

BaNES, Swindon and Wiltshire Clinical Commissioning Groups (CCGs)

Joint Governance Handbook

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Foreword by the CCG Chairs

Clinical Commissioning Groups (CCGs) are the statutory bodies responsible for commissioning local health services in England. Bath and North East Somerset (BaNES), Swindon and Wiltshire CCGs are publically accountable organisations. Whilst we are separate entities, we are delighted that we have come together as partners to form the BaNES, Swindon and Wiltshire Commissioning Alliance (BSW) to maximise opportunities for patients. We have a long history of working together to collaboratively commission consistent and efficient services for our populations, and will continue to do so as BSW.

We have a simple but bold vision to ensure delivery of a health service which is high quality, effective, clinically led and local. We work hard to achieve this and enjoy the support of our staff, the public, partners in provider organisations, co-Commissioners, the voluntary sector and GP member practices, and in particular our close partners in Local Authorities. We have been working with Bath and North East Somerset (B&NES), Wiltshire and Swindon Borough councils to establish joint arrangements to deliver far better integrated health and social services at a local 'place-based' level of commissioning.

Our constitutions, which are mandatory documents, describe the arrangements each CCG has made to meet its responsibilities for commissioning care for the people for whom it is responsible. Each constitution describes the GP practice membership of the respective CCG, the governing principles, and rules and procedures that the CCG has established to conduct its business. Each constitution sets the expectation that those involved in the CCG will adhere to both the NHS Constitution and the Nolan principles which apply to all those involved in public service. It also sets out the organisational and governance structures that have been designed to ensure that all GP practices that form the CCG's membership have a voice, as we are membership organisations. The constitutions also describe the makeup of the respective CCG's Governing Body, which is responsible for ensuring probity and accountability in the day to day running of each CCG; to ensure that decisions are taken in an open and transparent way.

The sound governance arrangements described in each constitution allow the enthusiastic local clinicians of the CCGs, supported by a creative, dynamic and experienced single management team, to commission high quality services for those that we collectively serve.

This Joint Governance Handbook sits alongside the three CCGs' constitutions and articulates the arrangements we have made for good streamlined and joined-up governance. The description of these arrangements is not required to feature in the constitutions but is of equal importance. Our governance arrangements cover joint commissioning and the close working relationship that we have with our providers of health services for those with physical and mental conditions across the full age spectrum.

1 Introduction

1.1 The purpose of this Governance Handbook

Our status as CCGs is determined by NHS England. All CCGs are required to have a Constitution and to publish it, see the web links below:

- Bath and North East Somerset - <https://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/nhs-banes-ccg-constitution-june-2016>
- Wiltshire - <http://www.wiltshireccg.nhs.uk/governance>
- Swindon - <http://www.swindonccg.nhs.uk/about-us>

Our Constitutions determine and describe what we do (our statutory functions), the way in which we organise ourselves as membership organisations, who our key decision makers are, and how we make decisions, i.e. our governance and decision-making arrangements. Our Constitutions describe the governing principles, rules and procedures that we have established to ensure probity and accountability in the day-to-day running of the CCGs, and to ensure that our decisions are taken in an open and transparent way, and to ensure that the interests of patients and the public remain central to the goals of the group.

This Governance Handbook summarises and explains the key provisions of our Constitutions, and is intended as a resource for our membership, for our staff, for patients and the public. It describes our governance arrangements, as they currently apply to BaNES, Swindon and Wiltshire CCGs individually, and also where arrangements become increasingly aligned e.g. through committee meetings in common or joint committees.

This Handbook is not a legal requirement. It signposts readers to key governing and corporate documents other than our Constitution, such as our Committees' Terms of Reference, our Schedules of Reservation and Delegation (SoRD) which show at a glance who has the authority to make what decisions, and key policies.

1.2 Principles of Good Governance and Accountability

In accordance with section 14L(2)(b) of the 2006 Act, we will at all times observe generally accepted principles of good governance in the way we conduct our business. We have all adopted the principles of good governance as set out in the [seven principles](#) of the NHS Constitution, [The Good Governance Standard for Public Services](#), the [The seven principles of public life](#) (the 'Nolan Principles'), and the Equality Act 2010. These principles commit us to

- the highest standards of propriety, impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- transparency and accountability to our regulator, our membership, stakeholders, patients, and the public.

We reflect our commitment to these principles of good governance and accountability by

- publishing our Constitutions;

- appointing independent Lay Members and healthcare professionals who are not GPs to our Governing Bodies;
- holding meetings of our Governing Bodies in public;
- publishing annually our respective commissioning plans;
- complying with our respective local authority's health overview and scrutiny requirements;
- meeting annually in public to present our respective annual reports and accounts, which we also publish on our websites:
 - Bath and North East Somerset - <https://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/annual-report-and-accounts-2017-18> ;
 - Wiltshire - <http://www.wiltshireccg.nhs.uk/publications>
 - Swindon - <http://www.swindonccg.nhs.uk/about-us/download-our-plans-and-publications>
- publishing clear complaints policies and procedures:
 - Bath and North East Somerset - <https://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/compliments-concerns-and-complaints-policy-2>
 - Wiltshire - <http://www.wiltshireccg.nhs.uk/comments-concerns-compliments-and-complaints>
 - Swindon - <http://www.swindonccg.nhs.uk/contact/patient-advice-and-complaints-team>
- complying with the Freedom of Information Act 2000:
 - Bath and North East Somerset - https://www.bathandnortheastsomersetccg.nhs.uk/documents/search?fwp_category=freedom-of-information
 - Wiltshire - <http://www.wiltshireccg.nhs.uk/contact-us/freedom-of-information-requests>
 - Swindon - <http://www.swindonccg.nhs.uk/about-us/download-our-policies/Information%20Governance> and <http://www.swindonccg.nhs.uk/contact/freedom-of-information-requests>

1.3 Principles of Engagement

BaNES, Swindon and Wiltshire CCGs aim to ensure that our patients, public, stakeholders and partners are meaningfully engaged in our decision making at all levels to achieve improved patient access, experience and health outcomes for all the people within our localities. We will ensure that our engagement activity will be guided by our principles to ensure it demonstrates that the CCGs are working in the following ways:

- **Respectful** - showing respect for our local population, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations;
- **Developed in partnership** - our work will be shared openly to ensure we get the widest possible feedback and create the strongest possible plans;
- **Clear and professional** - demonstrating pride and authority in what we do;
- **Modern** - portraying the CCGs and the NHS in a way that is up-to-date and current;
- **Proactive** - we recognise the CCGs need to be proactive in their approach and wherever possible will attend existing meetings and go to where people are;
- **Accessible** - understood by the target audience, easily obtainable and available in other languages, symbols or formats, and abbreviations will always be explained;

- **Honest** - avoiding misleading information or false promises, being honest even where the message is difficult;
- **Cost-effective** - showing that budgets have been used wisely;
- **Alignment** - communications will be aligned to the organisations' vision and values, and the principles and aims of the NHS as a whole;
- **Listening** - mechanisms for feedback, review and evaluation; and communication and engagement will evolve to reflect that feedback;
- **Open to change** - we will apologise and change if we get something wrong; and
- **Responsive** - ensuring that the CCGs react quickly and fully to its partner, provider, GP practice, patient and public queries and questions.

For information about how you can get involved, see our web pages:

- Bath and North East Somerset - <https://www.bathandnortheastsomersetccg.nhs.uk/get-involved>
- Swindon - <http://www.swindonccg.nhs.uk/get-involved>
- Wiltshire - <http://www.wiltshireccg.nhs.uk/have-you-say>

2 Our missions, visions and values

2.1 Working with our Partners System-wide – The BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP)

The health and social care organisations across BaNES, Swindon and Wiltshire are working together as a sustainability and transformation partnership (STP) to improve our local population's health and wellbeing, improve service quality and deliver financial stability. The STP is one of 44 'footprints' in the UK. It includes over 100 GP practices and serves a population of 930,000. We are working closely together to support the people in our combined area to stay healthier and independent for longer; to reduce the duplication, variation and potential gaps between the various health and social care organisations so that residents receive a consistent service and we make the best use of the available resource; and to make better use of new technology to support people to monitor their own health and wellbeing with access to the right information and support to manage long-term conditions (such as diabetes) as an alternative to hospital-based care.

Our health organisations have joined up with our local authority partners and other key stakeholders to agree a plan to improve local health and care services – the following organisations are working with BaNES, Swindon and Wiltshire CCGs:

- Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP)
- BaNES Council
- Great Western Hospitals NHS Foundation Trust (GWH)
- Health and Wellbeing Boards in BaNES, Swindon and Wiltshire
- Health Education England
- Healthwatch in BaNES, Swindon and Wiltshire
- Royal United Hospitals Bath NHS Foundation Trust (RUH)
- Salisbury NHS Foundation Trust (SFT)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Swindon Borough Council

Working Together:

NHS Bath and North East Somerset Clinical Commissioning Group
 NHS Swindon Clinical Commissioning Group
 NHS Wiltshire Clinical Commissioning Group

- Wessex Local Medical Committee
- West of England Academic Health Science Network (WEAHSN)
- Wiltshire Council
- Wiltshire Health & Care

We have devoted considerable energy to developing and commissioning new models of care that should better support our ageing population and deliver their associated health needs, in the context of ensuring a sustainable health system. Our aim remains to put individuals in control whilst ensuring that every opportunity is provided to improve the health and wellbeing of the population – we want to support people in taking more personal responsibility for their health and wellbeing. We aspire to create and commission a model where we avoid unnecessary admissions to hospital, but within which, when care is needed it can be delivered closer to home, creating a system built around individuals and local communities, with a focus on the most vulnerable people, supporting them appropriately to reduce or avert crises. Key to achieving this will be multi-disciplinary teams based in small community based clusters, working across community health, social care, mental health, the voluntary sector and friends and family networks to provide integrated and accessible care.

The BSW's system priorities are:

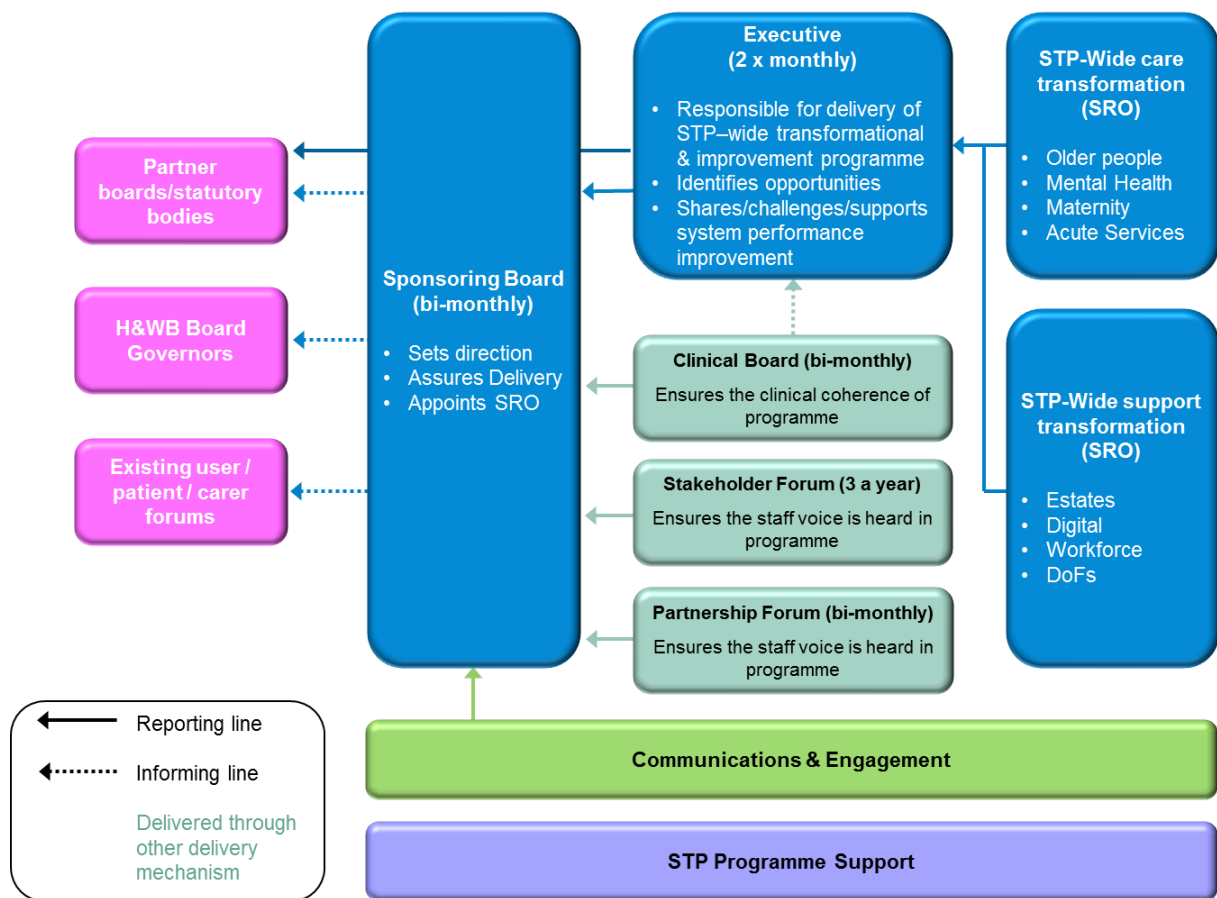
Priority 1: Improving the Health & Wellbeing of our Population
<ul style="list-style-type: none"> • Increasing our focus on prevention and reducing inequalities. • Taking a Life course approach • Health in all Policies • Making shared decision making with individuals regarding plans for their care the norm in BSW • Supporting people to take more responsibility for their health and wellbeing and seeking to involve the third sector and communities in the planning, provision and delivery of care. • Using initiatives such as MECC & 3 Conversations, to offer a strengths based approach to care support. • Engaging with stakeholders and the public about our local vision for delivering the NHS Long Term Plan and agreeing early priorities.
Priority 2: Developing Sustainable Communities
<ul style="list-style-type: none"> • Delivery of joined up efficient and effective primary, community and social care services, appropriately scaled. • Primary Care Networks, community services and secondary care working together with an initial focus on managing frail individuals to maintain independence, reducing length of stay and preventing admission to hospital wherever appropriate. • Leveraging the efficiencies from this integrated approach to reduce care costs for all partners.
Priority 3: Sustainable secondary care services
<ul style="list-style-type: none"> • Acute Hospitals Alliance partners working together to address capacity issues; specialties under pressure; back office services and co-designing care pathways. • Determining where it makes sense for specialist services to be commissioned locally as part of the care pathway redesign work • Aim to utilise Acute hospitals to their full potential for elective care
Priority 4: Transforming care across BSW
<ul style="list-style-type: none"> • Focusing on Mental Health, Maternity and Outpatient Services

- Working with partners in BNSSG and AWP to agree plans for service reconfiguration and developing plans for transformation of our mental health services in BSW to ensure parity of esteem is equal to physical health.
- Concluding our consultation regarding maternity services and implementing the Better Births plans.
- Rethinking our approach to outpatients' service to reflect the potential of technology and way in which the public wishes to receive care in the 21st Century and delivering ambitions set out within LTP

Priority 5: Creating strong Networks of health and care professionals to deliver the NHS Long Term Plan and BSW's operational plan

- Reviewing our Leadership arrangements for all health and Care professionals including social care colleagues to drive the development and implementation of BSW Five Year Strategy to deliver the NHS Long Term Plan.
- Investing in leadership development, quality improvement methodology and workforce training to support service transformation.
- All health and care professionals including social care colleagues working together across BSW to determine priority pathways for review
- All health and care professionals including social care leading the engagement on our long term plans

2.1.1 The Sustainability and Transformation Partnership's governance



2.2 Working with our local partners – Integration that is Place Based

BaNES CCG and BaNES Council

BaNES CCG and BaNES Council have a common interest in, and complementary responsibilities for, the health and well-being of local people. Council and CCG have a shared vision and committed to work together seamlessly to plan, commission and deliver better quality services in order to improve the health and care of the population of Bath and North East Somerset.

A joint working framework, building on the history of effective joint working and existing strong relationships, describes the powers under which joint work is undertaken and the mechanics of its operation. This framework specifically relates to joint working arrangements to deliver the aims and objectives of the [Health and Wellbeing Board](#) (HWB), and the range of services covered by the CCG and the Council's People and Communities Department. A recently created [Health and Care Board](#) (HCB) will jointly commission health and social care in Bath and North East Somerset, and will improve outcomes through a unified approach to collaborative health and care planning and funding. The Health and Care Board is supported by the BaNES CCG Joint Commissioning Committee (JCC) – the JCC Terms of Reference can be found at Appendix 7.3.1.

Swindon CCG and Swindon Borough Council

Working Together:

NHS Bath and North East Somerset Clinical Commissioning Group
 NHS Swindon Clinical Commissioning Group
 NHS Wiltshire Clinical Commissioning Group

Swindon CCG and Swindon Borough Council have a strong culture of working together to achieve better health and wellbeing and this has led to the reduction of early mortality and increased life expectancy for our residents. The focus is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system. The collective vision is that everyone in Swindon lives a safe, fulfilling and independent life and is supported by thriving and connected communities.

The [Swindon Health and Wellbeing Board](#) is made up of a collection of people from different organisations (including the NHS, the local authority officers and elected members, the Clinical Commissioning Group and the voluntary sector), who work together on issues to do with being healthy and feeling well.

The Health and Wellbeing Board's primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

- Ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities;
- Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing; and
- Ensure the development of integrated working across the health and care system.

Wiltshire CCG and Wiltshire Council

Wiltshire CCG and Wiltshire Council have established working relationships to ensure that the health and wellbeing of the residents in Wiltshire are maximised through collaboration and effective use of resources. Together, care for patients is commissioned which provide appropriate treatment and high quality patient experience as well as prevention through the public health agenda. Each accounts to the Council-led [Health and Wellbeing Board](#), which incorporates CCG members and those from the healthcare stakeholder community. A joint governance structure has been developed to facilitate the collaboration.

The Joint Commissioning Board acts as an advisory body to the two commissioning organisations making jointly agreed recommendations for change which build on shared values and take into account local needs and priorities and an evidence-base of what works to deliver the best outcomes for local people.

The Wiltshire Integration Board represents the partnership of health and social care organisations across Wiltshire, where providers and commissioners come together to Oversee Wiltshire's participation in the Sustainability and Transformation Partnership.

2.3 Our missions and values

2.3.1 BaNES CCG

The **mission** of BaNES CCG is to commission high quality, affordable, integrated patient centred care which respects and responds to the need of its local population, harnesses the strength of clinician led commissioning and empowers patients to improve their health status, encapsulated in the statement *Healthier, Stronger, Together*.

The **values** that underpin the way we commission services, and which we share with the BaNES Council, are:

- a) accountable – we all take responsibility for our actions;
- b) caring – we do the best for each other and the people of Bath and North East Somerset;
- c) collaborative – we work together to create efficient and sustainable solutions;
- d) curious – we ask questions and listen to understand and improve;
- e) acting with integrity – we are transparent and build trusting relationships; and
- f) outcomes-driven – we create solutions and deliver.

2.3.2 Swindon CCG

Swindon CCG's **mission** is to optimise the Health and Wellbeing of the people of Swindon and Shrivenham.

Our **vision** is to ensure that everyone in Swindon and Shrivenham lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

As a CCG, we are keen to make sure that we are truly acting on behalf of everyone living in the community. To do this successfully we are working with local people, GPs in Swindon and Shrivenham, hospital and community clinicians and other partners (including local government and the voluntary sector) to improve health services for our population.

Our **objectives** are:

- To increase the life expectancy of people living in Swindon and Shrivenham;
- To increase self-reliance and support self-care;
- To increase the support we offer to those with long term conditions;
- To reduce emergency admissions and make the shift from unplanned to planned care;
- To promote the use of new technology;
- To improve the efficiency and productivity of local health services;
- To improve the patient's experience of local health services;
- To improve the quality of primary care;
- To reduce inequalities in health and healthcare for people in Swindon and Shrivenham.

2.3.3 Wiltshire CCG

The geography of Wiltshire, which naturally divides into three areas of population separated by the sparsely populated Salisbury Plain, means that the CCG GP membership is divided into three groups. The three groups cover the communities of South Wiltshire centred around Salisbury (Sarum Group) with its population mostly choosing to use Salisbury NHS Foundation Trust for its hospital based services; the community of North

and East Wiltshire, mostly choosing to use the services provided by Great Western Hospitals NHS Foundation Trust (NEW Group); and the area covering the market towns of West Wiltshire (West Group) where the population mostly choose Royal United Hospital NHS Foundation Trust in Bath for its services. The Locality Groups work together and recognise that there is significant advantage to be gained by operating as one CCG while retaining their local autonomy.

We have a simple but bold **vision** to ensure delivery of a health service which is high quality, effective, clinically led and local. We work hard to achieve this and enjoy the support of our staff, the public, partners in provider organisations, co-Commissioners, the voluntary sector and GP member practices, and in particular our close partners in Wiltshire Council. The latter in particular helps us build towards establishing joint arrangements to deliver far better integrated health and social services.

Our strategic **objectives** are

- To improve the quality of healthcare and outcomes and reduce inequalities.
- To improve the patient's experience of local health services.
- To work collaboratively with Wiltshire Council and partner organisations on integrated commissioning and delivery of services.
- To encourage and support people to be responsible for managing and improving their own health and wellbeing.
- To support the resilience of primary care across Wiltshire.
- To contribute towards a financially sustainable and responsive health and care economy.

The **values** that lie at the heart of our work are:

- a) Local Clinical Leadership - decisions will be clinically led and locally focused;
- b) Accountability - clear accountability to our communities;
- c) Commitment - do the best we can and strive for value for money;
- d) Transparency - transparent in our decision making;
- e) Innovative - promote innovation and best practice;
- f) Respect for Others - value the opinions of staff, stakeholders and partners (a listening organisation);
- g) Focus on localism - remember one size does not always fit all;
- h) Integrity - adhere to the Nolan principles of standards in public service.

Wiltshire CCG recognises that it needs the support of many stakeholders in fulfilling its obligations and making efficient use of its resources and those of its partners. Our constitution enables the CCG to jointly commission services and we do so in partnerships as follows:

- STP
- BSW Commissioning Alliance - Reference to any Commissioning Alliance agreement developed as part of BSW Commissioning Alliance
- Place Based Commissioning
- Public Health
- Voluntary Sector

Wiltshire CCG will commission services for the population it serves in line with its vision and values.

3 Our Functions

The NHS Act 2006 and the Health and Social Care Act 2012 set the legislative framework for CCGs: they determine what CCGs are there to do (the CCGs' statutory functions), and set expectations of how CCGs do this. The Department of Health and Social Care's publication [*The functions of Clinical Commissioning Groups*](#) details CCGs' commissioning responsibilities; general duties; duties in relation to planning, agreeing and monitoring services; financial duties; duties in relation to governance; specific duties of cooperation, and general duties applying to public or NHS bodies functions. In summary, CCGs commission the healthcare services for the population within their geographic areas.

In the exercise of our functions, we have duties to:

- Act with a view to securing that health services are provided in a way which promotes the NHS Constitution, and promote awareness of the NHS Constitution among patients, staff and the public;
- Act with a view to securing continuous improvements in the quality of services for patients and in outcomes, with particular regard to clinical effectiveness, safety and patient experience;
- Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them;
- Promote the involvement of individual patients, and their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment;
- Act with a view to enabling patients to make choices about aspects of health services provided to them;
- Promote innovation in the provision of health services;
- Promote research on matters relevant to the health service, and the use of evidence obtained from research;
- Act with a view to securing that health services are provided in an integrated way, and that provision of health services is integrated with provision of health-related or social care services, where the CCG considers that this would improve quality of services or reduce inequalities;
- Have regard to the need to promote education and training of current or future health service staff;
- Ensure that appropriate facilities are made available to any university which has a medical or dental school in connection with clinical teaching.

Our Governing Bodies (Boards) and their committees oversee, govern and ensure that we deliver our functions and duties in the way described above.

4 The CCGs as membership organisations

Clinical Commissioning Groups (CCGs) are membership organisations. We represent all GP practices and the patient populations within the BaNES, Wiltshire and Swindon local authorities' respective catchment areas. As formal NHS bodies, we are responsible for planning, designing and commissioning (buying) health services for our local populations.

To do so, we work with partner organisations across a range of sectors to improve people's health, quality of life and wellbeing.

We are clinically led membership organisations: all the GP practices within our respective geographical areas form our respective memberships (the members). Our members are formally responsible for determining and approving the governing arrangements for our organisations, which they do by adopting our respective Constitutions.

4.1 Our member practices

4.1.1 BaNES CCG

Our membership comprises the GP practices in BaNES. Each practice nominates a practice representative, who is authorised to represent that practice in its dealings with the CCG. For instance, the practice representative participates in decision-making on behalf of the respective practice, and represents the practice at meetings of the Council of Members. Our constitution describes our members' roles.

The member practices of BaNES CCG serve a diverse population across the city of Bath, urbanities like Keynsham, and the county's rural areas – details about our member practices can be found at

<https://www.bathandnortheastsomersetccg.nhs.uk/documents/links/our-24-member-practices>

4.1.2 Swindon CCG

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 Swindon CCG, see <http://www.swindonccg.nhs.uk/the-local-area>.

Further details can be found in section 3 'Membership Matters' of the Constitution, including the Council of Members which brings together practice representatives. The arrangements for the Council of Members are described in the Standing Orders in Appendix 3 of the Constitution.

4.1.3 Wiltshire CCG

Wiltshire CCG comprises GP practices from across the county. Our member practices can influence and inform decisions and provide feedback, so that we do not lose the local focus amongst the national and wider Wiltshire priorities.

Wiltshire is split into three locality Groups and each has their own clinical executive and reporting structure, see <http://www.wiltshireccg.nhs.uk/about-us> . The Groups are as follows:

- NEW (North and East Wiltshire)
- West (West Wiltshire and Devizes)
- Sarum (South Wiltshire)

Each Group has its own Terms of Reference governing its operation. Details can be found in Section 7 of this handbook. These include arrangements for electing the Chair of each Group who will participate as a voting member of the CCG's Governing Body.

Working Together:

NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

Further details can be found in section 3 ‘Membership Matters’ of the Constitution including the names of the practices involved in Wiltshire CCG, including the Council of Member which brings together practice representatives. The arrangements for the Council of Members are described in the Standing Orders in Appendix 3 of the Constitution.

4.2 Our member practices in our governance

Our member practices are integral to the functioning of the CCG. Those exercising delegated functions on behalf of our members, including the Governing Body, remain accountable to the members. Our members are involved in our governance.

BaNES, Swindon and Wiltshire CCGs each have constituted a Council of Members, to ensure the effective participation by each of our members. The Councils of Members meet regularly. Members’ rights and decision-making powers are set out in our Constitutions, Standing Orders, and Schemes of Reservations and Delegations.

5 Our Governing Bodies

5.1 Functions of the Governing Body

BaNES, Swindon and Wiltshire CCGs each have their own governing body (Board). Each Board has the overall function and duty of establishing and maintaining the strategic direction of the respective CCG. The Boards agree the vision, strategy and policy, and agree a forward plan with clear objectives to deliver the respective CCG’s purpose. Each Board is accountable for governing the respective organisation and holds the executive and its members to account for the delivery of strategy. A Board must be risk aware and receive assurance about progress against aims and targets.

5.2 Key roles on the Governing Body

The membership of the governing body of a CCG is determined by NHS Act(s): each of our Boards is constituted of a Chair, the CCG’s Accountable Officer, the CCG’s Chief Finance Officer, a Secondary Care Specialist, a registered nurse, and three lay members (one to lead on finance and audit matters, one to express an informed view about discharge of the CCG functions, and one who leads on patient and public participation matters).

In addition, and in order to ensure our Boards are clinically lead, BaNES has six healthcare professionals, Swindon has nine representatives who are GPs or other healthcare professionals, and Wiltshire six representatives who are GPs or healthcare professionals employed within primary care in Wiltshire as well as a Medical Advisor on their Boards.

The **Chair** of the Board is responsible for

- leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;
- building and developing the Governing Body and its individual members;
- ensuring that the Group has proper constitutional and governance arrangements in place;
- ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

- supporting the Accountable Officer in discharging the responsibilities of the organisation;
- contributing to building a shared vision of the aims, values and culture of the organisation;
- leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;
- overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;
- ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- ensuring that the organisation is able to account to its local patients, stakeholders and NHS England; and
- ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

The **Accountable Officer** function is responsible for

- ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically, thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems; and
- working closely with the Chair, to ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This includes arrangements for the ongoing development of its members and staff.

The BSW has one CEO who acts as the accountable officer for all three CCGs.

The **Chief Financial Officer** is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems. This role of Chief Financial Officer has been summarised in a national document as:

- being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- making appropriate arrangements to support and monitor the CCG's finances;
- overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;
- being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties; and
- producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

The **Registered Nurse** on the Governing Body is a qualified individual with a high level of professional expertise and knowledge. A key aspect of the role is to bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the Group especially the contribution of nursing to patient care. Specific responsibilities include giving an independent strategic clinical view on all aspects of NHS Swindon CCG business; and bringing detailed insights from nursing quality and perspectives into discussions regarding service re-design, clinical pathways and system reform.

There are three **lay members** appointed to each Governing Body, usually one with responsibility for audit and governance incl. conflict of interest matters; one with a responsibility for public participation; and a third with a remit for quality – our Constitutions detail our respective lay members' responsibilities. The lay members bring to our Governing Bodies and our organisations strategic, impartial, and external views of our work.

5.3 How decisions are made

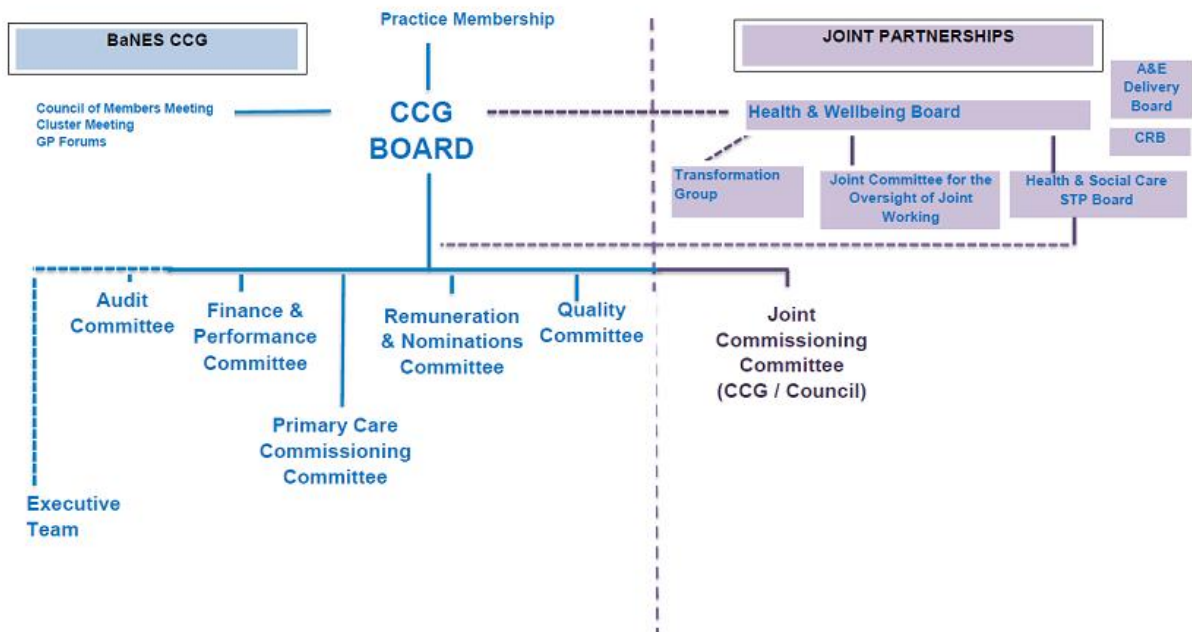
Our Constitutions set out who the key decision-makers are in our CCGs, and who they are accountable to for the decisions they make.

Our Governing Bodies have a particular role to play, in that they:

- determine the arrangements by which the members of the CCG approve the decisions that are reserved for the membership;
- consider and approve applications to NHS England (NHSE) on any matter concerning changes to the CCG's Constitution, including terms of reference for the CCG's Governing Body, its Committees, membership of Committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies;
- exercise or delegate CCG functions which have not been retained;
- prepare and approve the overarching scheme of reservation and delegation (SoRD, see Appendix 7.1), which sets out those decisions of the CCG reserved to the membership and those delegated to its:
 - Governing Body;
 - Committees and Sub-Committees; or
 - Members or employees;
 - A specified person;
- prepare and approve detailed financial policies;
- approve arrangements for managing exceptional funding requests;
- approve delegated budgets;
- formally agree all procurement awards;
- receiving the Annual Accounts; and
- approve (within the CCG's Standing Orders) who can execute a document by signature / use of the Seal.

5.4 Our governance at a glance

5.4.1 BaNES CCG



Working Together:

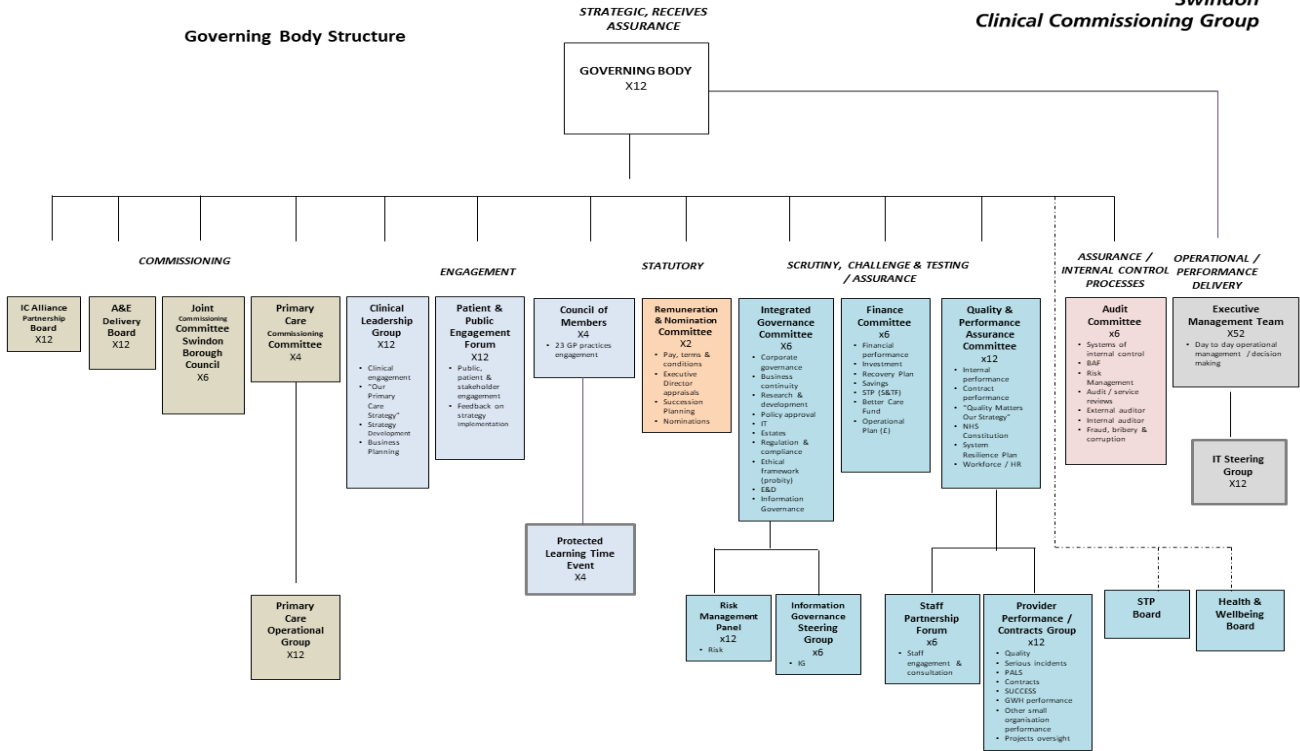
NHS Bath and North East Somerset Clinical Commissioning Group
 NHS Swindon Clinical Commissioning Group
 NHS Wiltshire Clinical Commissioning Group

5.4.2 Swindon CCG



Swindon
Clinical Commissioning Group

Governing Body Structure

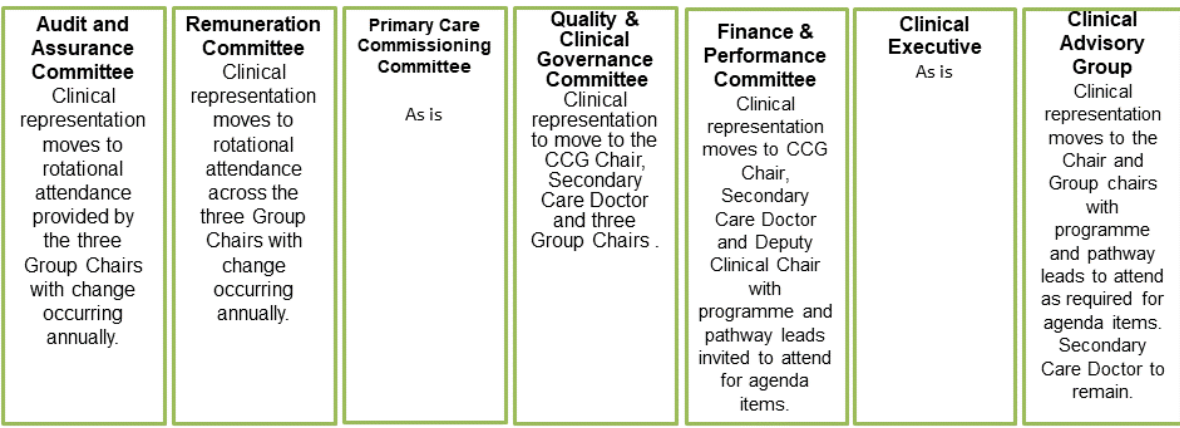
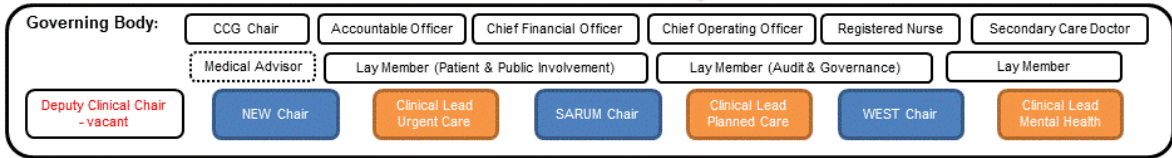


5.4.3 Wiltshire CCG

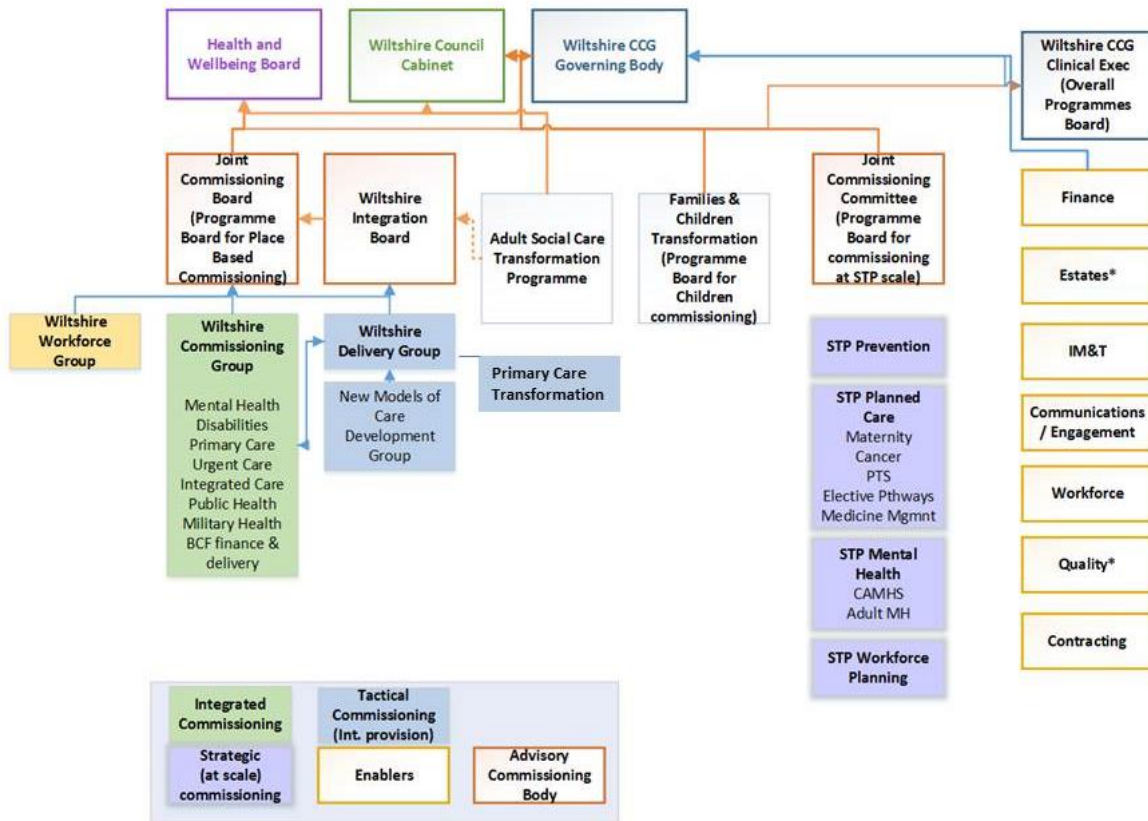
WILTSHIRE CCG GOVERNANCE

– model in development agreed Sept 2018

Clinical Representation on the Governing Body through defined programme leadership and portfolio allocation.
Council of Members established



Wiltshire Integrated Governance Arrangements



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 NHS Swindon Clinical Commissioning Group
 NHS Wiltshire Clinical Commissioning Group

5.5 Key committees in detail

Each CCG is required by law to have an Audit Committee, a Remuneration Committee, and where NHSE has delegated primary care commissioning function to the CCG, a Primary Care Commissioning Committee. We describe briefly the roles of these statutory and mandated committees.

5.5.1 Audit Committee

Each CCG has an Audit Committee, whose primary responsibilities are to provide assurance and advice to the Governing Body, on the proper stewardship of resources and assets, including value for money; financial reporting, the effectiveness of audit arrangements (internal and external), risk management, and on control and integrated governance arrangements within the CCG.

Our Audit Committees meet in common, under the Joint Governance Framework appended to this handbook.

5.5.2 Remuneration Committee

Each CCG has a Remuneration Committee, whose primary responsibility is to advise the Governing Body on the remuneration and terms of service for Very Senior Managers and Governing Body Members.

Our Remuneration Committees meet in common, under the Joint Governance Framework in Appendix 7.4 of this handbook.

5.5.3 Primary Care Commissioning Committee

Each CCG has a Primary Care Commissioning Committee, whose primary responsibilities are to enable the CCG to make collective decisions on the review, planning and procurement of primary medical care services within the CCG's catchment area and for its population, under delegated authority from NHS England. 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.

5.5.4 Other key committees

In addition to the Committees described above, the CCGs have the following committees also, to govern key aspects of our business and how we conduct it. As with the committees above, the full Terms of Reference for each Committee are provided in Section 7 - Appendices.

BSW Joint Committees

- Finance Committee
- Quality and Performance Committee

Bath and North East Somerset:

- Health and Care Board
- Joint Commissioning Committee

Swindon:

- Integrated Governance Committee
- Clinical Leadership Group
- Patient & Public Engagement Forum
- Swindon Joint Commissioning Group
- Swindon Health & Wellbeing Board

Wiltshire

The three Wiltshire CCG Groups (NEW, Sarum, West) each have their Terms of Reference, see Appendix 7. They are not, technically speaking, committees of the Governing Body but recognise the geography of the county and the decisions taken by the membership when the CCG was established to ensure clinical engagement and decision making.

- Clinical Exec
- Health and Wellbeing Board
- Joint Commissioning Board
- Wiltshire Integration Board
- Wiltshire Commissioning Group
- Wiltshire Delivery Group

6 Code of Conduct

We expect our employees, members, and Board, Committee and Sub-Committee members of our CCGs to comply at all times with our Constitutions. They should be aware of their responsibilities, act in good faith and in the interests of the CCG, follow the Nolan Principles, comply with the standards set out in [Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England](#), and comply with our Standards of Business Conduct policies:

Bath and North East Somerset -

<https://www.bathandnortheast Somersetccg.nhs.uk/documents/policies-and-governance/10478>

Swindon - <http://www.swindonccg.nhs.uk/about-us/governance-and-compliance>

Wiltshire - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/Standards-of-Business-Conduct-Policy-2017.11.07.pdf>

6.1 Interests

We have made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by us will be taken, and seen to be taken, without being unduly influenced by external or private interest.

We have agreed policies and procedures for the identification and management of conflicts of interest. Our policies and procedures follow the NHS England's statutory guidance [*Managing Conflicts of Interest: Revised Statutory Guidance for CCGs*](#) . Our Standards of Business Conduct Policies, see above, detail how we expect our employees, members, and Board, Committee and Sub-Committee members to conduct our business, and what to do if for instance conflicts of interest arise.

All relevant staff and all Board members receive training on the identification and management of conflicts of interest, and undertake the NHS England Mandatory training.

All our key decision makers are required to declare any interests they hold. We ensure that declarations of interest are made, confirmed, or updated at least annually. We maintain and regularly review registers of the interests of decision making staff, and publish these registers on our websites:

Bath and North East Somerset -

<https://www.bathandnortheast Somersetccg.nhs.uk/documents/policies-and-governance/register-of-interests-2>

Swindon - <http://www.swindonccg.nhs.uk/about-us/governance-and-compliance>

Wiltshire - <http://www.wiltshireccg.nhs.uk/governance>

6.2 Gifts and hospitality

Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. However, situations where the acceptance of gifts could give rise to conflicts of interest should always be avoided. CCG staff should not accept gifts, nor accept hospitality that may affect, or be seen to affect, their professional judgement.

Our Standards of Business Conduct policies set out the way in which we manage offers of gifts, hospitality and sponsorship. We publish registers of gifts, hospitality and sponsorship we have been offered, and how we managed such offers.

Bath and North East Somerset -

<https://www.bathandnortheast Somersetccg.nhs.uk/documents/policies-and-governance/register-hospitality-gifts-sponsorship>

Swindon - <http://www.swindonccg.nhs.uk/about-us/governance-and-compliance>

Wiltshire - <http://www.wiltshireccg.nhs.uk/governance>

6.3 Media, public speaking, and public representation of the CCG

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.

Nothing in or referred to in our Constitutions (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 by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or any employee of the CCG or of any of its members, nor will it affect the rights of any worker.

6.4 Liability and indemnity

Each CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of each CCG resides with each CCG as a public statutory body and not with its Member practices.

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 each CCG in discharging its statutory functions.

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 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.

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.

7 Appendices

A number of key documents govern the way in which we conduct our business.

7.1 Scheme of Reservation and Delegation

BSW Scheme of Delegation - <http://www.wiltshireccg.nhs.uk/governance>

BaNES CCG – not published

Swindon CCG - Scheme of Reservation - <http://www.swindonccg.nhs.uk/about-us/download-our-policies/Corporate%20Governance>

Wiltshire CCG - Scheme of Reservation - <http://www.wiltshireccg.nhs.uk/governance>

7.2 Key policies

7.2.1 Prime Financial Policies

BaNES CCG -

https://www.bathandnortheast Somersetccg.nhs.uk/assets/uploads/2018/02/BaNES-CCG_Updated-Constitution_27-June-2019_NHSE-approved.pdf

Swindon CCG - <http://www.swindonccg.nhs.uk/about-us/download-our-policies/Corporate%20Governance>

Wiltshire CCG - <http://www.wiltshireccg.nhs.uk/governance>

7.2.2 Risk Management Strategy

BaNES CCG –

<https://www.bathandnortheast Somersetccg.nhs.uk/documents/policies-and-governance/risk-management-strategy>

Swindon CCG – <http://www.swindonccg.nhs.uk/about-us/download-our-policies/Corporate%20Governance>

Wiltshire CCG – <http://www.wiltshireccg.nhs.uk/about-us/risk-management>

7.2.3 Publication Scheme

BaNES CCG –

<https://www.bathandnortheast Somersetccg.nhs.uk/documents/policies-and-governance/publication-scheme>

Swindon CCG – <http://www.swindonccg.nhs.uk/about-us/publication-scheme>

Wiltshire CCG - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/NHS-Wiltshire-CCG-Publication-Scheme-FINAL12.04.19.pdf>

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NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

7.2.4 Freedom to Speak Up

BaNES CCG - not currently published

Swindon CCG - <http://www.swindonccg.nhs.uk/about-us/download-our-policies/Corporate%20Governance>

Wiltshire CCG – <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/FTSU-Policy-V2.0.pdf>

7.2.5 Compliments, Concerns and Complaints

BaNES CCG – <https://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/compliments-concerns-and-complaints-policy>

Swindon CCG - <http://www.swindonccg.nhs.uk/contact/patient-advice-and-complaints-team>

Wiltshire CCG – <http://www.wiltshireccg.nhs.uk/comments-concerns-compliments-and-complaints>

7.2.6 Public and Patient Engagement

BaNES CCG – Communications and Engagement Strategy 2018-19
<https://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/communications-and-engagement-strategy-for-2018-19>

Swindon CCG – Communications & Engagement Strategy 2015 – 2020
<http://www.swindonccg.nhs.uk/about-us/download-our-plans-and-publications>

Wiltshire CCG – Communications and Engagement Strategy
<http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Communications-and-Engagement-Strategy.pdf>

7.2.7 Standards of Business Conduct Policy

BaNES CCG – <https://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/10478>

Swindon CCG – <http://www.swindonccg.nhs.uk/about-us/governance-and-compliance>

Wiltshire CCG - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/Standards-of-Business-Conduct-Policy-2017.11.07.pdf>

7.3 Terms of Reference

7.3.1 BSW Joint Committees

- Finance Committee – not yet published
- Quality and Performance Committee – not yet published

7.3.2 BaNES CCG

- Health and Care Board, <https://democracy.bathnes.gov.uk/mgCommitteeDetails.aspx?ID=631>
- Joint Commissioning Committee – not currently published
- Your health your voice, <https://www.bathandnortheast Somersetccg.nhs.uk/get-involved/meeting/your-health-your-voice>

7.3.3 Swindon CCG - the following Terms of Reference can be found here:

<http://www.swindonccg.nhs.uk/about-us/governance-and-compliance>

- Integrated Governance Committee
- Clinical Leadership Group
- Patient & Public Engagement Forum
- Swindon Joint Commissioning Group
- Swindon Health & Wellbeing Board

7.3.4 Wiltshire CCG

- Terms of Reference of the three Wiltshire CCG Groups,
 - North East Wiltshire (NEW) - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/NEW-Group-TOR-from-NHS-Constitution-January-2019.pdf>
 - Sarum - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/SARUM-Group-TOR-from-NHS-Constitution-May2017.pdf>
 - West - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/04/West-Wiltshire-ToRs-v1-Nov2016.pdf>
- Wiltshire Joint Commissioning Board - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/07/CURRENT-TOR-for-Wiltshire-Joint-Commissioning-Board.pdf>
- Wiltshire Integration Board - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/05/TOR-for-Wiltshire-Integration-Board-Final.pdf>
- Wiltshire Commissioning Group - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/05/TOR-for-Wiltshire-Commissioning-Group-Final.pdf>
- Wiltshire Delivery Group - <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/05/TOR-for-Wiltshire-Delivery-Group-Final.pdf>

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NHS Wiltshire Clinical Commissioning Group

7.4 Governance framework for joint committees and committees in common

BaNES, Swindon and Wiltshire CCGs are responsible for the commissioning of health services for their respective populations across BSW STP. Each CCG has its own Constitution which defines the three governance structures and includes the committees of the respective Governing Body required to conduct its business. Some of these committees are statutory. The three CCGs have identified clear benefits in working together on their commissioning plans and related activities. To collaborate effectively, a supportive joint governance structure is required. The three CCGs will fulfil their obligations through a mixture of commissioning at scale and locally through place-based activities associated with local geography and demography.

A. MEETING ARRANGEMENTS FOR COMMITTEES MEETING 'IN COMMON'

- **Audit Committee**
- **Remuneration Committee**
- **Primary Care Commissioning Committee**

The Audit Committee, Remuneration Committee and Primary Care Commissioning Committee of each CCG are mandatory committees, and each Governing Body will maintain all three. Each Committee is accountable to its own Governing Body, and has delegated authority for the purpose of making decisions and performing the functions as set out in the respective Schemes of Reservation and Delegation.

Each Committee will continue to be accountable for its own decisions, and each CCG may hold individual Committee meetings as appropriate, for example to discuss business specific to that CCG. With a view to facilitating consistency of decision making across the Alliance, the Committees may also meet on an "in common" basis, i.e.:

- the nature of the functions exercised, the place and time of the meeting are in common;
- each Committee remains as standalone, retaining its own terms of reference (and so to each Committee in the room apply the rules by which it usually makes its decisions);
- each Committee has its own agenda, although it may be identical with the agendas of the other Committees;
- technically, each Committee takes its own decisions and records these in its own minutes:
 - each Committee has the freedom to take its own decision that might be different from the others;
 - a consensus decision will only be binding if each individual Committee has taken the decision.

Each Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise if it considers this necessary.

In order to facilitate smooth running of the discussion when committees meet 'in common', an individual will be identified in advance to take on the role of chairing the discussion. The

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NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

person taking this role will act as a 'Convenor' to facilitate discussion and, with the support of the secretariat, oversee the management arrangements for the meetings.

A1 ACHIEVING CONSENSUS

The core value and intention of arrangements for committees in common is for the CCGs' to build consistency across the participating organisations in the Alliance.

Each committee is expected to have taken into account the views of any relevant local stakeholders in advance of the meetings in common.

As a separate committee, with specified delegated authority from its own Governing Body, each committee will make a decision that is binding on its own organisation.

Decisions agreed by each of the committees when they meet in common will be collectively supported by each member organisation by the implementation of agreed actions supported by stakeholder communication (where appropriate).

When it has not been possible to agree a unanimously supported consensus among the participating committees, any Committee is permitted to make its own alternative arrangements.

The meeting will be managed by resources identified from within the Alliance who will provide secretariat support to the Convenor.

A2 REPORTING

Minutes of the meeting and supporting action tracker will be drawn up by the secretariat and submitted to the Convenor for agreement (normally within 14 days). The draft minutes and Action Tracker (as agreed by the Convenor) will then be forwarded to all committee Chairs so that actions may be carried out. The Minutes will be formally approved at the next meeting of the committee in common, and those responsible for actions are to provide updates to the secretariat in a timely manner prior to the next meeting.

When the committees meet in common the minutes of the committee will be received by the Governing Body for each CCG. In addition, individual CCG committee Chairs will draw to the attention of the respective Governing Body any issues that require full disclosure.

B MEETING ARRANGEMENTS FOR JOINT COMMITTEES

The Alliance has determined that some of its committees may become joint committees. This will facilitate collaboration and joint decision making.

Joint committees will make decisions on behalf of each Governing Body in line with the Scheme of Delegations.

Representation will be defined in the Terms of Reference for such Committees.

Joint committees are authorised to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise if it considers this necessary.

C Committees responsible for Place-Based Commissioning

CCG's in the Alliance will establish their own arrangements for governance associated with place-based commissioning. Any such committees will be governed by Terms of Reference, approved by the relevant Governing Body, as appropriate.

D MANAGING CONFLICTS FOR ANY COMMITTEE

Individuals must declare any interest that they have in line with prescribed procedures as soon as they are aware of it and in any event no later than 28 days after becoming aware.

Committee members should declare any conflicts with agenda items prior to the meeting, at the start of each meeting or as they arise during a meeting.

E REVIEW OF THE OPERATING FRAMEWORK

This governance framework shall be reviewed annually or sooner if legislation requires a change to the terms for a meeting in common or a joint committee.