



North Oxfordshire Locality Group (NOLG) OCCG

Constitution

INTRODUCTION

Background to Clinical Commissioning

The NHS White Paper 'Equity and Excellence: Liberating the NHS' places GPs at the centre of the new NHS clinical commissioning arrangements. A key component of future plans is the establishment of Clinical Commissioning Groups. Responsibility for planning, service improvement and future commissioning will transfer from PCTs to the new Commissioning Groups. Unlike previous initiatives such as GP Fundholding and Practice Based Commissioning, involvement in clinical commissioning will become a contractual requirement. Additionally it is also clear that unlike previous initiatives, responsibility for most NHS commissioning budgets and commissioning decisions will rest with GPs.

The proposals set out in the White Paper Equity and Excellence: Liberating the NHS aim to:

- give patients more choice, better information and more control over their care
- put GPs in control of the commissioning decisions that influence the quality and productivity of care
- enable providers and clinicians to innovate to meet the needs of patients
- strengthen local partnership working and development of a first class Health Service

Aims & Objectives for NOLG

In Oxfordshire the structure for clinical commissioning is based on one county-wide consortium with six constituent localities. In the north of the county NOLG is the locality commissioning group.

NOLG objectives are:

- To represent and act in the interests of patients, public and practices of North Oxfordshire in commissioning decisions.
- To provide an effective structure to engage GP practices in the north of the county with the clinical commissioning agenda
- To develop local commissioning intentions which deliver Oxfordshire's clinical commissioning strategy and use the Joint Needs Strategic Assessment as their basis
- To be the body responsible for locality commissioning budgets and the delivery of related NHS efficiency savings through effective clinical leadership
- To work in partnership with clinical commissioning colleagues across the county, social services, local NHS providers and the voluntary sector to develop and co-ordinate a sustainable local health economy
- To develop an on-going conversation with the local community ensuring this is a valuable twoway process for all concerned
- To encourage innovation, efficiency and best-practice within the local health economy
- To support the Locality Clinical Directors to deliver their role as defined in their job description as attached to this constitution.

1. MEMBERSHIP

- 1.1. The Consortium shall be known as **The North Oxfordshire Locality Group (NOLG)** and is a constituent locality of Oxfordshire Clinical Commissioning Group (OCCG)
- 1.2. The thirteen member practices that make up NOLG are listed at **Appendix One** to this document.
- 1.3. The GP representatives from each of these practices will be the voting members. These GPs will represent their individual practices and will act on behalf of the clinicians working in their practice and their patients.
- 1.4. Practice representatives will be a GP, either principal or salaried. If a practice representative is unable to attend a meeting, the nominated deputy representative will attend on their behalf.
- 1.5. Practice representatives will participate fully in decision making as commissioners of local health services and will be mindful of any potential conflicts of interest in views and discussion at practice level.
- 1.6. Practice representatives will have authority to vote on behalf of their practice if a NOLG decision requires this. If a deputy is acting on behalf of a practice representative they would also have the authority to vote on behalf of their practice.
- 1.7. Non-voting members attending meetings will include Practice Mangers, a patient representative, the Chair of the Community Partnership Network and representatives of other non medical professions, with the potential for others to be invited as appropriate.
- 1.8. NOLG will co-opt others to participate in specific areas of work, or bring in other expertise or views as necessary; welcoming input/engagement from local stakeholders in health economy.
- 1.9. The Locality Clinical Director & Deputy Locality Clinical Director will be elected by locality GPs. Nominations and seconds for both roles will be sought prior to a vote taking place. Candidates will be asked to provide a personal statement to show how they will meet the requirements of the posts as detailed in the job descriptions in Appendix C. Two GPs and one Practice Manager will be appointed from our membership to an assessment panel to review the candidate's personal statements and their competency for the roles. Votes will take place on a specified day and all GPs working in the locality practices and registered on the Oxfordshire performers list on that day, will be entitled to one vote each.
- 1.10. The Locality Clinical Director is contracted to provide 3 sessions per week and will be supported by the Deputy Locality Clinical Director who will be contracted for 1 session per week.
- 1.11. The Locality Clinical Director and Deputy Locality Clinical Director will hold their posts for a maximum period of 3 years. It will be important to ensure continuity in the clinical leadership for the locality, therefore post holders should stagger their terms in office to support this.

2. STRUCTURE

- 2.1. The thirteen member practices will send a representative to a monthly NOLG meeting
- 2.2. The Locality will be led by the elected Locality Clinical Director. The responsibilities of the Locality Clinical Director and Deputy Locality Clinical Director are outlined in the job descriptions in **Appendix 3**
- 2.3. The Locality Clinical Director will have responsibility for the financial performance of the locality and for the locality's work programme. The work of Locality Clinical Director and Deputy Locality

Clinical Director will be supported by a Locality Co-ordinator who will be responsible for planning meetings, drafting agendas, preparing and circulating papers, taking minutes of meetings and acting as a point of contact for queries, commissioning issues etc.

- 2.4. The Locality Clinical Director and Deputy Locality Clinical Director will determine the management structure of the locality and appoint appropriate persons to help with the running of the locality, including the appointment of an Executive Committee if members deem this appropriate.
- 2.5. Locality meetings will be held on a monthly basis. Meeting dates will be planned and published for each year by the end of October in the preceding year. Agendas and papers will be distributed the week before each meeting and will note any items requiring a decision to allow practice representatives to seek the views of their practice colleagues. Any issues requiring a vote will be notified at the preceding meeting or electronically if timescales are shorter. A minimum of one week's notice will be given.

3. ROLES & RESPONSIBILITIES FOR MEMBER PRACTICES

- 3.1. Each practice will nominate 1 GP representative who will be the lead for each practice and will represent their practice at locality meetings. The GP representative should nominate a deputy to represent them at meetings if they are unavailable.
- 3.2. The GP representative will have responsibility for representing the interests of:
 - Their clinical colleagues
 - Their patients
 - The local population
- 3.3. The GP practice representative will act as a conduit for the views of the practice and its population. They will be expected to prepare appropriately to participate in meetings by reading agendas and papers prior to locality meetings. The GP representative will be required to ensure that these are discussed within the practice and with their Patient Participation Group as appropriate so they can accurately reflect views at meetings, particularly in relation to decision making. The GP practice representative will also have a responsibility to feed back the outcomes of discussions at locality meetings to their practice.
- 3.4. Member practices will be expected to share any data, documents or information that supports the ambitions of the Locality and the OCCG. This will include the information circulated to all practices as part of OCCG's practice information packs.
- 3.5. Practices will endeavour to seek their patient's views on commissioning issues via Patient Participation Groups

4. ROLES & RESPONSIBILITY FOR NOLG

- 4.1. All NOLG members will share the following commissioning responsibilities:
 - To consult with patients and service providers across the locality
 - To develop valued local health care services that meet the needs of the locality's population
 - To agree local health care needs and priorities which are consistent with those for OCCG.
 - To work effectively in support of OCCG commissioning policies and agreements.
 - To work with the partners to commission health care services to meet the agreed needs and priorities of our practice populations, and, where appropriate to re-design care pathways.
 - To manage referrals in a clinically appropriate, and cost-effective way.
 - To undertake service redesign to improve quality, access to and efficiency of local services.

- To identify and address local inequalities in healthcare provision.
- To represent the locality when dealing with other health and social care agencies.
- To pool skills, knowledge and experience for the greater benefit of all.
- 4.2. All members of NOLG will be expected to abide by the Nolan Principles for Public Life **Appendix 4.**
- 4.3. NOLG will be responsible for the production of a locality commissioning plan which should be agreed at a locality meeting. The plan will fit strategically with countywide plans and reflect the joint strategic needs assessment for Oxfordshire.
- 4.4 .This process will be led by the Locality Clinical Director and Deputy Locality Clinical Director and progress in delivering the yearly plan will be reviewed regularly at locality meetings.

5. DECISION MAKING PROCESS

5.1. When a vote is required to make a decision at a locality meeting, where there is no consensus, the following process for allocating votes to each practice will be applied

Practice List Size <5000 patients = 1 vote
Practice List Size 5001 - 10000 patients = 2 votes
Practice List Size >10001 patients = 3 votes

Any issues that may require a vote will be notified in advance where possible. All members will have the right to request a vote on any issue. Votes will be cast at the locality meeting by Practice Leads or by their nominated deputy on behalf of their practices. A vote will be considered binding if a minimum of 10 practices are represented at the meeting and a clear majority vote is made.

- 5.2. In the event of a vote of confidence, or no confidence in the NOLG Leadership or the OCCG being called for by a clear majority of practices a vote will be scheduled for the next NOLG meeting, in line with the procedure in 5.1 above. To allow time for GP practice representatives to consult with practice members.
- 5.3. Where a vote of no confidence in the NOLG Leadership is passed by a clear majority, then the Leadership shall resign with immediate effect and elections shall be held within a period of one month.
- 5.4. Where a vote of no confidence in the OCCG is passed by a clear majority then NOLG shall table a motion for presentation to the OCCG Board by way of formal paper, within a period of three months, which shall state the decision of NOLG that it has no confidence in the OCCG Board and shall give the reason for this decision.

6. RELATIONSHIP WITH OCCG

- 6.1. The Locality Clinical Director will represent the locality on the Oxfordshire Clinical Commissioning Group Board (OCCG). NOLG currently has 1 vote on the Board. Vote weightings which are in Schedule 14 of OCCG Constitution, reviewed on April 1st each year.
- 6.2. If the Locality Clinical Director is not able to attend meetings it is expected that the Deputy Locality Clinical Director will attend as the NOLG representative.
- 6.3. The Locality Clinical Director will represent the views of NOLG at the OCCG Board and will engage actively in all Governing Body meetings. They will make clear when they express a personal view.

- 6.4. Locality Clinical Directors and Deputies also have a role that is broader than representing their locality and they will provide the clinical leadership for key county projects and workstreams that will require them to present proposals and make recommendations to OCCG on behalf of the county. In doing this they will need to consider the views of all localities.
- 6.5. Some OCCG decisions will require consultation within the locality before the decision is made by the OCCG Board. Any OCCG decision which would result in a significant change in health care for the NOLG population or has a significant impact on NOLG's financial and working arrangements should be discussed with the locality first, making sure all appropriate information is available in time to help guide the discussion and decision making process.
- 6.6. To ensure NOLG's influence in decision making and discussions, OCCG Board papers will be circulated to practice representatives prior to the OCCG Board meeting. This should allow sufficient time for the locality to gather feedback, comments or queries so the Locality Clinical Director can represent the locality viewpoint at governing body or through the specified channels.
- 6.7. Practices will be notified of any issues requiring a decision along with the relevant timescales and processes via the Locality Clinical Director.
- 6.8. Challenges to OCCG decisions should be raised with the Locality Clinical Director at locality meetings
- 6.9. The Locality Clinical Director will agree a course of action regarding the challenge which could range from explanations of the decision making process to a formal challenge if there is evidence that a decision was made without appropriate engagement of NOLG practices.
- 6.10. It will not be possible to challenge decisions that have been made with the full engagement of the Locality in advance of a decision at OCCG.
- 6.11. On occasions where a countywide decision has the support of other localities but does not have the support of the NOLG, NOLG acknowledges that where this is a majority decision and the consultation process above has been completed, NOLG will accept the outcome.

7. DECLARING INTERESTS

- 7.1. OCCG is a commissioning organisation; members of NOLG must declare any interests and when appropriate, exclude themselves from decisions, but not necessarily discussions, on matters where they might benefit financially as individuals or as a practice.
- 7.2. A Register of Interests will be maintained for Practice Leads in the same format as the one held for OCCG Locality Clinical Director.
- 7.3. There will be a standing agenda item at the beginning of each locality meeting to allow the opportunity for members to declare a conflict of interest in respect of any agenda item

8. CONSTITUTION

This Constitution will be reviewed annually to determine any necessary amendments and ensure all information is up to date.

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Current membership of NOLG

Locality Clinical Director Dr

Deputy Locality Clinical Director Dr

Locality Coordinator Corinne Watson

Management Support Tracey Rees

Practices making up NOLG

Name of Practice		
Banbury Health Centre		
Bloxham Surgery		
Cropredy Surgery		
Deddington HC		
Hightown Surgery		
Horse Fair Surgery		_
Sibford Surgery	_	_
West Bar Surgery	_	_
West Street Surgery	_	_
White House Surgery		_
Windrush Surgery		
Woodlands Surgery		
Wychwood Surgery		

SIGNATORIES TO CONSTIUTION AUGUST 2012

On behalf of the Practice I agree to this Constitution and agree to operate within the framework set out above.

Name of Practice	Nominated Lead	Nominated Deputy
Banbury Health Centre	Signature	Signature
	Name	Name
Bloxham Surgery	Signature	Signature
	Name	Name
Cropredy Surgery	Signature	Signature
	Name	Name
Deddington HC	Signature	Signature
	Name	Name
Hightown Surgery	Signature	Signature
	Name	Name
Horse Fair Surgery	Signature	Signature
	Name	Name
Sibford Surgery	Signature	Signature
	Name	Name
West Bar Surgery	Signature	Signature
	Name	Name
West Street Surgery	Signature	Signature
	Name	Name
White House Surgery	Signature	Signature
	Name	Name
Windrush Surgery	Signature	Signature
	Name	Name
Woodlands Surgery	Signature	Signature
	Name	Name
Wychwood Surgery	Signature	Signature
	Name	Name





JOB DESCRIPTION

Locality Clinical Director

Reports to: OCCG Accountable Officer **Tenure:** As per the locality constitution

Location / Base: Jubilee House

Accountability

- Shadow Governing Body and relevant locality structures
- Medical Director for delivery of Locality QIPP

Key Relationships

- Oxfordshire GP practices
- OCCG Governing Body
- Other Clinical Commissioning groups and their members
- NHS Commissioning Board
- The Commissioning Support Service and staff
- Oxfordshire County Council and Public Health
- Patient & public stakeholders
- Healthcare providers including NHS, third sector and voluntary providers
- Relevant professional associations (e.g. LMC, LDC, LOC, LPC)

Main purpose of the post

- To lead the commissioning of locality based services.
- Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning.
- Provide clinical leadership within the locality and represent the locality at the Governing Body.
- Effective performance management of locality practices to ensure the locality stays within its commissioning budget.
- Delivery of QIPP milestones and savings targets through a clinically lead project framework.
- Leading patient and public engagement with the locality.
- Producing a commissioning strategy for the locality which delivers the mission, vision and values of OCCG.
- Improve the quality of primary care within the locality.

Principal duties and responsibilities

Quality, Innovation, Prevention and Productivity (QIPP)

- Responsible for delivery, agreement and monitoring of QIPP targets devolved to locality level.
- Working with practices to ensure delivery against QIPP targets.

- Ensuring all locality commissioning supports the five domains of the Commissioning Outcomes Framework
- Assuming clinical leadership for pan Oxfordshire service redesign work as appropriate.

Locality Development

- Ensure continued development of an effective locality structure to involve and engage all practices within the locality in commissioning
- Have an effective strategy to ensure engagement and participation within the work of the locality and OCCG for all practices within the locality.
- Encourage non-medical clinical engagement in the work of the locality and OCCG.
- Ensure effective patient and public engagement within the locality.
- Ensure the development and adoption of the locality constitution which is reviewed in a timely manner.

Strategy

- Develop and implement a locality commissioning strategy which delivers the mission, vision and values of OCCG.
- Ensure the locality commissioning strategy supports delivery of the OCCG Strategy and the Health and Well Being Strategy.

Financial and physical resources

• To be responsible for locality commissioning budgets as required and ensure effective management of budgets by strict adherence to SOs, SFIs and working within the OCCG Scheme of Delegation

Staff Management

- To manage the Deputy Locality Directors within the locality.
- To Manage the Assistant Director for Localities (as appropriate) with support from the Assistant Director Strategy.
- To participate in management arrangements of other Locality Support Managers.
- Sign up to the NHS Management Code of Conduct and adhere to the Nolan Principles of conduct in public life
- Be responsible for the process for identifying local clinical leadership potential and create an environment and opportunities in which such potential can flourish
- Be responsible for succession planning and development for clinical leaders and leadership
- Forge positive working relationships and foster matrix working

Planning and corporate role

- Take corporate responsibility for decisions that are made by OCCG ensuring delivery within the locality.
- Ensure adherence to local and national policies, and keep up-to-date with legislation which impacts on the corporate management of OCCG particularly in respect of own areas of accountability.
- Contribute to maintaining the profile of OCCG in regional and national strategic partnership initiatives.
- Be prepared to act as a spokesperson on behalf of the organisation when appropriate.
- Participate in on-call as required.

Policy Development

• Develop policy for OCCG as required and advocate to the Governing Body for agreement.

Information

- To be responsible for maintaining the confidentiality of all patient and staff records in your area.
- To be responsible for ensuring that all staff within your department adheres to all areas of the Data Security Policy held.
- To be responsible for addressing all security and confidentiality training needs of all your staff. This should be done on induction and then on an annual basis to update the staff.
- Should you have any matters of concern, you are welcome to, and encouraged to, raise your concerns with your Manager/Director.

Code of Conduct

To enshrine the principles of the NHS Code of Conduct for Managers in undertaking all aspects of your role.

Equal Opportunities/Diversity

OCCG is committed to an Equal Opportunities Policy which affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital status, ethnic origin or disability. All staff of OCCG are required to observe this policy in their behaviour to their behaviour to other employees and service users.

Health & Safety

The post holder is required to take responsible care for the health & safety of themselves and other persons who may be affected by their omissions at work. The post holder is also required to co-operate with the OCCG to ensure that statutory and departmental regulations are adhered to.

Confidentiality and Data Security

You are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment) and OCCG business and this obligation shall continue in perpetuity.

You have a responsibility to comply with the Data Protection Act 1998, NHS Confidentiality guidelines (e.g. Caldicott, GMC.) and any code of practice on Confidentiality and Data Protection, as accepted by OCCG. Departmental codes of practice and procedures for confidentiality are available from the head of department.

Job holder's signature	Date
Manager's signature	Date

PERSON SPECIFICATION – LOCALITY CLINICAL DIRECTOR

FACTORS	DESCRIPTION	ESSENTIAL
		(E) or DESIRABLE (D)
Qualifications and Training	An appropriately qualified clinician who is actively supported by member practices within the locality.	Е
Experience / Knowledge	Previous experience of clinical leadership within NHS organisations.	Е
_	Demonstrable evidence of leading change.	Е
	In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and	E
	financial objectives.Understanding of the complexity of healthcare commissioning including working across	Е
	 organisational boundaries with public, private and voluntary sector providers and partners. Understanding of the financial regime underpinning 	Е
	Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda.	
Communication skills	Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate & provide information of a highly technical, highly complex, highly sensitive nature in an understandable format to all stakeholders.	E
	 an understandable format to all stakeholders. Ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill 	Е
	• Strong external communications skills in a politically sensitive environment and experience in working with the media	E
	 Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments 	E
	Computer skills – e-mail, word, excel, power point, databases and navigate the internet	E
Analytical skills	 Ability to analyse highly complex issues where material is conflicting and drawn from multiple sources including the confidence to question others who may be experts in their field Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making 	Е
	Ability to analyse numerical and written data, assess options and define appropriate initiatives	Е
	 Ability to think, plan and deliver strategically Ability to analyse complex issues/problems, identify necessary action, make recommendations and follow these through 	E
	Ability to analyse a broad range of complex information e.g.	E
	complaints, investigations,	E
		E

Planning and reporting skills	Ability to vision and translate strategic thinking into workable plans	Е
	Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly	Е
	Ability to provide informative reporting at a Board level	Е
Autonomy	 Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales 	Е
	Ability to make sound decisions on difficult issues	E
Management skills	 Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately. 	Е
	 Experience of creating and leading teams, motivating and inspiring staff Experience of working across an organisation and with 	Е
	different staff groups and professionals.	E
Equality and diversity	Knowledge of the Equality Delivery System in the NHS	Е
	Ability to undertake equality impact assessments	E
	 Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon 	Е





JOB DESCRIPTION - (DRAFT)

Deputy Locality Clinical Director
Reports to: Locality Clinical Director
Tenure: As per the locality constitution

Location / Base: Jubilee House

Accountability

Shadow Governing Body and relevant locality structures

Key Relationships

- Oxfordshire GP practices
- OCCG Governing Body
- Other Clinical Commissioning groups and their members
- NHS Commissioning Board
- The Commissioning Support Service and staff
- Oxfordshire County Council and Public Health
- Patient & public stakeholders
- Healthcare providers including NHS, third sector and voluntary providers
- Relevant professional associations (e.g. LMC, LDC, LOC, LPC)

Main purpose of the post

To work as a part of a clinical leadership team within the locality to share responsibility for developing and commissioning services. Key roles include:

- Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning.
- Provide clinical leadership within the locality.
- Ensuring effective performance management of locality practices to ensure the locality stays within its commissioning budget.
- Ensuring delivery of QIPP milestones and savings targets through a clinically lead project framework.
- Producing a commissioning strategy for the locality which delivers the mission, vision and values
 of OCCG.
- Improving the quality of primary care within the locality.
- Deputising for the Locality Clinical Director where necessary including representing the locality at the Governing Body.

Principal duties and responsibilities

Quality, Innovation, Prevention and Productivity (QIPP)

- Responsible for delivery, agreement and monitoring of QIPP targets devolved to locality level.
- Working with practices to ensure delivery against QIPP targets.

• Ensuring all locality commissioning supports the five domains of the Commissioning Outcomes Framework

Locality Development

- Ensure continued development of an effective locality structure to involve and engage all practices within the locality in commissioning
- Have an effective strategy to ensure engagement and participation within the work of the locality and OCCG for all practices within the locality.
- Encourage non-medical clinical engagement in the work of the locality and OCCG.
- Ensure effective patient and public engagement within the locality.
- Ensure the development and adoption of the locality constitution which is reviewed in a timely manner.

Strategy

- Develop and implement a locality commissioning strategy which delivers the mission, vision and values of OCCG.
- Ensure the locality commissioning strategy supports delivery of the OCCG Strategy and the Health and Well Being Strategy.

Financial and physical resources

• To be responsible for locality commissioning budgets as required and ensure effective management of budgets by strict adherence to SOs, SFIs and working within the OCCG Scheme of Delegation

Planning and corporate role

- Take corporate responsibility for decisions that are made by OCCG ensuring delivery within the locality.
- Ensure adherence to local and national policies, and keep up-to-date with legislation which impacts on the corporate management of OCCG particularly in respect of own areas of accountability.
- Contribute to maintaining the profile of OCCG in regional and national strategic partnership initiatives.
- Be prepared to act as a spokesperson on behalf of the organisation when appropriate.
- Participate in on-call as required.

Policy Development

Develop policy for OCCG as required and advocate to the Governing Body for agreement.

Information

- To be responsible for maintaining the confidentiality of all patient and staff records in your area.
- To be responsible for ensuring that all staff within your department adheres to all areas of the Data Security Policy held.
- To be responsible for addressing all security and confidentiality training needs of all your staff. This should be done on induction and then on an annual basis to update the staff.
- Should you have any matters of concern, you are welcome to, and encouraged to, raise your concerns with your Manager/Director.

Code of Conduct

To enshrine the principles of the NHS Code of Conduct for Managers in undertaking all aspects of your role.

Equal Opportunities/Diversity

OCCG is committed to an Equal Opportunities Policy which affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital status, ethnic origin or disability. All staff of OCCG are required to observe this policy in their behaviour to their behaviour to other employees and service users.

Health & Safety

The post holder is required to take responsible care for the health & safety of themselves and other

persons who may be affected by their omissions at work. The post holder is also required to co-operate with the OCCG to ensure that statutory and departmental regulations are adhered to.

Confidentiality and Data Security

You are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment) and OCCG business and this obligation shall continue in perpetuity.

You have a responsibility to comply with the Data Protection Act 1998, NHS Confidentiality guidelines (e.g. Caldicott, GMC.) and any code of practice on Confidentiality and Data Protection, as accepted by OCCG. Departmental codes of practice and procedures for confidentiality are available from the head of department.

Job holders signature	Date
Managers signature	Date

PERSON SPECIFICATION - DEPUTY LOCALITY CLINICAL DIRECTOR

FACTORS	DESCRIPTION	ESSENTIAL
		(E) or DESIRABLE (D)
Qualifications and Training	An appropriately qualified clinician who is actively supported by member practices within the locality.	Е
Experience / Knowledge	 Previous experience of clinical leadership within NHS organisations. 	Е
	 Demonstrable evidence of leading change. In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and 	E E
	financial objectives. • Understanding of the complexity of healthcare	Е
	commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.	E
	 Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda. 	
Communication skills	Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate & provide information of a highly technical, highly complex, highly sensitive nature in	Е
	 an understandable format to all stakeholders. Ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or 	Е
	 losing respect and goodwill Strong external communications skills in a politically sensitive environment and experience in working with the media 	E
	Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments	E
	 Computer skills – e-mail, word, excel, power point, databases and navigate the internet 	E
Analytical skills	 Ability to analyse highly complex issues where material is conflicting and drawn from multiple sources including the confidence to question others who may be experts in their field Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making 	Е
	 Ability to analyse numerical and written data, assess options and define appropriate initiatives Ability to think, plan and deliver strategically 	E
	 Ability to analyse complex issues/problems, identify necessary action, make recommendations and follow these through 	E
	Ability to analyse a broad range of complex information e.g. complaints, investigations,	E
		E

Planning and reporting skills	Ability to vision and translate strategic thinking into workable plans	Е
	Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly	Е
	Ability to provide informative reporting at a Board level	Е
Autonomy	Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales	Е
	Ability to make sound decisions on difficult issues	E
Management skills	Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately.	Е
	Experience of creating and leading teams, motivating and inspiring staff	E
	 Experience of working across an organisation and with different staff groups and professionals. 	E
Equality and diversity	Knowledge of the Equality Delivery System in the NHS	Е
	Ability to undertake equality impact assessments	E
	Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon	Е

THE SEVEN PRINCIPLES OF PUBLIC LIFE: NOLAN PRINCIPLES

SELFLESSNESS

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

INTEGRITY

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

OBJECTIVITY

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

ACCOUNTABILITY

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

OPENNESS

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

HONESTY

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

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.