NHS
Telford and Wrekin

Telford and Wrekin Clinical Commissioning Group

Governance Plan

(Work in progress)

Taking Care of Telford and Wrekin
Every patient experience matters - Every clinician is involved

"Telford and Wrekin Clinical Commissioners will deliver high quality, equitable, safe and locally driven care. Despite our finite resources, patients and clinicians together will strive for the best possible healthcare in Telford and Wrekin".

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Foreword

Telford and Wrekin Clinical Commissioning Group understands that effective governance remains essential in the NHS to ensure that it builds patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to patients, public and stakeholders is delivered by building confidence in:

- The quality and safety of health services
- That resources are invested in a way that delivers the best health outcomes
- The accessibility and responsiveness of health services;
- That the public can appropriately shape health services to meet their needs
- That public money is spent in a way that is efficient and effective

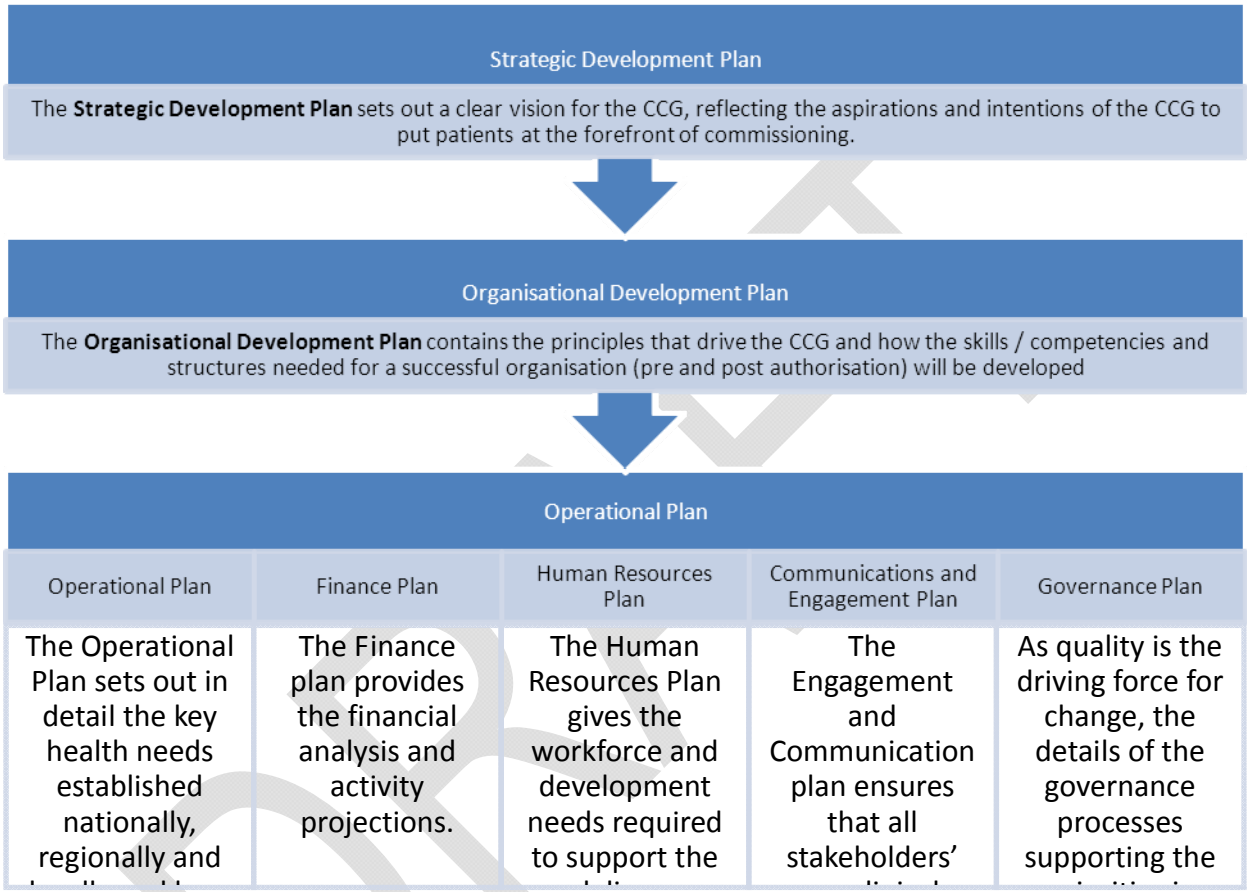
In order to provide this level of confidence the Clinical Commissioning Group aims to develop a robust governance structure, building on governance arrangements that have already been developed during Clinical Commissioning Group shadow form.

This Governance Plan sets out, in broad terms, the governance structures that the Clinical Commissioning Group will create to support the delivery of our strategic objectives and clinical priorities and to ensure that the people of Telford and Wrekin receive the best quality health services that are safe and up to date.

Dr Andy Inglis
Executive GP Lead – Telford and Wrekin Clinical Commissioning Group

1. Introduction

This document is one of five documents collectively forming the Telford and Wrekin Clinical Commissioning Group's (CCG) **Operational Plan** which details our priorities and activities in the coming year (2012/13) and how they are going to be addressed. This document clarifies the priorities of the CCG, to ensure that there is clear understanding of the challenges to be addressed here in Telford and Wrekin; the specific priorities the CCG has set and the deliverables under each target. The diagram below clarifies how these documents work together to deliver the Strategic Development Plan.



As there is significant cross-departmental impact on the delivery of the priorities, plans created by one part of the organisation inevitably have implications for other parts. The five documents above are written to integrate with each other and should be read in conjunction to provide an overall picture of the deliverables of the CCG.

This document is the **Governance Plan** and its purpose is to set out the governance arrangements Telford and Wrekin CCG intends to adopt when it becomes established as a statutory NHS body in April 2013 to support delivery of its overarching strategic objectives and priority areas. In addition, the plan also includes an action plan that sets out the actions that will need to be undertaken between now and March 2013 to enable the CCG to develop these

robust governance structures in preparation for establishment. The plan will be supported by a suite of documents that will be developed and adopted during the transition period.

In developing this plan Telford and Wrekin CCG has reflected on a number of sources of guidance and best practice to ensure that as well as commissioning safe health services, that good value for money is provided for taxpayers.

Telford and Wrekin CCG recognises that good governance is important:

- **to patients** because they depend on the quality of the judgements that the CCG make;
- **to the public** as it will give them confidence that the best decisions are taken for the right reason, that the quality of healthcare services is protected and that public money is being spent wisely; and
- **to clinicians** because it supports them to make the best possible decisions, reduces the likelihood of things going wrong and protects them in the event that things do go wrong.

1.2 What is "governance"?

Governance describes the way in which organisations conduct themselves to ensure they carry out their duties successfully and the standards expected of them:

> *"Good governance leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes. It builds public and stakeholder confidence that health and healthcare is in good hands".*[1]

In seeking to achieve robust governance, the CCG will be able to fulfil its statutory functions as well as meeting the rights of the patient enshrined in the NHS Constitution.

1.3 Principles of good governance

The CCG Governance Plan is based upon principles of good governance enshrined in two key documents:

- Good Governance Standards for Public Services[2]; and
- Seven Nolan principles to promote high standards of behaviour in public life[3]:
  - Selflessness
  - Integrity
  - Objectivity
  - Accountability
  - Openness
  - Honesty
  - leadership

The Plan also seeks to ensure that the proposed governance structure for the CCG adheres to the governance design principles that the NHS Commissioning Board has developed with stakeholders[4]:

[1] NHS Commissioning Board, Towards Establishment: Creating responsive and accountable clinical commissioning Groups February 2012
[2] The Good Governance Standard for Public Services (OPM and CIPFA, 2004) http://www.cipfa.org.uk/pt/download/governance_standard.pdf

[3] The First Report of the Committee on Standards in Public Life (1995) http://www.pubic-standards.gov.uk/

[4] NHS Commissioning Board, Towards Establishment: Creating responsive and accountable clinical commissioning Groups February 2012

- true to the vision – clinically led to enable quality improvement and delivery of outcomes;
- designed to the fit the new, and different, organisational arrangements;
- capable of securing maximum probity, transparency and accountability within processes that are proportionate and defensible;
- rigorous enough to withstand challenge, and flexible enough to enable local ownership form the clinical community;
- bureaucracy-light, yet water-tight – keeping all parties safe; and
- capable of building from the arrangements emerging CCGs have already put in place, where these are sound.

Telford and Wrekin CCG has been functioning as a shadow CCG within the governance structure of the PCT since April 2011, and has already developed shadow governance structures that have helped to inform and clarify the governance structure that will be adopted on establishment. The shadow arrangements emphasise the need to create an open and transparent culture, where relationships are as important as having the right structures in place, and where patient involvement becomes fundamental in everything the CCG does. This is reflected in, and supports, the mission statement of the CCG.

2. Telford and Wrekin CCG establishment

Subject to passage of the Health and Social Care Bill, it will be a contractual requirement for all holders of primary care medical care contracts in England to be a member of a CCG.

Telford and Wrekin CCG has been established in shadow form and incorporates the 22 practices within a geographical area coterminous with the local unitary authority; Telford and Wrekin Council. The CCG covers a population of circa 170,000. This configuration is proposed to continue for establishment.

This configuration of practices has been risk assessed by the CCG with the SHA and a rating of green has been given. On this basis the CCG proposes to retain this configuration for establishment.

3. CCG role and responsibilities

Each GP practice, whilst retaining its individual identity and independent status as a provider of primary medical care, will also be a member of a CCG. The CCG role will be for GPs to harness their close working relationships with patients, other health professionals, local authorities and other community partners to commission most healthcare services for their local populations. This means understanding patients' needs, agreeing the services that will be provided to meet those needs, and ensuring that those needs and those services deliver high quality outcomes.

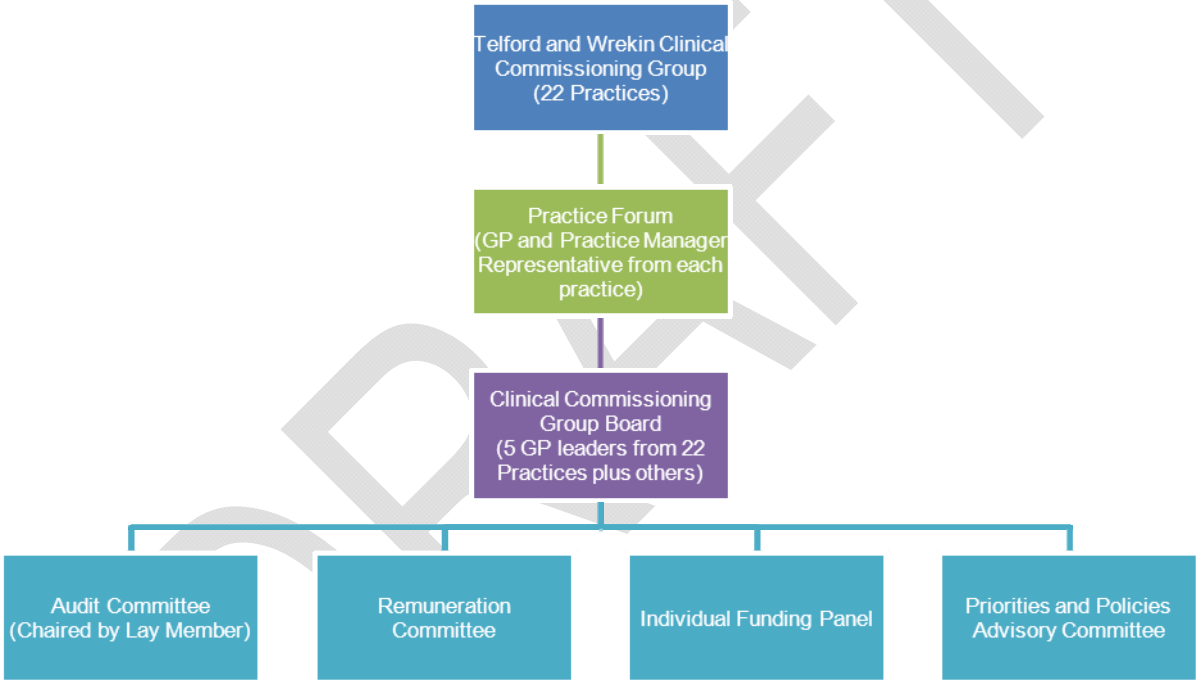
The CCG, once established, will be a membership organisation which will be both accountable to its member practices and, as a statutory body, also accountable to Parliament through the Secretary of State. Each CCG is required to develop a constitution, which will set out its duties, how it relates to its member practices and statutory requirements.

As the name suggests, a statutory organisation is created by statute and once established it can only be disbanded by statute, although legislation can provide for the dissolution and merger of individual statutory organisations. The powers and duties of statutory organisations are set out in the statute that creates them. The Bill also allows for additional regulations that will enable the NHS Commissioning Board to direct CCGs in how, and for whom, they should commission services. In addition there is a range of existing duties that apply to all statutory bodies that CCGs will therefore need to comply with.

4. CCG Governance Structure

Telford and Wrekin CCG will have effective arrangements to bind together the contribution of the member practices and to involve them in decision making and this will be set out in the CCG Constitution, which is one of the suite of documents that will underpin this Governance Plan.

The CCG will be configured to reflect current shadow arrangements which have been developed during 2011. The configuration reflects the expectation that all GP practices as members of the CCG will contribute to the CCG priorities by helping to redesign services and to enhance quality of service across all the GP practices. However, the CCG acknowledges that this does not mean that every GP will be actively involved in every aspect of commissioning or the day-to-day running of the CCG. Therefore, the CCG configuration seeks to reflect the flexibility of GP involvement at different levels within the structure, as well as providing a structure of governance to allow efficient and effective decision making.



4.1 CCG Voting

All practices within the Telford and Wrekin local authority boundary that hold a contract for the provision of primary medical services are entitled to join, and have already joined the Telford and Wrekin CCG. Practices outside of this boundary will have to apply for membership which will be determined by the CCG Practice Forum by a vote. The process for requesting membership and termination of membership will be outlined in detail within the CCG Constitution.

The CCG is a membership organisation which will use the Practice Forum as the means by which it makes decisions and delegates its commissioning responsibilities to the CCG Board. Communication between these three levels will be vital to ensuring that the CCG secures clinical leadership and engagement with patients and the public. The communication mechanisms being proposed to support this are set out in the Communications and Engagement Plan.

Every practice in the CCG is expected to:

- Agree to the terms of the inter practice agreement
- Agree and deliver the CCG Annual Commissioning Plan
- Participate in the incentive scheme
- Work with the CCG to improve the overall quality of primary care services as well as other providers.

4.2 CCG Practice Forum

The CCG will form a Practice Forum which will be composed of appointed practice representatives, who will be GPs or another healthcare professional to represent their practice's views and act on behalf of the practice. The individual practice representatives will work effectively with GPs, including sessional and locum GPs and with other practice staff to ensure the views of the practice as a whole are obtained and played into discussions and decisions of the CCG whether informally or via a formal vote.

Where a vote is required, each practice member will have 1 vote which will be exercised through the GP / other healthcare professional representative the member practice has nominated.

In addition, the CCG will also require a non clinical representative to attend the Practice Forum and take part in discussion and debate, although they will not be afforded a formal vote on the Practice Forum. It will be up to each member practice to determine the process they use for appointing their respective representatives on the Practice Forum. Each member practice will abide by the decisions made at the Practice Forum or CCG Board under delegated authority.

The CCG will develop the existing CCG inter-practice agreement identifying what each member would expect from the other members in the CCG.

The engagement with practice members will be fundamental to:

- shaping the culture of the CCG;
- giving voice to patients, carers and local communities;
- driving forward improvements in the design of services; and
- enabling the CCG to fulfil its duty in relation to supporting continual improvement in the quality of primary medical care.

To ensure that CCG member practices are fully engaging with the CCG, the member practice must be able to demonstrate that sufficient consideration of the decision being made has been taken by the member practice through, for example, minutes of practice meetings.

The Practice Forum will primarily be a clinical consultative mechanism between the CCG members and the Clinical Commissioning Board. However, it is envisaged that at least once a year the CCG will be required to hold an annual general meeting which will be held in public. It is proposed that this is done through convening a formal meeting of the Practice Forum in public. The matters to be considered at this annual meeting will be approval of the CCG Annual Commissioning Plan for the forthcoming financial year, approval of the CCG budget for the forthcoming year, the CCG Accounts for the last financial year and the CCG Annual Report.

The Practice Forum will also be expected to make the following additional decisions which will be reserved to it:

- Variation to the CCG Constitution
- Appointment of the CCG Board members
- Termination of CCG Board members tenure
- Appointment of the CCG Board Chair/Accountable Officer and Chief Financial Officer
- Appointment of a Chair of the Practice Forum
- Appointment of the internal and external auditors
- Approval of additional practice members to the CCG
- Termination of existing practice membership of the CCG
- Variation of the CCG Annual Commissioning Plan

The Practice Forum is currently chaired by a GP lead on the CCG Board who is not Chair of CCG Board and it is planned that this arrangement is adopted for establishment. Additional general meetings may be called by any practice member providing sufficient notice is given, details of which will be outlined in the CCG Constitution. These meetings will be held in public and the minutes made available for public scrutiny.

In addition, the Practice Forum also meets informally on a monthly basis to allow the CCG Board to seek the views of the practice members on areas of service redesign, policy formulation and strategy development. This will be an important mechanism for a two way communication between CCG members and the CCG Board.

4.3 CCG Board

Subject to the Health and Social Care Bill, CCG must have a governing body compliant with the Act and subsequent regulations. For Telford and Wrekin CCG the governing body will continue to be called the CCG Board. The role of the CCG Board will be to govern effectively and, in doing so, discharge the functions of the CCG delegated to it by the CCG and Practice Forum and outlined in the scheme of delegation. The main function of the CCG Board will be to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with good governance principles. The functions will be fully detailed in the CCG Constitution but can be summarised below:

- assuring decision making arrangements;
- oversight of arrangements for dealing with conflicts of interest;
- leading the setting of vision and strategy;
- approve commissioning plans on behalf of the CCG;
- monitoring performance against plan; and
- providing assurance on strategic risks.

The CCG Board will determine the regularity of its meetings, which will be held in public and the minutes of the meetings will be made available for public scrutiny. The CCG Board will comprise both voting members and non voting members, and will strike the balance of being large enough to ensure the right mix of skills and knowledge, but without becoming too unwieldy. Some members are prescribed in the Bill:

- 2 lay members
- 1 registered nurse
- 1 secondary clinician
- Accountable Officer
- Chief Finance Officer

An election process for the GP members will be based upon the election process that has already been established through shadow working. The tenure of the GP members will be three

years with the ability to stand again for re-election. An appointment system for lay members, nurse and secondary clinician is being developed, but will be based upon self nomination against an agreed role description/person specification using a robust recruitment / interview process.

4.4 CCG Leadership

The CCG Board will demonstrate leadership of the CCG by undertaking three roles:

- Formulating strategy for the CCG
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust
- Shaping a positive culture for the CCG Board and CCG

Underpinning these three roles are three building blocks that will allow the CCG Board to discharge its role:

- It will be informed by the external context within which it must operate
- It will be informed by, and shape the intelligence which will provide trend and comparative information
- It will give priority to engagement with key stakeholders

The three roles and three building blocks interconnect and influence each other.

The Bill currently sets out key leadership roles who will be members of the CCG Board and these are summarised below.

Accountable Officer

The Accountable Officer will be charged with the ensuring that the CCG complies with the following duties:

- To exercise its functions effectively, efficiently and economically;
- To exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis to treatment of illness
- Fulfil its obligation to provide financial information to the CCG Board;
- Fulfil its obligations relating to accounting and auditing
- To provide information to the CCG Board following requests form the secretary of state
- Exercise its functions in a way which provides good value for money.

Subject to the Bill, Telford and Wrekin CCG wish to appoint a non-GP as Accountable Officer. The Accountable Officers role will be detailed within the CCG Constitution.

The Accountable Officer will take responsibility for ensuring all necessary managerial and leadership arrangements are in place so that all duties and obligations are discharged. The CCG scheme of delegation will outline these responsibilities in detail and where they are delegated to other senior managers to discharge on behalf of the Accountable Officer.

CCG Board Chair

The role of the Chair, irrespective of whether a GP is Accountable Officer, should be undertaken by another GP or any other members of the governing body. Telford and Wrekin CCG have appointed a GP from the CCG Board as Chair.

CCG Board Deputy Chair

As the Chair of the CCG will be a GP then the Deputy Chair will be one of the appointed lay

members.

Chief Finance Officer

The CCG will appoint a senior individual who has responsibility for providing financial control and accounting systems.

The roles of Accountable Officer and Chief Finance Officer will not be undertaken by the same person to ensure probity. The CCG Constitution will detail the roles of the Accountable Officer, CCG Board Chair and Chief Finance Officer.

4.5 CCG Sub committees

In order to allow the CCG Board to work effectively in its strategic role, some more detailed work will need to be carried out in sub committees. In order for the CCG Board to discharge its duties on behalf of the CCG members, it will set up a number of sub committees to which it will delegate a number of responsibilities, which will be detailed in the scheme of delegation and clarify those responsibilities it reserves to itself in a scheme of reservation. Each sub committee will have terms of reference approved by the CCG Board which will outline explicit powers and reporting structures and be reviewed annually. Each committee will be empowered with sufficient authority to debate and implement changes without the CCG Board having to repeat every discussion. Each sub committee will provide a regular assurance report via the Chair of the sub committee to the CCG Board to ensure it receives assurance on its internal controls. Details of composition, role and responsibilities will be outlined in terms of reference which will be agreed at the inaugural meeting of the CCG Board following establishment. The sub committees that the CCG will set up on establishment are listed below.

Audit Committee	Remuneration Committee	Individual Funding Panel	Priorities and Policies Advisory Committee
•Under the Bill the CCG Board must have an Audit Committee. The Audit Committee's role is to seek assurance on behalf of the CCG Board that an effective system of integrated governance, risk management and internal control is operating across all the CCG activities (both clinical and non-clinical) that supports the achievement of the CCG objectives. The Audit Committee will also oversee the delegated decision making of the Clinical Commissioning Board on behalf of the CCG. It is proposed that the composition of this Committee would be two lay members from the Clinical commissioning Board, plus a GP and Practice Manager from the CCG membership, not involved with the Clinical Commissioning Board.	•Under the Bill the CCG Board must also have a Remuneration Committee. The Remuneration Committee's role is to make re commendations to the CCG Board about the pay and terms of service for the accountable officer and other executives in the organisation, taking account of nationally determined guidance on pay, conditions and pensions and any remuneration or allowances for members of the governing body. It might also have a role in advising the CCG Board on succession planning.	•This is an existing sub committee of the PCT Board which reviews individual cases for service where exceptional circumstances are believed to warrant a specific decision for that individual. This panel already has CCG representation on it and it is envisaged that it will be adopted by the CCG on establishment.	•This is an existing joint sub committee of the PCT Board with Shropshire County PCT which reviews the evidence for new clinical services or treatments and makes recommendations for adoption of policy. This panel already has CCG representation on it and it is envisaged that it will be adopted by the CCG on establishment as a joint committee with Shropshire County CCG.

The CCG does not envisage the need for any further sub committees within its structure, although this will continue to be reviewed, as it is the intention of the CCG to ensure that governance will be "designed" into the commissioning processes which will be reported to the CCG Board. The CCG Board will use task and finish groups to oversee particular projects or areas of concern to ensure that capacity of CCG members and staff are utilised in the most effective way.

5. CCG decision making

5.1 Strategy / Planning

Clarity about what an organisation is trying to achieve not only supports good organisational decision making but also helps to align decisions made by individuals at all levels within an organisations.

> "*Having a clear organisational purpose and set of objectives is a hallmark of good governance*."[5]

The Bill lays out a number of areas that CCGs strategy will need to address, but the focus should be decided locally. The CCG has agreed a vision and set some locally derived objectives for 2012/13 which were formulated by the CCG Board and taken to the Practice Forum for consultation and approval. This process will need to be undertaken again during 2012/13 to inform the objectives and priorities of the CCG in 2013 when established.

5.2 Transparency

The CCG and the CCG Board will need to be transparent in their decision-making to ensure that they are making decisions in the right way to secure the best possible services. In addition, the CCG must also ensure that everything is done in an open and transparent way in order to secure public confidence and to ensure that patients are put at the forefront of commissioning decisions as outlined in the Communications and Engagement Plan.

In order to promote transparency, based on the principle that patients come first, the CCG will:

- Ensure early engagement on proposed commissioning plans with patients, Health and Wellbeing Boards, current and potential providers and clinical networks.
- Set out clearly how decisions will be made in the CCG Constitution.
- Hold CCG Board meetings in public (except where this would not be in the public interest) and make minutes and recommendations available online
- Publish details of contracts held
- Publish information on remuneration of senior staff
- Have a register of interests and system to declare interests
- Develop a written communications and engagement plan that outlines how the CCG will communicate with patients and the public, practice members, partners, and providers to ensure transparency of communication (see the Communications and Engagement Plan).
- Require each CCG Board member and Practice Forum representative to formally make a commitment to work to the 7 "Nolan" principles of public life and Good governance standards for public life.

5.3 Managing Conflicts of Interest

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual

[5] OPM and CIPFA 2004

benefit, financial or otherwise. A potential for competing interests and / or a perception of impaired judgement or undue influence can also be a conflict of interest.

It will not be possible to avoid conflicts of interest, so the CCG will adopt the following safeguards as an integral part of its commissioning of all services:

- Ensuring early engagement with service users about proposed commissioning plans
- Documenting the approach to be taken at every stage of the commissioning cycle;
- Ensure that commissioning intentions respond to local health needs and reflects evidence of best practice.
- Ensure that commissioning plans are well evidenced and that they take into account expert clinical advice form appropriate health and social care professionals.
- Early engagement with providers or potential providers over potential changes to the services commissioned.
- Create clear and transparent commissioning specifications that reflect the depth of engagement and set out the basis on which the contract will be awarded
- Adherence to proper procurement processes and legal arrangements
- Maintaining an up to date register of interests to which declarations by both the representatives on the Practice Forum and the CCG Board members will be made, and making this readily accessible to the public for scrutiny.
- Ensure a system for resolving disputes is clearly set out in advance.

The CCG Board members already declare their interests in a register of interests for the CCG, and follow the guidance set out in PCT standing orders. The CCG proposes to adopt the same guidance, subject to any subsequent guidance from the Department of Health, which will be incorporated into a policy for both CCG members and staff.

The Department of Health have also advised on additional safeguards that would need to be put in place where the CCG is commissioning community based services potentially from a CCG member practice. In addition the CCG would also wish to adopt the Code of Conduct that the Department of Health will be developing as one of the additional safeguards.

6. Integrated Governance

Effective governance depends on it being a continuous, integrated organisation wide activity that contributes to the overall objective of delivering high quality healthcare. This means that the CCG Board, which is responsible and accountable for ensuring delivery of the CCG's aims and objectives must have in place a comprehensive set of structures that that are capable of considering each individual aspect of governance in the right level of detail and that also draws them together to provide the CCG Board and CCG with assurance that the internal controls of the organisation are in place and effectively working. This picture is further complicated when the role of the Commissioning Support Organisation, which will be undertaking commissioning activities on behalf of the CCG, is taken in to account.

> *"Systems, process and behaviours by which we lead, direct and control our functions in order to achieve our organisational objectives and the safety, quality and value for money of services as they relates to patients and carers, the wider community and partner organisations."*[6]

In order to achieve this, the CCG will adopt an overarching integrated governance approach which will describe the systems and processes by which the CCG Board will lead, direct and control its functions in order to achieve organisational objectives. The CCG Constitution will define how the elements of integrated governance will be drawn together and overseen at a corporate level by the CCG Board. The service level agreement with the commissioning support organisation will also need to document the governance requirements and standards the organisation will be expected to meet by the CCG.

The individual elements of integrated governance approach are detailed below.

6.1 Corporate Governance

This is the system by which the CCG Board will direct and control the organisation at the most senior level in order to achieve the CCG objectives and meet the necessary standards of accountability and probity. Using a risk management mechanism, the CCG Board will bring together the other aspects of governance listed below, to provide assurance on its direction and control across the whole organisation in a co-ordinated way. This will mean in turn that each of these elements of governance will require appropriate controls, which will need to be ultimately monitored by the CCG Board.

The CCG will develop and adopt a Risk Management Strategy which will set out how risk management will operate across all aspects of the CCG's activities to underpin corporate governance. The CCG will also adopt an assurance map that identifies the different sources of assurance around key risks and controls for each element of governance.

In addition, the CCG Board will also ensure that a CCG Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will be developed and adopted on establishment as some of the other key mechanisms of internal control.

6.2 Clinical Governance

The CCG will have a statutory duty, subject to the Bill, to exercise its functions with a view to securing continuous improvements in quality of services which they commission. The CCG Board will need to develop a strategy for achieving continuous improvements in quality and which will document what controls will be put in place to ensure robust governance, particularly in relation to information relating to quality. The CCG will also develop processes for discharging its specific duties for areas of safeguarding for children and vulnerable adults and under the Mental Capacity Act.

[6] Hfma second edition "Integrated Governance" 2011

6.3 Financial Governance

It is essential that there is effective financial governance throughout the NHS to ensure that public money is spent in the most effective way. The CCG Board will develop a financial governance framework based upon best practice that will enable it to fulfil its statutory and management responsibilities and duties. The CCG expects that this will be based upon current financial accounting practice used in PCTs and overseen by the Treasury, Audit Commission and financial / management accountancy professional bodies.

6.4 Information Governance

Information governance is ensuring that through the use of effective and appropriate information the CCG can deliver high quality healthcare. The CCG will be required to ensure that adequate information governance measures are in place covering all aspects of information handling, including information security and risk management, data protection and confidentiality, information quality and corporate records. Whilst a key focus is the use of information about service users and the protection of sensitive patient information, it applies to information and information processing in its broadest sense and underpins both clinical and corporate governance.

It is expected that the actions required of PCT Boards will be similarly required of the CCG Board:

- Information governance is explicitly referenced within the statement on internal control
- That the CCG will appoint a Board level senior Information risk Officer (SIRO) who will update the CCG Board on information risk issues
- Appropriate annual information governance training is mandatory for all staff who have access to personal data and for all those in key roles (Information Governance Training Tool)
- An annual information governance assessment must be undertaken with performance assessments published for review by regulatory bodies (Information Governance toolkit)
- Details of Serious Incidents involving actual or potential loss of personal data or breach of confidentiality must be published in annual reports and reported in line with the Department of health guidelines, including the Information Commissioner.

Adherence to, and assessment against, the Information Governance Toolkit will ensure that the CCG maintains robust information governance standards, so any SLA that includes information governance with a commissioning support organisation will need to stipulate this as a requirement.

6.5 Research Governance

Subject to the Bill, CCGs will have a duty to have regard to the need to promote research on matters relevant to the health service, and the use of evidence obtained from research. There is therefore a need for CCGs to understand, support and promote research and development in their own organisations, and the providers who deliver their services by ensuring that treatment costs are funded through normal NHS commissioning arrangements.

It is envisaged that those individual organisations which are sponsoring and conducting research will be responsible for its governance, with CCGs themselves having formal responsibility for research governance only in specific circumstances. The CCG does not envisage undertaking research itself, but intends to ensure that treatment costs for medical research for its local population, is adequately funded through its arrangements.

7. Policies and Procedures

As part of the internal control systems that underpin a governance framework is the need to have appropriate and clearly defined policies and procedures that direct and support the staff working for or on behalf of the CCG. Clearly the CCG will wish to develop policies that support its new way of working; however as a starting point the CCG will review the current PCT policies during transition to identify the key areas that will need a policy framework. For establishment the CCG will aim to have key policies in place.

8. Collaboration with other partners

8.1. Collaboration and governance

In order for the CCG to commission improvements in health and healthcare and drive integration of services around the needs of individual patients, it will be important to have collaborative arrangements between themselves and other organisations. This is particularly important when commissioning jointly with Telford and Wrekin Council for health and social care or for services which influence the broader determinants of health. It will also be important when commissioners look at redesign of pathways where integration across tertiary, secondary and primary care is a key requirement.

Equally, the CCG recognises that there are key drivers for CCGs to collaborate where services are commissioned across a wider geography or where skilled management expertise can be shared.

Crucially, in any collaborative arrangement the CCG will retain liability for the exercise of the function, so robust collaborative governance arrangements will need to be developed during transition, that form an embedded part of collaborative arrangements. The governance arrangements will also need to ensure that the local accountability to CCG member practices is maintained to allow them to influence decisions, whilst ceding authority to any larger CCG configuration.

Fortunately, Telford and Wrekin historically has very good track record of collaboration between the Council and NHS, and the CCG will look to review the existing joint arrangements e.g. joint commissioning and pooled budgets that the PCT has in place, in order to test whether they will continue with the arrangements on establishment. Equally the governance arrangements will need to be developed to allow the CCG to consider further options for joint working.
Governance Plan 2012/13 – work in progress.

8.2. Principles of good governance when collaborating

- Secure shared objectives
- Align vision and values
- Agree scope of collaboration
- Agree sharing of staff / resources
- Agree extent of decision making powers, process and reporting arrangements / performance monitoring
- Agree extent of hosted arrangements
- Agree dispute resolution

The CCG will review existing collaborative arrangements and determine what new arrangements will need to be put in place for establishment during transition. In parallel the

CCG will also need to agree upon governance arrangements that will support these arrangements.

9. CCG external relationship management

In order to fulfil its duties, the CCG Board will need to develop and maintain robust relationships with other governance structures which will be holding the CCG to account for its commissioning decisions. Primarily this will be the Health & Wellbeing Board and the Local Authority Health Overview and Scrutiny Committee.

9.1 Health and Wellbeing Board

The members of the Health and Wellbeing Board, which will include the CCG, will hold each other to account for delivering the Joint health and Wellbeing Strategy that they have developed together, based upon the Joint Strategic Needs Assessment. This will require governance arrangements that complement the need for the CCG to engage with the Health and Wellbeing Board to fulfil the duties set out in the current Health and Social Care Bill around developing the JSNA, and aligning commissioning plans with the Health and Wellbeing Strategy. Telford and Wrekin Council are hosting a shadow Health and Wellbeing Board which has terms of reference and CCG is actively involved in its regular meetings, which are already overseeing the refresh of the JSNA and development of a Health and Wellbeing Strategy.

9.2 Overview and Scrutiny

Subject to the Bill, it is expected that the Telford and Wrekin Health Scrutiny Committee will be given the power to scrutinise the health services commissioned by the CCG, together with other NHS Trusts in the area.

As part of the action plan for transition, the CCG will be mapping its governance arrangements against those for the existing Health and Wellbeing Board and Overview and Scrutiny structures in order to ensure that they dovetail and support the close working relationships that will need to exist.

10. Equality and Diversity

Subject to the Bill, the CCG will need to comply with the Equality Act 2010, by having due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

In addition, the CCG is also subject to the additional public duty contained in the Act which requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

In order to demonstrate that the CCG is complying with the general equality duty and the specific public duty it has adopted use of the Equality Delivery System designed specifically for NHS bodies to benchmark current evidence of compliance and with their community set targets for improving their compliance. Locally, the benchmarking process will start and culminate in a community event across Shropshire involving several NHS bodies and including the CCG.

11. Key challenges, Risks and Mitigation

The Governance Assurance Framework will address how the overarching risks and challenges of clinical commissioning by the CCG will be managed and the processes in place to mitigate these risks.

The key risks and current mitigation around non-delivery of the Governance Plan are shown in the table below.

Challenge	Risk	Mitigation
Strategic change	No clarity yet on governance requirements being placed on CCGs as legislation detailing the final details of Clinical Commissioning has not yet been passed.	DoH guidance on governance arrangements for CCGs has been issued and model constitution is due out in March 2012. More guidance is expected on appointments to the CCG board shortly.
Capacity	Lack of staff capacity to develop key governance documents will delay process of consultation and approval.	Allocation of staff members to new formal structures will reduce this risk.
CCG member engagement	GP practices do not own/understand the governance structure.	More engagement at Practice Forum on content and meaning. Attempt to make document as Plain English and focused as possible.
Ensuring balance of safety with light touch	Resource constraints of CCG will require light touch governance "designed into" commissioning processes	More engagement with Commissioning lead to ensure that governance is embedded into a comprehensive commissioning for quality approach.

Appendix 1 - Transition Governance Action Plan 2012/13

Area for Action	Action	Operational Plan objective	Timeline
Constitution	Draw up draft Constitution that reflects the DoH guidance and draft model constitution, for consultation and adoption with/by member practices	• Capacity and Capability • Collaborative arrangements • Leadership capacity and capability	Q1
SO, SFI, Scheme of reservation/ delegation	Drawn up draft documents (if not part of Constitution) for consultation with practices and adoption.		Q1
Inter-practice Agreement	Review content of existing agreement in light of guidance. Consult with member practices on proposed changes to content. CCG Board to approve and submit to CCG member practices for sign off	• Clinical focus and added value	Q1 - Q2
Process for identifying CCG Board members	Review composition of CCG Board and election process in September 2012 to ensure it reflects best practice in terms of recruitment process and any subsequent guidance provided by the DoH.	• Leadership capacity and capability • Clinical focus and added value	Q1
	Make proposals for changes to appointment process for roles on the governing body and ongoing support for individuals appointed to CCG Board and Practice forum for agreement.		Q2
	Hold an election process with practices January 2013.		Q4
	Consider how and when additional members of the Board will be recruited/selected: lay members, patient representative and secondary care members		Q1
	Run recruitment and selection process for external members of the Board.		Q3
	Appoint external members to the Board		Q4
Transparency	Develop a process to: • identify and record potential (real or perceived) conflicts of interest	• Clinical focus and added value • Capability and capacity	Q1

Area for Action	Action	Operational Plan objective	Timeline
	• for CCG Board members to commit to Nolan principles and Good governance standards in public life		
	Develop Code of Conduct for commissioners commissioning from GP Practices.		Q3
Governance Structures	Develop Sub committee terms of reference, clear role and levels of delegated authority.	• Capacity and Capability • Collaborative arrangements • Leadership capacity and capability	Q3
Meet the duty under the Equality Act 2010	Review and complete a baseline assessment for the EDS during February 2012.	• Engagement with patients/communities	Q1
Governance for collaborative arrangements	Ensure that existing local collaborative arrangements are legally transferred via new or revised agreements for April 2013.	• Collaborative arrangements	Q3
	Determine where new collaboration arrangements will need to be put into place for April 2013. Ensure that supporting documentation is produced.		Q3
	Ensure that collaborative arrangements with other CCGs are comprehensively documented in memorandum of understanding.		Q3
	Ensure Constitution and scheme of delegation reflect the collaboration arrangements		Q3
External relationship management	Map existing governance structures for Health & Wellbeing Board and Health Overview and Scrutiny Committee to ensure “fit” with Constitution	• Capacity and Capability • Engagement with patients/communities	Q2

Area for Action	Action	Operational Plan objective	Timeline
Policies and procedures	Audit PCT policies for relevance and identify those policies that will be required by the CCG	• Capacity and Capability	Q3
	Review content and create policies for CCG		Q3
Strategy / Planning	Review CCG vision and overarching objectives and priorities for 2013/14.	• Clear and credible plan • Leadership capacity and capability	Q4
Integrated Governance	Develop an assurance map (risk management approach) to document where assurance on the elements of Integrated governance will be provided from.	• Capacity and Capability	Q3
	Ensure that an SLA with CSO reflects the governance standards and framework the CCG have articulated in their constitution.		Q3
	Develop a strategy for the CCG to manage its risks to achieving its objectives and vision using current best practice		Q3