetings including telephone and electronically facilitated meetings.
- 13.2. The minutes will be ratified by agreement of the Committee prior to presentation to the Governing Body.
- 13.3. All papers and minutes of meetings will be made available on the CCG's website with the exception of meetings held in accordance with section 9.2.
- 13.4. The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.
- 13.5. The Committee will conduct an annual review of its effectiveness to inform this report.

14. Terms of Reference

- 14.1. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

- 10.2. Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.
- 10.3. A record of the date and outcome of reviews is kept in the CCG governance handbook.
- 10.4. The CCG will also comply with any reporting requirements set out in its constitution.

Date of Governing Body approval: 1 April 2021

To be included:

Annex 1 Primary Care Commissioning Delegation Letter from NHSE.

Schedule 1 – Delegated Functions

Schedule 1 – Delegated Functions

The functions delegated by NHS England to the CCG under the Delegation and as set out in detail in the Delegation Agreement. These include:

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i. decisions in relation to Enhanced Services;
 - ii. decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv. decisions about 'discretionary' payments;
 - v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the area covering the five places, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the area covering the five places;
- e) taking decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) management of the Delegated Funds in the Area which covers the five places;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners across the area which covers the five places where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Appendix 3: STANDING ORDERS

1. INTRODUCTION

- 1.1. These Standing Orders have been drawn up to regulate the proceedings of the Frimley Commissioning Group (the CCG) so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They form part of the CCG's Constitution.
- 1.2. The Standing Orders, together with the CCG's Scheme of Reservation and Delegation and the CCG's Standing Financial Instructions (as contained within the CCG's Governance Handbook) provide a procedural framework within which the CCG discharges its business. They set out:
 - a) the arrangements for conducting the business of the CCG;
 - b) how the CCG will make appointments to key roles including the process to appoint the Governing body members;
 - c) the procedures used by the membership, for making decisions;
 - d) how meetings of the CCG, the Governing Body and their respective committees and sub-committees will operate and make decisions;
 - e) the arrangements for the appointment of committees; and
 - f) the arrangements for managing the CCG's financial affairs and the delegated limits for financial commitments on behalf of the CCG.

2. AMENDMENT AND REVIEW

- 2.1. The Standing Orders are effective from 1 April 2021.
- 2.2. Standing Orders will be reviewed on an annual basis or sooner if required. A log of review dates can be found in the CCG Governance Handbook published on the website.
- 2.3. Amendments to these Standing Orders will be made as set out in Clause 1.4 of the Constitution.
- 2.4. All changes to these Standing Orders will require an application to NHS England for variation to the CCGs constitution and will not be implemented until the constitution has been approved.

3. INTERPRETATION, APPLICATION AND COMPLIANCE

- 3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the CCG Constitution and as per the definitions in Appendix 1.
- 3.2. These standing orders apply to all meetings of the CCG and Governing Body, including their respective committees and sub-committees unless otherwise stated.
- 3.3. All members of the CCG, employees, members of the Governing Body and committees and sub-committees should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

- 3.4. In the case of conflicting interpretation of the standing orders, the Chair, supported with advice from the Accountable Officer will provide a settled view which shall be final.
- 3.5. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

4. MEMBERSHIP

4.1. Composition of membership

- 4.1.1. The CCG is a membership body comprised of GP practices in the Frimley Health and Care Integrated Care System area. Full details of the area covered and a list member practices is included in section 2 of the constitution.
- 4.1.2. The nature of the membership and relationship with the CCG are set out in the constitution section 3.
- 4.1.3. The CCG's Constitution provides details of the membership of the CCG.

4.2. Member practice representatives

- 4.2.1. Full meetings of the membership are known as the Council of Members.
- 4.2.2. Members are represented at the Council of Members by the Healthcare Professional that they nominate to deal with the CCG on their behalf. This individual will be known as the Member Practice Representative and must be a Healthcare Professional. For avoidance of doubt, whilst the Member Practice Representative must be a Healthcare Professional, they need not be a GP. It is also permitted for a practice to nominate an employee from another practice if they choose to do so.
- 4.2.3. Each practice is free to determine how they select their member practice representative provided the individual fulfils the requirement of being a healthcare professional.
- 4.2.4. Each Practice may nominate an additional person, who is a Healthcare Professional to act as an alternate to their Practice representative at meetings of the Council of Members

5. APPOINTMENTS TO THE GOVERNING BODY

5.1. For all Governing Body appointments

- 5.1.1. The CCG's Constitution sets out the composition of the CCG's Governing Body in section 5.5.
- 5.1.2. Members of the Governing Body comprise individuals elected by the Membership, appointed members, and executive members.
- 5.1.3. Elected members of the Governing Body include: Five Place Based Clinical Leaders and in the event of a non-GP accountable officer will also include a Clinical Leader who will fulfil the role of the Chair.
- 5.1.4. Appointed members of the Governing Body include three Lay Members, three Independent Members and the Secondary Care Specialist.
- 5.1.5. Executive members of the Governing Body include the Accountable Officer, Registered Nurse (to be fulfilled by the Director of Quality and Nursing), Chief Finance Officer and, in the event of the Accountable officer not being a GP, the Medical Director.
- 5.1.6. Each role on the Governing Body is defined by a role description.
- 5.1.7. A person specification is drafted at the point of recruitment to aid the selection process.
- 5.1.8. All members appointed to the Governing Body will fulfil the requirements set out in the NHS (CCG) Regulations 2012 as relevant to their role.
- 5.1.9. The NHS (CCG) Regulations 2012 also include extensive exclusion criteria Schedule 4 applies to Lay Members and Schedule 5 to all members of the Governing Body regardless of their role or appointment method. For the avoidance of doubt the schedules do not apply to committees or subcommittees of the Governing Body, nor to the Council of Members
- 5.1.10. All individuals appointed to roles on the Governing Body are responsible for familiarising themselves with the eligibility and ineligibility requirements, confirming their eligibility prior to appointment and immediately notifying the Accountable Officer of a change of circumstances that may render them no longer eligible.
- 5.1.11. All members of the Governing Body, committees and sub committees will abide by the seven principles of public life; the 'Nolan Principles' which are detailed in the Governance Handbook, and adhere to the Standards of Business Conduct Policy which includes information on Conflict of Interest and how these should be handled during meetings.
- 5.1.12. Members of the Governing Body serve a specified term of office (this does not apply to executive members):

- a) The standard term of office is up to 3 years;
- b) The term will be agreed on appointment and initial appointments may be for a shorter period in order to avoid all members of the Governing Body retiring at once;
- c) Elected and Appointed Governing Body members may serve up to three full terms in total, after which they will no longer be eligible for re-appointment; and
- d) Subject to satisfactory appraisal by the Chair or other relevant person and no objections having been received from the Council of Members the Governing Body may approve the re-appointment of appointed members.

5.1.13. Arrangements for the removal from office of Governing Body members is subject to any terms set out in contracts of appointment or employment and the application of the relevant CCG policies and procedures.

5.1.14. Members of the Governing Body and its committees shall vacate their office if any of the following occurs:

- a) If they fail to attend a minimum of 75% of the meetings to which they are invited;
- b) If they are deemed to not meet the expected standards of performance at their annual appraisal;
- c) If they no longer fulfil the requirements of their role or become ineligible for the role as set out in The CCG regulations (2012) Schedules 4 and 5 where those provisions apply;
- d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the Governing Body or the CCG and is likely to bring the Governing Body or the CCG into disrepute. This includes but is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the Governing Body (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise;
- e) In the event of any allegation of a breach of sub-paragraph 5.1.4(d) above, the Governing body shall appoint a panel to be chaired by a Non-Executive Director and comprising not less than three members of the Governing Body to investigate the allegation, and to report to the Governing Body, who shall determine whether or not the individual accused must vacate their position.
- f) Are subject to disciplinary proceedings by a regulator or professional body.

5.1.15. Members of the Governing Body may be suspended pending the outcome of an investigation including, for example, if they are suspended or under investigation by a regulator or professional body.

Notice period:

5.1.16. Executive members' notice period is defined in their contract of employment.

5.1.17. Except for individuals appointed at establishment in accordance with SO 5.2 and in the case of SO 5.3.5 becoming relevant all other members may resign from the Governing Body on giving a three-month notice period in writing to the Chair. If the Chair wishes to resign, the notice shall be given to the Accountable Officer.

5.2. First Appointments On Establishment

5.2.1. When the CCG is first established, some roles on the Governing Body will be filled using an alternative process and additional eligibility criteria. This will facilitate continuity in the context of wider changes to system and organisational design and will allow smooth transition to the new organisation regardless of external and operational factors that may interrupt election and selection processes.

5.2.2. The alternative approach does not apply to all roles. For clarity, for those roles where additional eligibility criteria are not described in SO 5.7, the standard approach in SO 5.3-5.6 will be used.

5.2.3. Individuals appointed using these alternative processes will have a maximum tenure of one year although appointments made using the alternative process may be reviewed and terminated, at any point prior, with one month's notice, should the Governing Body determine it to be necessary or if there is a change to the constitution agreed by the CCG Membership and NHS England which results in removal of the relevant role from the Governing Body.

5.2.4. The alternative method of appointment may only be used to populate the Governing Body prior to establishment of the CCG up to 31st March 2021. Appointments that occur on or after April 1st 2021 will be made using the standard approach for the role in question as described in standing orders 5.3-5.6.

5.2.5. If, for any reason, a role cannot be filled using these alternative procedures the role will be filled by reverting to the relevant SO5.3-5.6 for the role.

5.2.6. An appointments panel will identify individuals who may fulfil all eligibility criteria for the role as described in the role description, the relevant SO 5.3-5.6 and the relevant additional eligibility criteria in SO 5.7. These individuals will be invited to express an interest in the relevant role which will include setting out their key characteristics relating to the role description and confirmation that they meet the eligibility requirements.

5.2.7. If only one expression of interest is received, subject to the individual meeting the requirements, the individual will be appointed into the role.

- 5.2.8. If more than one expression of interest for a role is received, an interview will be held to select the most appropriate individual.
- 5.2.9. If no suitable expression of interest is received, the appointment will be made in line with the standing orders set out in SO 5.3-5.6

5.3. Chair and Deputy Chair of the CCG Governing Body

- 5.3.1. The status of the Chair of the Governing Body will be determined after the Accountable Officer has been appointed. In the event that the Accountable Officer is a GP, the chair will be an independent member of the Governing Body and be appointed in accordance with Section 5.5 below.
- 5.3.2. In the event that the Accountable Officer is not a GP, the Chair will be the Clinical Leader of the CCG and will be appointed in accordance with Section 5.4 below.
- 5.3.3. The Governing Body will elect one of their Members to become the Deputy Chair. Executive Members of the Governing Body will not be appointed as the Deputy Chair of the Governing Body. If the Chair is a healthcare professional, all members other than Lay Members of the Governing Body are disqualified from becoming the Deputy Chair.
- 5.3.4. The Tenure of the Deputy Chair will expire at the same time as their tenure as a Governing Body Member at which point, they will be eligible for re-appointment if they are eligible for re-appointment as a Governing Body Member. The Tenure of the Chair will be as per their recruitment as a Governing Body Member.
- 5.3.5. In the event that there is a change in the Accountable Officer from GP to manager or from manager to GP, the individuals who fulfil the role of Chair and Deputy Chair may no longer fulfil the eligibility requirements of the respective roles. In such circumstances the individuals may be asked to resign from these roles and will be given a minimum of one month's notice of the change in circumstances during which time, elections/ appointments will be undertaken for the replacements in accordance with these standing orders.

5.4. Elected members of the Governing Body

- 5.4.1. The CCG's Member practices in each Place will each elect one of five Place Based Clinical Leaders to the Governing Body to represent the voice of the membership.
- 5.4.2. In the event of a non-GP being appointed to be the Accountable officer, The CCG Membership will directly elect a Clinical Leader (as per the characteristics set out in 5.4.4) to become the CCG Chair.

Eligibility:

- 5.4.3. An individual wishing to be considered to represent the membership on the Governing Body must be:
- a) A partner or employee of a member practice in the relevant Place; and
 - b) a healthcare professional i.e. a member of a profession regulated by regulatory body established by an Order in Council under Section 60 of the Health Act 1999.
- 5.4.4. An individual wishing to be appointed to be the Clinical Leader and Chair of the Governing Body must be:
- a) A partner or employee of a member practice of the CCG; and
 - b) A Registered General Practitioner

Nomination / Application:

- 5.4.5. Individuals who meet the criteria will complete an application process which will include setting out their key characteristics against a published specification.

Assessment:

- 5.4.6. An appointment panel appointed by the Governing Body and supported by suitably qualified and experienced advisers will assess the applications using, as a minimum, a paper-based screen and interview.
- 5.4.7. Only applicants approved by the panel will be put forward for election.

Election

- 5.4.8. Each Member Practice in the relevant Place(s) has one weighted vote. Votes are weighted in accordance with the CCG weighting policy as per section 6.1 in the Standing Orders.
- 5.4.9. The candidate with the most votes will be appointed.
- 5.4.10. The voting forms, or other invitation to vote, will be sent to the Member Practice representative nominated by each practice.
- 5.4.11. Voting forms are returned via email or other electronic means to a dedicated email address and votes are counted and verified by a Non-Executive Director of the Governing Body.

Exclusion criteria:

- 5.4.12. An individual is excluded if they are of a description included in schedule 5 of the CCG Regulations 2012.
- 5.4.13. An individual who has a major conflict of interest (such as the clinical directors of the Primary Care Networks) may not be appointed.

Removal from office

- 5.4.14. Elected members can be removed from the Governing Body if a removal resolution is passed by the Member Practices of the relevant Place. Any decision to remove must be in accordance with relevant employment legislation, contractual terms and national and local policies.
- 5.4.15. A proposal for a removal resolution must be signed by no less than twenty percent of Member practices from the relevant place and sent to the Accountable Officer not less than twenty-one (21) days in advance of the Members meeting.
- 5.4.16. Each member practice from the relevant place will have one vote that will be weighted in accordance with the CCG weighting policy as per Standing Order 6.1.
- 5.4.17. A resolution will be passed if 70% of available (weighted) votes are cast and a majority in favour of more than 66.6% is delivered.
- 5.4.18. If a removal resolution is carried that person shall be removed forthwith and the CCG shall make urgent arrangements for the election or co-option of a successor.
- 5.4.19. A record will be maintained of the outcome of all resolutions put to a vote.

Co-option in the case of vacancies for Place Based Clinical Leaders

- 5.4.20. In the event of an unfilled vacancy, the Governing Body can agree to an interim co-option of a suitably qualified GP. This will usually be for a maximum period of twelve (12) months, within which period an election will take place. The term of office of the replacement post holder will usually be the same as the remaining term of the Clinical Leader who ceased to be a member.

5.5. Appointed Members of the Governing Body

- 5.5.1. The CCG shall appoint individuals to the roles of: Secondary Care Specialist, Lay Members (three) and Independent Members (three).
- 5.5.2. The appointments will be made following an openly advertised application and assessment process.
- 5.5.3. Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

Application:

- 5.5.4. Individuals will complete an application process which will include setting out their key characteristics against a published specification.

Assessment:

5.5.5. An appointment panel appointed by the Governing Body and supported by suitably qualified and experienced advisers will assess the applications using, as a minimum, a paper-based screen and interview.

5.5.6. The most suitable candidate will be appointed.

Eligibility and exclusion:

5.5.7. One Lay Member will have qualifications, expertise or experience such as to enable them to express informed views about financial management and audit matters. This Lay Member will chair the Audit and Risk Committee and will fulfil the role of conflicts of interest guardian.

5.5.8. One Lay Member will have knowledge about the CCG area such as to enable them to express informed views about the discharge of the CCG's functions.

5.5.9. One Lay Member will have knowledge and experience such that they are equipped to chair the Primary Care Commissioning Committee.

5.5.10. All three Lay Members will confirm that they are not excluded from Lay Member roles by virtue of the provisions of Schedule 4 of the NHS (CCG) Regulations 2012

5.5.11. The Secondary Care Specialist will fulfil the requirements of regulations 11(6, 7) and 12 in the NHS (CCG) regulations 2012.

5.5.12. One Independent Member will have experience such that they are equipped to be the Chair of the CCG in the event that this should be required.

5.5.13. All Independent Members will:

- Not be excluded by virtue of Schedule 5 of the NHS (CCG) Regulations 2012;
- Demonstrate how they are able to bring an independent perspective to the Governing Body whilst having an interest in the CCG area;
- Not be a partner, shareholder or employee of a Member practice or have any other contractual relationship with a Member Practice;
- Not be a healthcare professional who is employed or who has a contract to deliver services within the CCG area;
- Not be an individual who, by arrangement with the CCG, provides it with any service or facility in order to support the CCG in discharging its commissioning functions, or an employee or member (including shareholder) of, or a partner in, a body which does so (this does not include services commissioned by the CCG in the exercise of its commissioning functions ie arranging for the provision of services as part of the health service.)

5.6. Executive Members of the Governing Body

- 5.6.1. Executive members of the Governing Body become members by virtue of their employment into a management role in the CCG. These roles include:
- a) Accountable Officer;
 - b) Chief Finance Officer;
 - c) The Executive Director of Quality and Nursing who will fulfil the role of the Registered Nurse on the Governing Body; and
 - d) The Medical Director, only in the event that the Accountable officer is not a GP.
- 5.6.2. Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.
- 5.6.3. Executive members are appointed following a formal standard recruitment process during which competency against the defined specification is assessed.
- 5.6.4. The Accountable Officer appointment process is subject to requirements set out by NHS England and the process will include a CCG panel convened by the Chair. The appointment is subject to formal ratification by NHS England following selection and nomination by the CCG.
- 5.6.5. Other Executive Members of the Governing Body are appointed by a panel convened by the Accountable Officer.
- 5.6.6. Membership of the Governing Body is terminated when an individual's contract of employment is terminated.

5.7. Additional Eligibility Criteria for Alternative Appointment Process On First Establishment of the CCG

- 5.7.1. Independent Chair
- a) Contracted to one of the three merging CCGs as a lay person or Lay Member on a Governing Body.
 - b) Experience of chairing a complex partnership arrangement.
 - c) Extensive experience of working in a significant leadership role across the new Frimley CCG geographical footprint.
 - d) Experience of working in direct partnership with the Chief Officer leading a Board, across complex governance and system arrangements.
 - e) Local knowledge of the whole Frimley System
- 5.7.2. Independent Member(s) of the Governing Body
- a) Contracted to one of the three merging CCGs as a member of the Governing Body in a role which brings an independent perspective.

- b) Previously held a similar role across the new Frimley CCG geographical footprint.
- c) Extensive experience of working across complex governance and system arrangements.
- d) Experience of place based working in partnership with clinical and managerial leaders
- e) Local knowledge of the whole Frimley System

5.7.3. Lay Member with knowledge and experience such that they are equipped to chair the Primary Care Commissioning Committee

- a) Contracted to one of the three merging CCGs in the role of Lay Member to the Governing Body.
- b) Experience of working across the new Frimley CCG Geographical footprint
- c) Extensive experience of working across CCG complex governance and system arrangements.
- d) Experience of chairing a Primary Care Commissioning Committee.
- e) Experience of place-based working in partnership with clinical, lay and managerial leaders
- f) Local knowledge primary care services and of the whole Frimley

5.7.4. Lay Member with knowledge about the CCG area such as to enable them to express informed views about the discharge of the CCG's functions.

- a) Contracted to one of the three merging CCGs in the role of Lay Member to the Governing Body.
- b) Experience of working across the new Frimley CCG Geographical footprint
- c) Extensive experience of working across CCG complex governance and system arrangements.
- d) Have previous experience of ensuring the voice of the patients and public is heard and the interests of the community remain at the heart of a CCG including Board-level discussions and decisions.
- e) Have experience of chairing a CCG Remuneration Committee
- f) Experience of place based working in partnership with clinical and managerial leaders
- g) Local knowledge of the whole Frimley System

5.7.5. Lay Member who has qualifications, expertise or experience such as to enable them to express informed views about financial management and audit matters.

- a) Contracted to one of the three merging CCGs in the role of Lay Member to the Governing Body.
- b) Experience of working across the new Frimley CCG Geographical footprint
- c) Extensive experience of working across CCG complex governance and system arrangements experience of chairing CCG Audit and Risk Committee and undertaking the conflicts of interest guardian role.
- d) Experience of place based working in partnership with clinical and managerial leaders
- e) Local knowledge of the whole Frimley System

5.7.6. Secondary Care Specialist

- a) Contracted to one of the three merging CCGs in a Secondary Care Specialist role prior to the formation of the new CCG.
- b) Experience of working across the new Frimley CCG Geographical footprint
- c) Extensive experience of working across CCG complex governance and system arrangements.
- d) Experience of place-based working in partnership with clinical, lay and managerial leaders
- e) Local knowledge of the whole Frimley System

5.7.7. Place Based Clinical Leaders on the Governing Body

- a) Be currently serving as a CCG Governing Body Member of one of the three merging CCGs.
- b) Have experience of a Place Based Clinical Lead role across the new CCG geographical footprint having been nominated by Member Practice Representatives of one of the three merging CCGs Governing Bodies
- c) Held a similar clinical leadership role and have extensive experience of working across the new Frimley CCG Geographical footprint
- d) Extensive experience of working across CCG complex governance and system arrangements.
- e) Experience of place based working in partnership with lay/independent members and managerial leaders
- f) Local knowledge of the whole Frimley System

6. MEETINGS OF THE CCG

6.1. Member Practice Meetings

- 6.1.1. The Membership will meet at least twice a year at such times and places that the CCG may determine, to take those decisions that are reserved to them.
- 6.1.2. Meetings may take place via physical gathering or via video or other electronic means, as required.
- 6.1.3. The meetings will be formally constituted and known as the Council of Members. The intention is to work by openly engaging Members in the relevant decision making process.
- 6.1.4. The Member Council will be chaired by one of the Place Based Clinical Leaders and who will be elected by the member practice representatives.
- 6.1.5. Any employee of a member practice on the date of the relevant meeting shall be entitled to attend and speak at a member practice meeting. However, only member practice representatives or in their absence their nominated deputies will be entitled to vote. Such deputies should be notified in advance of the meeting to the Chair.
- 6.1.6. In normal circumstances not less than one month's notice shall be given for a meeting, however the Chair can call a meeting at any time by giving not less than 14 calendar days' notice in writing.
- 6.1.7. In emergency situations the Chair may call a Council of Members meeting with 48 hours' notice by setting out the urgency and the decision to be taken.
- 6.1.8. The CCG's membership may request the Chair to convene a member practice meeting by notice in writing signed by a third of CCG member practices representatives. Such requests should specify the matters they wish to be discussed at the meeting. If the Chair refuses or fails to call a member practice meeting within seven (7) calendar days of such a request being presented the member practice representatives signing the requisition may call a member practice meeting by giving not less than 14 calendar days' notice in writing to all member practices specifying the matters to be discussed at the meeting.
- 6.1.9. The agenda and any supporting papers will be circulated to member practice representatives at least five (5) working days before the date of the meeting.

Decision Making

- 6.1.10. Decisions reserved to the Membership will not be taken at the Members Forum but will be taken by electronic means immediately after the meeting at which the relevant discussion takes place.

- 6.1.11. Unless otherwise specified, for a decision to be taken, at minimum of 70% of the weighted votes available must be cast by the Member Practices.
- 6.1.12. Unless otherwise specified, a motion will be agreed if a threshold of 66.6% weighted votes cast are in favour.

Weighting System

- 6.1.13. Unless otherwise specified in this constitution, in all decision ballots a weighted voting arrangement will apply.
- 6.1.14. Each member Practice is entitled to cast one vote.
- 6.1.15. Votes are weighted in direct proportion to the registered practice population in relation to the total registered population of the CCG.
- 6.1.16. The weighting to be applied to each Member Practice will be calculated on April 1st each year and published in the Governance Handbook. The registered population will be that which is recorded on The Open Exeter System.

6.2. Annual General Meeting

- 6.2.1. The CCG will hold one meeting a year in public for the purpose of presenting the Annual Report and Annual Accounts to members of the public (AGM).
- 6.2.2. The AGM shall be held at such time and such place as the Chair shall determine, having consulted with the members of the Governing Body.
- 6.2.3. Notice of the AGM will be given to all Governing Body members and to all Members; and published on the CCG's website and at the CCG's offices; at least 10 working days before the meeting.
- 6.2.4. All papers pertaining to the AGM shall be published on the CCG's website.

6.3. Meetings of the Governing Body

Calling meetings

- 6.3.1. Meetings of the Governing Body shall be held in public, although the Governing Body retains the right to exclude members of the press and public where it resolves that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting.
- 6.3.2. Meetings will ordinarily be scheduled in advance, and the date, time and location publicised on the CCG's website and other media. At least four meetings shall be held annually, and these scheduled meetings will be agreed by the Governing Body in advance of each financial year.
- 6.3.3. Unscheduled meetings of the Governing Body can also be called by;

- a) the Chair, in the event that urgent business prompts convening a meeting (special meeting), by giving at least 7 days' notice thereof;
 - b) written request, from at least eight members of the Governing Body (extraordinary meeting), requiring a meeting to be convened within 14 days.
- 6.3.4. In either event, the Governance Lead will notify all members of the Governing Body by post or email, indicating the purpose and likely duration of the meeting, indicating date, time and venue, giving at least 5 working days' notice.
- 6.3.5. All meetings of the Governing Body shall be preceded by the distribution to its members of an agenda and supporting papers. Papers may only be tabled at a meeting under exceptional circumstances and by agreement from the Chair who will determine the time allocated for each agenda item and has sole discretion in this respect.

Agenda, supporting papers and business to be transacted

- 6.3.6. The agenda for each meeting will be drawn up and agreed by the Chair and the Accountable Officer.
- 6.3.7. Items of business to be transacted for inclusion on the agenda of a meeting of the Governing Body of the CCG need to be notified to the Governance Lead at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be made available to all members of a meeting at least 5 working days before the date the meeting will take place.
- 6.3.8. Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website at <http://www.frimleyccg.nhs.uk/>

Petitions

- 6.3.9. Where a petition has been received by the CCG, the Chair shall include the petition as an item for the agenda of the next meeting of the Governing Body.

Nominated Deputies

- 6.3.10. With the permission of the person presiding over the meeting, Executive Members of the Governing Body may nominate a deputy to attend a meeting of the Governing Body that they are unable to attend, to speak and vote on their behalf.
- 6.3.11. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

Chair of a meeting

- 6.3.12. At any meeting of the Governing Body, the Chair if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair shall preside.

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

Quorum

6.3.14. Meetings of the Governing Body shall be quorate when there is:

- no less than 50% Members present, and
- at least three (3) Place Based Clinical Leaders, and
- at least one (1) of the Executive Members present, and
- At least one (1) Non- executive member present and
- Either the Chair or Deputy Chair present.

6.3.15. Any Member of the Governing Body who has been disqualified from participating in a discussion on any matter and/ or from voting on any motion by reason of a declaration of a conflict of interest shall no longer count towards the quorum.

6.3.16. If a quorum is not available for the discussion and/or the passing of a resolution on any matter, then that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

6.3.17. For matters relating to instances where the quorum is not available due to declared conflicts of interest or in an emergency an alternative forum of five (5) not conflicted Governing Body Members shall apply. The Chair is required to ensure a diverse and balanced representation of views are available in the given circumstances. The rationale for and use of this alternative quorum will be recorded in the minutes of the meeting and reported to the Audit and Risk Committee.

6.3.18. For all other of the CCG's committees, sub-committees and sub-groups, the details of the quorum for these meetings and status of representatives are set out in the appropriate Terms of Reference.

Decision making

6.3.19. Generally, it is expected that the Governing Body's decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- a) Eligibility –members of the Governing Body present at the meeting or their authorised deputies are eligible to vote. Postal or electronic voting is only allowed where notification of this has been included in the agenda of the meeting;
- b) Majority necessary to confirm a decision – a simple majority of members present at the meeting, if there is no overall majority the casting vote will confirm the decision;
- c) Casting vote – the Chair of the Governing Body has the casting vote.

- 6.3.20. Should a vote be taken the outcome of the vote, must be recorded in the minutes of the meeting.
- 6.3.21. In the case of dissenting views a member can request their view to be recorded (by name). When it has not been possible to agree an unanimously supported consensus among the participating Members then the Chair may accept a motion to defer further discussion on the matter to a future meeting.
- 6.3.22. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate Terms of Reference.

Emergency powers and urgent decisions (including Chair's Action)

- 6.3.23. Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included on the agenda. The Chair's decision whether to include the item shall be final.
- 6.3.24. The powers which the Governing Body has pursuant to this Constitution may in emergency or for an urgent decision be jointly exercised by the Chair and the Accountable Officer after consulting with at least one Non-Executive Director and one Clinical Lead. The exercise of such powers shall be reported to the next formal meeting of the Governing Body, as Chair's Action, in public session for ratification.

Suspension of Standing Orders

- 6.3.25. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS England, any part of these Standing Orders may be suspended at any meeting, on the approval of a motion by those members of the meeting present and entitled to vote.
- 6.3.26. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 6.3.27. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit and Risk Committee for review of the reasonableness of the decision to suspend Standing Orders.
- 6.3.28. No decisions may be taken whilst these Standing Orders are suspended.

Record of Attendance

- 6.3.29. The names and roles of all committee members who are present at the meeting shall be recorded in the minutes of the CCG's meetings. The names and roles of all members of the Governing Body present shall be recorded in the minutes of the

Governing Body meetings. The names, job titles or organisations of all members of the Governing Body's committees who are present shall be recorded in the minutes.

Minutes

- 6.3.30. Minutes of all formal meetings of the CCG and its committees and sub-committees, and of the Governing body, its committees and subcommittees will be recorded, including the names of those present, whether members or invited attendees.
- 6.3.31. The CCG's Governing Body, committees, sub-committees and subgroups will designate the person responsible for administrative support including the taking and drafting of minutes; this will be detailed in the respective meeting's Terms of Reference.
- 6.3.32. Minutes of each meeting of the CCG will be approved, or amended and approved, by members present at the next meeting, and signed off as a true record by the Chair of the meeting.
- 6.3.33. Minutes of meetings, in pre-approved form, will be circulated with the agenda and papers for the next meeting, and, where appropriate, published to allow public access.

Admission of public and the press

- 6.3.34. The public and representatives of the press may attend all meetings of the Governing Body and meetings of the Primary Care Commissioning Committee, but shall be required to withdraw upon members present resolving that representatives of the press, and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
- 6.3.35. Recording or broadcasting of the Governing Body, or Primary Care Commissioning Committee, including audio and visual may only be undertaken where the consent of the Chair or other person presiding over the meeting, has been obtained. The Chair can revoke their decision at any point.
- 6.3.36. The Chair or other person presiding over the meeting of the Governing Body or Primary Care Commissioning Committee shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public and representatives of the press will be required to withdraw upon members present resolving that in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body or Primary Care Commissioning Committee to complete its business without the presence of the public and representatives of the press

- 6.3.37. The following rules apply for Business proposed to be transacted when the Public and Press have been excluded from a meeting of the Governing Body or a meeting of the Primary Care Commissioning Committee:
- a) matters to be dealt with by the Governing Body or Primary Care Commissioning Committee, following the exclusion of the public and representatives of the press, as provided above, shall be confidential to its members;
 - b) members and any invitee in attendance shall not reveal or disclose the contents of papers marked 'Confidential' (or similar) nor minutes headed 'Minutes of the Confidential Meeting' (or similar) outside of the CCG, without the express permission of the Chair or Accountable Officer; and
 - c) This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers.
- 6.3.38. Nothing in these standing orders shall be construed as permitting the introduction by the public, or press representatives, of any form of recording, transmitting, video or similar apparatus into meetings of the Governing Body or Primary Care Commissioning Committee. Such permission shall be granted only upon resolution of the Governing Body.
- 6.3.39. The Governing Body shall decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to staff and other observers to attend and address any of the Governing Body's meetings and may change, alter or vary these terms and conditions as it deems fit.
- 6.3.40. Where a meeting is held in public, the minutes shall be published.
- 6.3.41. Reports from the meetings of committee and sub-committees shall be submitted to the Governing Body on decisions made.

7. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

7.1. Arrangements for of committees and sub-committees

- 7.1.1. The CCG may appoint committees and sub-committees of the CCG,
- 7.1.2. The Governing Body may appoint committees and sub-committees of the Governing Body.
- 7.1.3. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the CCG shall determine the Membership and Terms of Reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting.
- 7.1.4. For Committees and sub committees of the Governing Body, the Governing Body shall determine the membership and terms of reference of committees and sub

committees and shall if it requires, receive and consider reports of such committees at the next appropriate meeting.

- 7.1.5. Meetings of the CCG's Audit and Risk Committee shall be held at regular intervals at such times and places as the CCG may determine, but not less than four times annually, against a schedule agreed by members of that committee. The Chair of the committee may call additional meetings as required by the business of the CCG, giving at least 10 working days' notice.
- 7.1.6. Meetings of the CCG's Remuneration Committee shall be held at regular intervals at such times and places as the CCG may determine, but not less than twice annually, occasioned by the needs of the CCG or the requirement to provide advice to the Governing Body. The Chair of the committee will call meetings as required, giving at least 5 working days' notice.
- 7.1.7. Meetings of the CCG's Primary Care Commissioning Committee shall be held in Public at such times and places as the CCG may determine, occasioned by the needs of the CCG or the requirement to provide advice to the Governing Body. The Lay Member acting as Chair of the Primary Care Commissioning Committee will call meetings as required, giving at least 10 working days' notice.
- 7.1.8. The Governing Body shall establish a Place Based Committee for each Place. The Accountable Officer may attend (or appoint a delegate to attend of his or her behalf) any Place Based Committee Meeting held.
- 7.1.9. Members of each Place Based Committee include:
 - a) A Managing Director, who is an executive;
 - b) Non-Executive Director;
 - c) Elected Place Based Clinical Leaders.
- 7.1.10. The Elected Place Based Clinical Leaders will be Members of the Governing Body.
- 7.1.11. The terms of reference for Place Based Committees will be published in the Governance Handbook.

7.2. Delegation of Powers by Committees to Sub-committees

- 7.2.1. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Governing Body.

7.3. Approval of Appointments to Committees and Sub-Committees

- 7.3.1. The Governing Body shall approve the appointments to each of the committees and subcommittees which it has formally constituted.

8. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

8.1. The CCG's seal

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

- a) Accountable Officer;
- b) Chair;
- c) Chief Finance Officer.

8.1.2. The Governing Body may authorise such other persons as it considers appropriate to authenticate the use of the seal either generally or in specific circumstances.

8.2. Execution of a document by signature

8.2.1. The following individuals are authorised to execute a document on behalf of the CCG by their signature:

- a) Accountable Officer;
- b) Chair;
- c) Chief Finance Officer.

8.2.2. The Accountable Officer may delegate power to execute documents under hand in the detailed Scheme of Delegation

9. POLICY STATEMENTS: GENERAL PRINCIPLES

9.1. Policy statements: general principles

9.1.1. The CCG will from time to time agree and approve policy statements/procedures which will apply to all or specific groups of staff employed by NHS Frimley Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed, where appropriate, to be an integral part of the CCG's Standing Orders.

Appendix 4: Authorised Financial Limits

The delegated authority limits listed below will be in effect from the date of authorisation of the CCG. The CCG has committed to reviewing these authority limits with system partners within the Frimley Health and Care Integrated Care Partnership and make necessary changes as agreed with partners in order to underpin and execute the CCG's role within a Frimley Health and Care Integrated System Financial Framework. This will be in line with the financial framework referenced in Integrated Care: Next Steps for Integrated Care Systems published 26 November 2020 and the Frimley Health and Care ICS Roadmap.

1. AUTHORITY LIMITS – COMMITMENT OF EXPENDITURE

| Table A | Commitment of Expenditure | Commitment of Expenditure | Commitment of Expenditure |
|---|--------------------------------|---------------------------|---------------------------|
| | Non Healthcare | Healthcare | Healthcare |
| | New and variations to existing | New contracts | Existing contracts |
| Governing Body | Unlimited | Unlimited | Unlimited |
| Accountable Officer AND Chief Finance Officer | <=£4,500k | <=£4,500k | <=£4,500k |
| Accountable Officer OR Chief Finance Officer | <=£3,000k | <=£3,000k | <=£3,000k |
| Place Committee | <=£1,500k | <=£1,500k | <=£1,500k |
| Managing Director OR Executive Director | <=£500k | <=£500k | <=£500k |
| Associate Director | <=£100k | None | <=£100k |
| Budget Holder | <=£10k | None | <=£10k |

Table A Footnote (1)

- The above limits include VAT not recoverable by the CCG.
- The above limits are the MAXIMUM ANNUAL VALUE.
- A COMMITMENT FOR A CONTRACT FOR UP TO **5 YEARS (INCLUDING EXTENSION PERIODS)** CAN BE MADE, WITH A MAXIMUM ANNUAL VALUE IN EACH YEAR NOT TO EXCEED THE AUTHORITY LIMITS IN TABLE A.
- ANY CONTRACT, NO MATTER THE VALUE, WITH A TERM OF MORE THAN 5 YEARS (INCLUDING EXTENSION PERIODS) CAN ONLY BE AUTHORISED BY THE GOVERNING BODY
- The above limits only apply to expenditure or income within agreed budgets

- The cumulative cost of a contract must be taken into account and not broken down in order to circumvent these authority limits
- It is expected that the Governing Body will be informed of all decisions made by the Accountable Officer, Chief Finance Officer and Place Committees.

2. AUTHORITY LIMITS – COMMITMENT OF EXPENDITURE COVERING MORE THAN ONE GEOGRAPHICAL PLACE

| Table B | Place 1 | Place 2 | Place 3 | Place 4 | Place 5 | Total Allowed |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------|
| Governing Body | - | - | - | - | - | Unlimited |
| Accountable Officer <u>AND</u> Chief Finance Officer | - | - | - | - | - | <=4,500k |
| Accountable Officer <u>OR</u> Chief Finance Officer | - | - | - | - | - | <=£3,000k |
| Place Committee | Share of £2,500k with max £1,500k | <=£2,500k |
| Managing Director <u>OR</u> Executive Director | Share of £1,500k with max £500k | <=£1,500k |

Table B Footnote (2)

- Places can join together for contracts / commitments can be across more than one place BUT the maximum aggregated amount is quoted in the “Total Allowed” column.
- The MAXIMUM “multi place commitment” is £2,500k in Total and no Place shall be more than its single limit (slide 6) of £1,500K.
- Expenditure MUST not be set in such a way to purposefully circumvent SFI’s and Authority Limits. If for example a 3 Place contract is £2,500k, split £1,000k, £1,000K and £500K, it is expected that all 3 Place committees would agree the same papers with these shares – it is breaching the authority limits if one MD authorised their Place share of a joint contract along with 2 Place committees. If one Place committee is required, then all must be involved.
- These are Maximum Annual Values and can be committed for up to 5 years.

3. AUTHORITY LIMITS – PAYMENTS, SALES ORDERS AND INVOICE RAISING

| Approval of Sales Orders with agreed contract values and other approved income (monthly) (Healthcare and non Healthcare) | |
|--|-----------|
| Accountable Officer | Unlimited |
| Chief Finance Officer | Unlimited |
| Managing Director or Executive Director | Unlimited |
| Associate Director | <=£1,000k |
| Budget Holder | None |

4. AUTHORITY LIMITS – PAYMENTS, SALES ORDERS AND INVOICE RAISING

| Payments in accordance with agreed contract values and other approved expenditure (monthly) | |
|---|---------------------|
| Accountable Officer | Unlimited |
| Chief Finance Officer | Unlimited |
| Managing Director or Executive Director | Unlimited |
| Associate Director | <=£1,000k |
| Budget Holder | <=£10k |
| Tenders and Quotations | |
| Formal tendering procedure must be applied where estimated contract value excess | £100,000 |
| 3 Competitive quotations unless less than 3 potential suppliers exist | >£10,000 < £100,000 |
| Informal price testing | £10,000 |
| Income – request to raise invoices and charges (Healthcare and non Healthcare) | |
| Accountable Officer | £10,000 |
| Chief Finance Officer | £10,000 |
| Managing Director or Executive Director | £10,000 |
| Associate Director | <=£1,000 |
| Budget Holder | None |

Footnote (3)

European Union (OJEU) limits and requirements must be followed. Obtain advice from Procurement advisors for any tender over the OJUE limits (<https://www.ojeu.eu/thresholds.aspx>) for:

- Health and Social Services and
- Goods and (non-clinical) services

5. AUTHORITY LIMITS – Continuing Healthcare Placements

| Income – request to raise invoices and charges (Healthcare and non Healthcare) | |
|--|-----------------------------------|
| Accountable Officer OR Chief Finance Officer | <£10,000 per week |
| Director for Continuing Health Care AND Executive Director of Nursing and Quality via Risk Panel | <£5,000 per week (see Footnote 5) |
| Head of Service (Agenda for Change Band 8c) | <£2,000 per week |
| Budget Holder OR Service Manager (Agenda for Change Band 7) | <=£1,300 per week |

Footnote 4 - Revenue commitment is agreed as a weekly financial limit rather than total expenditure as the commissioner cannot estimate the likely length of most placements and therefore the total committed cost.

Footnote 5 – The Director for Continuing Health Care portfolio and Executive Director of Nursing and Quality constitute the “Risk Panel”. Types of decision will include:

- *1:1 support*
- *family refused by*
- *personal health budgets*
- *safeguarding or clinical concerns*

6. PRIMARY CARE COMMISSIONING COMMITTEE and DELEGATED FUNDS

| | Approval of annual budgets and schemes within primary care budgets of appropriate CCG | Payments in accordance with agreed contract values – NHS England delegated funds only |
|--------------------------------------|---|---|
| Primary Care Commissioning Committee | Allocation of Delegated Funds only | - |
| Chief Finance Officer | - | Unlimited |
| Executive Director | - | <=£10,000k |
| Heads of Primary Care | - | <=£1,000k |

Appendix 5: Local Super Output Area (LSOA) Codes

Source: <https://geoportal.statistics.gov.uk/datasets>

STP19CD E54000034

STP19NM Frimley Health

| | |
|-------|--------------------------|
| FID | LSOA11NM |
| 23602 | Surrey Heath 003C |
| 23604 | Surrey Heath 003D |
| 23607 | Surrey Heath 012A |
| 23611 | Surrey Heath 012B |
| 23616 | Surrey Heath 012C |
| 23622 | Surrey Heath 012D |
| 23628 | Surrey Heath 004A |
| 23634 | Surrey Heath 004B |
| 23687 | Surrey Heath 004C |
| 23691 | Surrey Heath 009A |
| 23696 | Surrey Heath 009B |
| 23701 | Surrey Heath 009C |
| 23702 | Surrey Heath 009D |
| 23703 | Surrey Heath 008A |
| 23704 | Surrey Heath 008B |
| 23705 | Surrey Heath 008C |
| 23706 | Surrey Heath 005A |
| 23707 | Surrey Heath 005B |
| 23708 | Surrey Heath 005C |
| 23709 | Surrey Heath 005D |

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| 23710 | Surrey Heath 005E |
| 23711 | Surrey Heath 004D |
| 23712 | Surrey Heath 004E |
| 23713 | Surrey Heath 008D |
| 23714 | Surrey Heath 008E |
| 23715 | Surrey Heath 008F |
| 23716 | Surrey Heath 001D |
| 23717 | Surrey Heath 001E |
| 23718 | Surrey Heath 001F |
| 23817 | Guildford 014A |
| 23822 | Guildford 014B |
| 23828 | Guildford 014C |
| 23863 | Guildford 010A |
| 23864 | Guildford 014D |
| 23866 | Guildford 004A |
| 23867 | Guildford 004B |
| 23869 | Guildford 004C |
| 23871 | Guildford 004D |
| 23873 | Guildford 004E |
| 23875 | Guildford 010B |
| 23877 | Guildford 010C |
| 23879 | Guildford 010D |
| 23881 | Surrey Heath 002A |
| 23883 | Surrey Heath 002B |
| 23885 | Surrey Heath 002C |
| 23887 | Surrey Heath 002D |
| 23889 | Surrey Heath 010A |

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| 23912 | Surrey Heath 010B |
| 23913 | Surrey Heath 010C |
| 23914 | Surrey Heath 010D |
| 23915 | Surrey Heath 011A |
| 23916 | Surrey Heath 011B |
| 23917 | Surrey Heath 011C |
| 23918 | Surrey Heath 011D |
| 23919 | Surrey Heath 007A |
| 23920 | Surrey Heath 007B |
| 23921 | Surrey Heath 007C |
| 23922 | Surrey Heath 007D |
| 23923 | Surrey Heath 003A |
| 23924 | Surrey Heath 003B |
| 23605 | Slough 004B |
| 23608 | Slough 004C |
| 23609 | Slough 003E |
| 23612 | Slough 004D |
| 23615 | Slough 003F |
| 23617 | Bracknell Forest 008C |
| 23618 | Slough 004E |
| 23621 | Slough 003G |
| 23623 | Bracknell Forest 008D |
| 23624 | Slough 004F |
| 23627 | Slough 012A |
| 23629 | Bracknell Forest 008E |
| 23630 | Slough 001A |
| 23633 | Slough 012B |

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|-------|------------------------------|
| 23635 | Bracknell Forest 010A |
| 23636 | Bracknell Forest 012A |
| 23637 | Bracknell Forest 013A |
| 23638 | Bracknell Forest 012B |
| 23639 | Bracknell Forest 009A |
| 23640 | Bracknell Forest 009B |
| 23641 | Bracknell Forest 011A |
| 23642 | Bracknell Forest 009D |
| 23643 | Bracknell Forest 009E |
| 23644 | Bracknell Forest 009F |
| 23645 | Bracknell Forest 011B |
| 23646 | Bracknell Forest 010B |
| 23647 | Bracknell Forest 010C |
| 23648 | Bracknell Forest 011C |
| 23649 | Bracknell Forest 011D |
| 23650 | Bracknell Forest 011E |
| 23651 | Bracknell Forest 005E |
| 23652 | Bracknell Forest 006C |
| 23653 | Bracknell Forest 006D |
| 23654 | Bracknell Forest 007A |
| 23655 | Bracknell Forest 006E |
| 23656 | Bracknell Forest 014D |
| 23657 | Bracknell Forest 014E |
| 23658 | Bracknell Forest 012C |
| 23659 | Bracknell Forest 012D |
| 23660 | Bracknell Forest 010D |
| 23661 | Bracknell Forest 010E |

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| 23662 | Bracknell Forest 007B |
| 23663 | Bracknell Forest 013B |
| 23664 | Bracknell Forest 013C |
| 23665 | Bracknell Forest 013D |
| 23666 | Bracknell Forest 013E |
| 23667 | Bracknell Forest 003B |
| 23668 | Bracknell Forest 004A |
| 23669 | Bracknell Forest 004B |
| 23670 | Bracknell Forest 004C |
| 23671 | Bracknell Forest 004D |
| 23672 | Bracknell Forest 003C |
| 23673 | Bracknell Forest 003D |
| 23674 | Bracknell Forest 003E |
| 23675 | Bracknell Forest 003F |
| 23676 | Bracknell Forest 007C |
| 23677 | Bracknell Forest 007D |
| 23678 | Bracknell Forest 007E |
| 23679 | Bracknell Forest 001C |
| 23680 | Bracknell Forest 001D |
| 23681 | Slough 004A |
| 23682 | Windsor and Maidenhead 012B |
| 23683 | Windsor and Maidenhead 006D |
| 23686 | Slough 001B |
| 23689 | Slough 012C |
| 23693 | Slough 012D |
| 23694 | Slough 001C |
| 23698 | Slough 012E |

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| 23699 | Slough 001D |
| 23719 | Bracknell Forest 005A |
| 23720 | Bracknell Forest 005B |
| 23721 | Bracknell Forest 005C |
| 23722 | Bracknell Forest 005D |
| 23723 | Bracknell Forest 002A |
| 23724 | Bracknell Forest 002B |
| 23725 | Bracknell Forest 002C |
| 23726 | Bracknell Forest 002D |
| 23727 | Bracknell Forest 002E |
| 23728 | Bracknell Forest 003A |
| 23729 | Bracknell Forest 006B |
| 23730 | Bracknell Forest 014A |
| 23731 | Windsor and Maidenhead 003D |
| 23732 | Windsor and Maidenhead 014A |
| 23733 | Bracknell Forest 015A |
| 23734 | Bracknell Forest 014B |
| 23735 | Bracknell Forest 014C |
| 23736 | Bracknell Forest 015B |
| 23737 | Bracknell Forest 015C |
| 23738 | Bracknell Forest 015D |
| 23739 | Bracknell Forest 015E |
| 23740 | Bracknell Forest 008A |
| 23741 | Bracknell Forest 008B |
| 23743 | Slough 012F |
| 23744 | Slough 001E |
| 23745 | Windsor and Maidenhead 014B |

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|-------|------------------------------------|
| 23747 | Slough 010A |
| 23748 | Windsor and Maidenhead 001D |
| 23749 | Slough 001F |
| 23751 | Windsor and Maidenhead 012C |
| 23753 | Windsor and Maidenhead 006E |
| 23754 | Slough 010B |
| 23755 | Slough 007A |
| 23757 | Windsor and Maidenhead 013A |
| 23759 | Windsor and Maidenhead 006F |
| 23760 | Slough 010C |
| 23761 | Slough 007B |
| 23763 | Windsor and Maidenhead 012D |
| 23765 | Windsor and Maidenhead 018A |
| 23766 | Slough 010D |
| 23767 | Slough 010E |
| 23768 | Slough 011A |
| 23769 | Slough 011B |
| 23770 | Slough 011C |
| 23771 | Slough 011D |
| 23772 | Slough 011E |
| 23773 | Slough 005A |
| 23774 | Slough 005B |
| 23775 | Slough 005C |
| 23776 | Slough 005D |
| 23777 | Slough 005E |
| 23778 | Slough 005F |
| 23779 | Windsor and Maidenhead 017A |

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|-------|------------------------------------|
| 23780 | Windsor and Maidenhead 017B |
| 23781 | Windsor and Maidenhead 017C |
| 23782 | Windsor and Maidenhead 005A |
| 23783 | Windsor and Maidenhead 006A |
| 23784 | Windsor and Maidenhead 006B |
| 23785 | Windsor and Maidenhead 005B |
| 23786 | Windsor and Maidenhead 005C |
| 23787 | Windsor and Maidenhead 002A |
| 23788 | Windsor and Maidenhead 002B |
| 23789 | Windsor and Maidenhead 002C |
| 23790 | Windsor and Maidenhead 002D |
| 23791 | Windsor and Maidenhead 006C |
| 23792 | Windsor and Maidenhead 007A |
| 23793 | Windsor and Maidenhead 005D |
| 23794 | Windsor and Maidenhead 007B |
| 23795 | Windsor and Maidenhead 007C |
| 23796 | Windsor and Maidenhead 009A |
| 23797 | Windsor and Maidenhead 009B |
| 23798 | Windsor and Maidenhead 009C |
| 23799 | Windsor and Maidenhead 009D |
| 23800 | Windsor and Maidenhead 009E |
| 23801 | Windsor and Maidenhead 010A |
| 23802 | Windsor and Maidenhead 012A |
| 23803 | Windsor and Maidenhead 015A |
| 23805 | Windsor and Maidenhead 018B |
| 23806 | Windsor and Maidenhead 013B |
| 23807 | Slough 007C |

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|-------|------------------------------------|
| 23810 | Windsor and Maidenhead 014C |
| 23811 | Windsor and Maidenhead 018C |
| 23813 | Slough 007D |
| 23815 | Windsor and Maidenhead 014D |
| 23816 | Windsor and Maidenhead 018D |
| 23818 | Slough 007E |
| 23820 | Windsor and Maidenhead 014E |
| 23821 | Windsor and Maidenhead 018E |
| 23823 | Slough 007F |
| 23825 | Windsor and Maidenhead 013C |
| 23826 | Windsor and Maidenhead 018F |
| 23827 | Slough 009A |
| 23865 | Slough 009B |
| 23868 | Slough 009C |
| 23870 | Slough 009D |
| 23872 | Slough 006A |
| 23874 | Slough 006B |
| 23876 | Slough 006C |
| 23878 | Slough 006D |
| 23880 | Slough 006E |
| 23882 | Slough 006F |
| 23884 | Slough 008A |
| 23886 | Slough 008B |
| 23888 | Slough 008C |
| 23890 | Slough 008D |
| 23891 | Slough 008E |
| 23892 | Slough 008F |

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| 23893 | Slough 014A |
| 23894 | Slough 014B |
| 23895 | Slough 014C |
| 23896 | Slough 014D |
| 23897 | Slough 002A |
| 23898 | Slough 002B |
| 23899 | Slough 002C |
| 23900 | Slough 002D |
| 23901 | Slough 002E |
| 23902 | Slough 002F |
| 23903 | Slough 013B |
| 23904 | Slough 013C |
| 23905 | Slough 013D |
| 23906 | Slough 003A |
| 23907 | Slough 003B |
| 23908 | Slough 003C |
| 23909 | Slough 003D |
| 23910 | Windsor and Maidenhead 017D |
| 23911 | Windsor and Maidenhead 013D |
| 23925 | Runnymede 002A |
| 23926 | Windsor and Maidenhead 008A |
| 23927 | Windsor and Maidenhead 008B |
| 23928 | Windsor and Maidenhead 008C |
| 23929 | Windsor and Maidenhead 008D |
| 23930 | Windsor and Maidenhead 008E |
| 23931 | Windsor and Maidenhead 011A |
| 23932 | Windsor and Maidenhead 011B |

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| 23933 | Windsor and Maidenhead 011C |
| 23934 | Windsor and Maidenhead 010B |
| 23935 | Windsor and Maidenhead 010C |
| 23936 | Windsor and Maidenhead 010D |
| 23937 | Windsor and Maidenhead 001A |
| 23938 | Windsor and Maidenhead 003A |
| 23939 | Windsor and Maidenhead 001B |
| 23940 | Windsor and Maidenhead 003B |
| 23941 | Windsor and Maidenhead 003C |
| 23942 | Windsor and Maidenhead 016A |
| 23943 | Windsor and Maidenhead 016B |
| 23944 | Windsor and Maidenhead 011D |
| 23945 | Windsor and Maidenhead 002E |
| 23946 | Windsor and Maidenhead 002F |
| 23947 | Windsor and Maidenhead 008F |
| 23948 | Windsor and Maidenhead 002G |
| 23949 | Windsor and Maidenhead 001C |
| 23950 | Windsor and Maidenhead 004A |
| 23951 | Windsor and Maidenhead 005E |
| 23952 | Windsor and Maidenhead 004B |
| 23953 | Windsor and Maidenhead 004C |
| 23954 | Windsor and Maidenhead 016C |
| 23955 | Windsor and Maidenhead 016D |
| 23956 | Windsor and Maidenhead 016E |
| 23957 | Windsor and Maidenhead 004D |
| 23958 | Windsor and Maidenhead 004E |
| 23959 | Windsor and Maidenhead 007D |

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| 23960 | Windsor and Maidenhead 007E |
| 23961 | Windsor and Maidenhead 015B |
| 23962 | Windsor and Maidenhead 015C |
| 23963 | Windsor and Maidenhead 015D |
| 23964 | Runnymede 002B |
| 23965 | Runnymede 002C |
| 23966 | Runnymede 002D |
| 23967 | Runnymede 002E |
| 23968 | Runnymede 002F |
| 23969 | Bracknell Forest 006F |
| 23970 | Bracknell Forest 009G |
| 23971 | Bracknell Forest 009H |
| 23972 | Bracknell Forest 001E |
| 23973 | Bracknell Forest 006G |
| 23974 | Slough 009F |
| 23975 | Slough 009G |
| 23976 | Slough 013E |
| 23977 | Slough 013F |
| 23978 | Windsor and Maidenhead 005G |
| 23979 | Windsor and Maidenhead 005H |
| 23251 | Rushmoor 007A |
| 23314 | Hart 010E |
| 23315 | Rushmoor 007B |
| 23319 | Rushmoor 011B |
| 23322 | Hart 002A |
| 23325 | Rushmoor 011C |
| 23327 | Hart 005A |

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| 23331 | Rushmoor 011D |
| 23333 | Hart 007A |
| 23336 | Hart 005B |
| 23338 | Rushmoor 009A |
| 23342 | Hart 007B |
| 23344 | Rushmoor 002B |
| 23348 | Hart 008A |
| 23350 | Rushmoor 002C |
| 23354 | Hart 007C |
| 23355 | Hart 005D |
| 23356 | Hart 007D |
| 23357 | Hart 009E |
| 23358 | Hart 007E |
| 23359 | Hart 008B |
| 23360 | Hart 008C |
| 23361 | Hart 008D |
| 23362 | Hart 003D |
| 23363 | Hart 003E |
| 23364 | Hart 003F |
| 23365 | Hart 003G |
| 23366 | Hart 001A |
| 23367 | Hart 001B |
| 23368 | Hart 001C |
| 23369 | Hart 001D |
| 23370 | Hart 001E |
| 23371 | Hart 002B |
| 23372 | Hart 002C |

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| 23373 | Hart 002D |
| 23374 | Hart 002E |
| 23375 | Rushmoor 006A |
| 23376 | Rushmoor 005A |
| 23377 | Rushmoor 005B |
| 23378 | Rushmoor 006B |
| 23379 | Rushmoor 006C |
| 23380 | Rushmoor 004A |
| 23381 | Rushmoor 004B |
| 23382 | Rushmoor 006D |
| 23383 | Rushmoor 001A |
| 23384 | Rushmoor 003A |
| 23385 | Rushmoor 003B |
| 23386 | Rushmoor 003C |
| 23387 | Rushmoor 004C |
| 23388 | Rushmoor 001B |
| 23389 | Rushmoor 002A |
| 23390 | Rushmoor 001C |
| 23391 | Rushmoor 012A |
| 23392 | Rushmoor 012B |
| 23393 | Rushmoor 011A |
| 23394 | Rushmoor 012C |
| 23395 | Rushmoor 004D |
| 23396 | Rushmoor 004E |
| 23398 | Rushmoor 001D |
| 23402 | Rushmoor 002D |
| 23406 | Rushmoor 012D |

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| 23410 | Rushmoor 009B |
| 23451 | Rushmoor 009C |
| 23457 | Rushmoor 010A |
| 23461 | Rushmoor 010B |
| 23465 | Rushmoor 010C |
| 23469 | Rushmoor 010D |
| 23498 | Hart 003A |
| 23499 | Hart 003B |
| 23500 | Hart 003C |
| 23501 | Hart 009A |
| 23502 | Hart 009B |
| 23503 | Hart 009C |
| 23504 | Hart 010A |
| 23505 | Hart 009D |
| 23506 | Hart 010B |
| 23507 | Hart 010C |
| 23508 | Hart 010D |
| 23509 | Rushmoor 005C |
| 23512 | Rushmoor 005D |
| 23515 | Rushmoor 003D |
| 23518 | Rushmoor 005E |
| 23521 | Rushmoor 007C |
| 23524 | Rushmoor 007D |
| 23527 | Rushmoor 007E |
| 23530 | Rushmoor 007F |
| 23531 | Rushmoor 007G |
| 23532 | Rushmoor 008A |

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| 23533 | Rushmoor 008B |
| 23534 | Rushmoor 008C |
| 23535 | Rushmoor 008D |
| 23536 | Rushmoor 010E |
| 23537 | Rushmoor 002E |
| 23538 | Rushmoor 003E |
| 23539 | Rushmoor 006E |
| 23540 | Rushmoor 006F |
| 23541 | Waverley 004A |
| 23542 | Waverley 006A |
| 23543 | Waverley 004B |
| 23544 | Waverley 003A |
| 23545 | Waverley 003B |
| 23546 | Waverley 003C |
| 23547 | Waverley 006B |
| 23548 | Waverley 004C |
| 23549 | Waverley 006C |
| 23550 | Waverley 001A |
| 23551 | Waverley 002A |
| 23552 | Waverley 002B |
| 23553 | Waverley 003D |
| 23554 | Waverley 004D |
| 23555 | Waverley 003E |
| 23601 | Waverley 006D |
| 23603 | Waverley 006E |
| 23606 | Waverley 009A |
| 23610 | Waverley 002C |

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| 23613 | Waverley 002D |
| 23619 | Waverley 002E |
| 23625 | Waverley 001B |
| 23631 | Waverley 001C |
| 23684 | Waverley 001D |
| 23688 | Waverley 009B |
| 23692 | Waverley 009C |
| 23697 | Waverley 009D |
| 23742 | Waverley 018A |
| 23746 | Waverley 018B |
| 23752 | Hart 005E |
| 23758 | Hart 005F |
| 23764 | Hart 005G |
| 23808 | Hart 005H |
| 23812 | Rushmoor 009F |

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