



South Tees
Clinical Commissioning Group

**NHS SOUTH TEES
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

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FOREWORD

NHS South Tees Clinical Commissioning Group (CCG) is pleased to present our Constitution. This document sets our responsibilities as commissioners of care for people in Middlesbrough and Redcar and Cleveland. It describes our governing principles, rules and procedures that we adopt to ensure integrity and accountability in the day to day running of our CCG and so enables us to achieve our vision of 'Improving Health Together'.

Our constitution confirms our legal position, who our members are, the decisions reserved to the membership, and how the membership relates to the CCG's Governing Body. It also includes details about our CCG's leaders, their roles, how they are selected and how they are expected to behave. It details the powers of the Governing Body, its Committees, Joint Committees and individuals. It also sets out the CCG's prime financial policies.

The constitution applies to all members of NHS South Tees CCG, its employees, individuals working on behalf of the CCG and to anyone who is a member of the CCG's Governing Body and any other committee(s) established by the CCG or our Governing Body. Every member, employee or other person working on behalf of the CCG or member of the Governing Body or any committee is responsible for knowing, complying with and upholding the arrangements for the governance and operation of the CCG as described in this constitution.

NHS South Tees CCG aspires to lead continuous improvements when commissioning quality services appropriate to the health needs of the local population and we are committed to working in partnership to achieve this. We have positive relationships with a range of partners including Local Authorities, local Foundation Trusts and Voluntary and Community Sector (VCS) groups through the local area, working together to tackle the health challenges that we face locally. Using clinical expertise from our member practices we determine our priorities on tackling our local health challenges including how we will respond to prevalence rates of cancer and respiratory disease, improving mental health services, reviewing urgent care and monitoring the prescribing of drugs. We are committed to involving local people and stakeholders in our plans for the future through meaningful engagement and involvement.

We look forward to working in partnership to achieve our vision.

Dr Janet Walker
Chair, NHS South Tees Clinical Commissioning Group

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS South Tees Clinical Commissioning Group (the CCG).

1.2. Statutory Framework

- 1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies, which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³
- 1.2.2. The NHS Commissioning Board, hereafter referred to in this Constitution as NHS England, is responsible for determining applications from prospective CCGs to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established CCG.⁵ It has powers to intervene in a clinical commissioning group where it is satisfied that a CCG is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶
- 1.2.3. Clinical commissioning groups are clinically led membership organisations made up of providers of primary medical services, known as member practices. The members of the clinical commissioning group (member practices) are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

1.3. Status of this Constitution

- 1.3.1. This constitution is made between the members of NHS South Tees Clinical Commissioning Group and has effect from 1st day of April 2013, when NHS England established the CCG⁸. The Constitution is published on the CCG’s website at www.southteesccg.nhs.uk

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act

² See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

³ Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

⁴ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

⁵ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.⁹

- a) where the CCG applies to NHS England and that application is granted
- b) where in the circumstances set out in legislation NHS England varies the CCG's constitution other than on application by the CCG

2. AREA COVERED

2.1. The geographical area covered by NHS South Tees Clinical Commissioning Group

2.1.1 The CCG is coterminous with two Local Authorities: Middlesbrough Borough Council and Redcar and Cleveland Borough Council. We serve the populations of those Local Authority areas.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. Appendix A of this Constitution contains the list of our member practices.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, and whose practice population is in the majority resident in South Tees area will be eligible to apply for membership of this CCG¹⁰.

3.3 The Clinical Council of Members

3.3.1 The member practices will form the Clinical Council of Members who will hold the Governing Body to account.

3.3.2 The Clinical Council of Members will determine how it operates, set the process of appointment and dismissal of Governing Body members through the Nominations Panel, elect GP Governing Body members, consider and approve changes to the Constitution, determine the overarching scheme of delegation, determine any locality arrangements, determine any delegation of powers to localities and determine any matter in full session of the Council.

3.3.3 The Clinical Council of Members will meet as a minimum bi-annually and as required by the Council.

3.3.4 In calling an extraordinary meeting of the Clinical Council of Members, at least 10% of member practices must propose an issue for discussion, and a majority of all member practices must agree there is a need to convene.

⁹ See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

¹⁰ See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made

¹¹ See Good Governance for Clinical Commissioning Groups. An Introductory Guide The Kings Fund

3.4 Process for becoming a member

- 3.4.1 All eligible practices (in line with section 3.2.1) within the geographical area covered by NHS South Tees will be members of the CCG. A practice's membership of the CCG will be confirmed in the signing of this Constitution.
- 3.4.2 Any changes to details of CCG membership as described in Appendix A will be through application to and approval by the NHS England.

3.5 Terminating membership

- 3.5.1 Membership of the CCG will not be terminated whilst member practices meet the eligibility criteria set out in section 3.2.1.
- 3.5.2 A member practice ceases to be a member of the CCG where the member practice no longer satisfies the eligibility criteria.
- 3.5.3 A member practice shall give written notice to NHS England and the CCG Governing Body as soon as practicable in the event of any circumstances which may give rise to termination of membership, together with a formal request that this membership is terminated.

4. VISION, VALUES AND AIMS

4.1 Vision

- 4.1.1 The vision of NHS South Tees CCG is 'Improving Health Together'.
- 4.1.2 The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2 Values

- 4.2.1 The values that lie at the heart of the CCG's work are:
 - a) **Patient Centred** – the well-being of patients will be foremost in all that we do
 - b) **Continuous Improvement** – aspiring to achieve excellence, recognising innovation, using evidence and supporting education
 - c) **Respect** – listening to and valuing the views of people, collaborating with all interested parties and ensuring engagement and involvement with the CCG is accessible to all groups. We welcome feedback, learn from our mistakes and build on our successes
 - d) **Honesty** – having the courage to tell the truth openly and transparently, whilst being realistic regarding what we can and cannot do. We accept that we must work within the resources available and put these to best use for the people of South Tees
 - e) **Integrity** - acting consistently in a selfless, impartial and trustworthy manner
 - f) We will also champion the seven principles enshrined in the NHS Constitution
 - g) Good corporate governance arrangements are critical to achieving the CCG's objectives.

4.3 Aims

4.3.1 The CCG's aims are to:

- a) commission high quality services which are continuously improving, clinically effective, excellent value, patient friendly and safe
- b) work in partnership to reduce health inequalities and improve the health and wellbeing of the population
- c) design care around the patient, involving patients, carers and the public in planning new services
- d) work in collaboration with Member Practices, the public and stakeholders, to commission cost-effective local services based on evidence of needs and local and national priorities;
- e) engage Member Practices, public and stakeholders as early as possible in relation to potential changes to services;
- f) monitor the quality of services provided through the development of robust systems which will include taking patient feedback at listening and networking events and trends analysis;

4.4 Principles of Good Governance

4.4.1 In accordance with section 14L(2)(b) of the 2006 Act,¹² the CCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) The Good Governance Standard for Public Services (2004),¹³
- c) the 7 principles of public life published by the Committee on Standards in Public Life(1995) known as the 'Nolan Principles'¹⁴
- d) the seven key principles of the NHS Constitution¹⁵
- e) the Equality Act 2010¹⁶
- f) NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, 2017'¹⁷ (or subsequent Statutory Guidance that replaces this version)
- g) Standards for members of NHS boards and CCG governing bodies in England

¹² Inserted by section 25 of the 2012 Act

¹³ The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

¹⁴ See Appendix E

¹⁵ See Appendix F

¹⁶ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

¹⁷ See <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>

4.5 Accountability

- 4.5.1 The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including:
- a) publishing its constitution;
 - b) appointing independent lay members and non GP clinicians to its Governing Body;
 - c) holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
 - d) publishing annually a commissioning plan;
 - e) complying with local authority health overview and scrutiny process requirements;
 - f) meeting annually in public to present its annual report (which must be published);
 - g) producing annual accounts in respect of each financial year which must be externally audited;
 - h) having a published and clear complaints process (ie the CCG Complaints Policy);
 - i) complying with the Freedom of Information Act 2000, and
 - j) providing information to NHS England as required.
- 4.5.2 The CCG will demonstrate engagement and involvement with stakeholders by undertaking public engagement events and surveys where possible.
- 4.5.3. The Governing Body of the CCG will, throughout each year, have an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

4.6 Managing Disputes

- 4.6.1 It is almost inevitable that on occasions member practices will disagree with decisions made by the CCG or in some cases, actions taken by other member practices that impact upon them. It is important that all member practices have the ability to appeal against any such decisions and have the right to request that any dispute is resolved by means of an agreed Dispute Resolution Procedure.
- 4.6.2 If a dispute arises between the CCG and a member practice or between member practices, then all parties are required to follow the CCG's three stage Dispute Resolution Procedure (Appendix G).
- 4.6.3 Stage 1 of the process is informal local resolution which helps develop and sustain a partnership approach between practices, and between practices and commissioning groups. This stage also includes escalation of issues to the Chair.
- 4.6.4 Stage 2 of the process which is formal local resolution, can be initiated by either party only after the informal resolution process has been exhausted.
- 4.6.5 Stage 2 of the process consists of a Local Dispute Resolution Panel (LDRP)
- 4.6.6 Other than in cases, which in the opinion of the Chief Officer and following consultation with an independent organisation such as the LMC, are considered to be frivolous or vexatious, an LDRP will be convened to hear the dispute and make a determination.

- 4.6.7 The LDRP will agree its own Chair and will consist of:
- a) A clinical member of the Governing Body
 - b) A GP conciliator appointed independently e.g. by LMC
 - c) An independent representative e.g. LMC (from a different part of Teesside).
 - d) Panel Secretary (non-voting).
- 4.6.8 If either party disputes the decision of the LDRP, and all forms of local resolution have been exhausted, advice will be sought from the NHS England regarding how to proceed.

4.7 Concerns regarding the Governing Body

- 4.7.1 If there is a significant concern or dissatisfaction with the actions of the Governing Body, the Clinical Council of Members reserves the right to call an extra ordinary meeting of the Council, to be chaired by a lay member or by a member practice representative appointed by the Council.
- 4.7.2 In calling an extraordinary meeting of the Clinical Council of Members, at least 10% of member practices must propose an issue for discussion, and a majority of all member practices must agree there is a need to convene.

4.8 Vote of No Confidence

- 4.8.1 A vote of no confidence could occur when Member Practice Representatives move that the business of the CCG be suspended to allow a vote on a question of confidence in the Governing Body or a decision taken by the Governing Body.
- 4.8.2 In calling a vote of no confidence at least 10% of member practices must propose the vote, and a majority of all member practices must agree there is a need to convene an extraordinary meeting of the Clinical Council of Members.

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

- 5.1.1 The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *'Functions of Clinical Commissioning Groups: A Working Document'*. They relate to:
- a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - i. all people registered with member GP practices
 - ii. people who are usually resident within the area and are not registered with a member of any clinical commissioning group
 - b) commissioning emergency care for anyone present in the CCG's area
 - c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the CCG's employees
 - d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2 In discharging its functions the CCG will, through delegation to its governing body:

- a) act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS England of their duty to **promote a comprehensive health service**¹⁸ and with the objectives and requirements placed on the NHS England through the mandate¹⁹ published by the Secretary of State before the start of each financial year by:
 - i. developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012
 - ii. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms
- b) **meet the public sector equality duty**²⁰ by:
 - i. ensuring that this duty is discharged on behalf of the Governing Body by the CCG's Governance and Risk Committee in accordance with their Terms of Reference
 - ii. using the Equality Delivery System, develop an annual equality, diversity and human rights strategy describing how the CCG will deliver duties both specific and general in line with the Equality Act 2010
 - iii. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms
 - iv. publish, at least annually, sufficient information to demonstrate compliance with this general duty across CCG functions
- c) work in partnership with its local authorities to develop **joint strategic needs assessments**²¹ and **joint health and wellbeing strategies**²² to understand the future health, care and wellbeing needs of the community by:
 - i. working in partnership with the Middlesbrough and Redcar and Cleveland Health and Wellbeing Boards of which the CCG is a member
 - ii. requiring progress of the delivery strategies to be monitored through the CCG's reporting mechanisms

¹⁸ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁹ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

²⁰ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

²¹ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²² See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

5.2 General Duties

In discharging its functions the CCG will, though delegation to its Governing Body:

- 5.2.1 Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²³ by:
- i. Ensuring that patients and the public are consulted with and involved in accordance with the relevant legislation, including publishing a strategy for communications, involvement and engagement;
 - ii. Delegating responsibility to the group's governing body;
 - iii. Ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer.
 - iv. Having regard to the Cabinet Office's Code of Practice on Consultation."

The following Statement of Principles will be adopted:

- i. create an organisational culture that encourages and enables involvement;
- ii. Be inclusive and proactive in resolving barriers to effective involvement and participation;
- iii. Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services
- iv. Recognise the importance of providing feedback to people who have made their views known;
- v. Work in partnership with other agencies to avoid duplication where possible when approaching the public
- vi. Build upon best practice and be open to innovative and proven approaches from within and outwith the NHS
- vii. Provide support and training to staff to equip them for this role.

In delivering this Statement of Principles, the CCG will

- i. work in partnership with patients and the local community to secure the best care for them.
- ii. where possible, adapt engagement activities to meet the different needs of the different patient communities.
- iii. publish information about health services on the CCG's website and through other media.
- iv. Encourage and, where possible, act upon feedback

- 5.2.2 **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**²⁴ by:

- a) ensuring the CCG's values reflect the values set out in the NHS Constitution
- b) ensuring policies have regard to the NHS Constitution in their development
- c) ensuring that all decisions made by the Governing Body are assessed for regard to the NHS Constitution
- d) promoting the NHS Constitution on the CCG's website and with staff
- e) incorporating compliance with the NHS Constitution within contracts for commissioned services

²³ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

²⁴ See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

- 5.2.3 Act effectively, efficiently and economically²⁵ by:**
- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer in accordance with the responsibilities of the role
 - b) delegating responsibility to the Governing Body's Governance and Risk Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference
 - c) delegating responsibility to the Quality, Performance and Finance Committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference
 - d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms
- 5.2.4 Act with a view to securing continuous improvement to the quality of services²⁶ by:**
- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
 - b) delegating responsibility to the Governing Body's Quality, Performance and Finance Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference
 - c) establishing a framework for ensuring continuous improvements in the quality of commissioned services and outcomes for patients with regard to clinical effectiveness, safety and patient experience including adult and children's safeguarding, contributing to improved patient outcomes across the domains within the NHS Outcomes Framework
 - d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms
- 5.2.5 Assist and support NHS England in relation to its duty to improve the quality of primary medical services²⁷ by:**
- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
 - b) delegating responsibility to the Governing Body's Quality, Performance and Finance Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference
- 5.2.6 Have regard to the need to reduce inequalities²⁸ by:**
- a) ensuring that this duty is discharged on behalf of the Governing Body by the CCG's Quality, Performance and Finance Committee in accordance with their Terms of Reference
 - b) developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the CCG's role and plans in relation to reducing health inequalities
 - c) working with partners on the Health and Wellbeing Boards to contribute to addressing the wider determinants of health and to contribute to implementing the Health and Wellbeing Strategies in relation to commissioning of health services
 - d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

²⁶ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

²⁷ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

²⁸ See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.7 Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁹ by:

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
- b) delivering the CCG's Communication and Engagement Strategy
- c) ensuring through contracts with commissioned services procedures are established enabling patients, their carers and representatives to make informed decisions about their healthcare
- d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.2.8 Act with a view to enabling patients to make choices³⁰ by:

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
- b) delivering the CCG's Communication and Engagement Strategy
- c) ensuring through contracts with commissioned services procedures are established enabling patients, their carers, and representatives to exercise informed choice about their healthcare
- d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.2.9 Obtain appropriate advice³¹ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) creating a culture in which a broad range of professional expertise is valued and actively sought
- b) ensuring systems are in place to identify the need for and securing appropriate advice to inform CCG decision making from both within the CCG's membership or beyond e.g. through Clinical Senates and Clinical Networks
- c) delegating responsibility within their Terms of Reference to the Chair of each committee or sub-committee to ensure that they obtain appropriate advice in the exercise of its functions

5.2.10 Promote innovation³² by:

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
- b) creating a culture in which innovation is valued and at the heart of the CCG's ambition
- c) contributing to and utilising the results of innovation gained through research and best practice evidence to transform and continuously improve the quality, effectiveness and efficiency of healthcare.

²⁹ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

³⁰ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

³¹ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

³² See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

³² See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.11 Promote research and the use of research³³ by:

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
- b) delegating responsibility to the Governing Body's Governance and Risk Committee to assist the Governing Body with oversight of research governance and in accordance with the CCG's Terms of Reference
- c) collaborating with key stakeholders such as Clinical Senates, Clinical Networks, Clinical Research Networks, and academic institutions; commissioning where appropriate independent research and evaluation as a means of evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice
- d) creating a culture in which research and its implementation is valued
- e) contributing to and utilising the results of research and other robust evidence of best practice and effectiveness to transform and continuously improve healthcare services
- f) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.2.12 Have regard to the need to **promote education and training³⁴ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³⁵ by:**

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer to oversee its discharge
- b) creating a culture in which education, training and continuing professional development at all levels within the organisation is valued and understood to be key to achieving the CCG's vision
- c) enabling individuals who are employed in an activity which involves or is connected with the provision of services as part of the health service in England to engage in continuing professional development
- d) engaging with Local Education and Training Boards.

³³ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

³⁴ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

³⁵ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

5.2.13 Act with a view to **promoting integration** of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities³⁶ by:

- a) ensuring that this duty is discharged on behalf of the Governing Body by the CCG's Quality, Performance and Finance Committee in accordance with their Terms of Reference
- b) developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the CCG's role and plans in relation to promoting integration
- c) working in partnership with partners to implement plans ensuring that pathways of care are seamless and integrated, within and across organisations
- d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.3 General Financial Duties

The CCG will perform its functions through delegation to its Governing Body so as to:

5.3.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year³⁷ by

- a) developing an annual operational plan (incorporating the financial plan) in accordance with the requirement of the Health and Social Care Act 2012
- b) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role
- c) specifying Prime Financial Policies (at Appendix D) and detailed underpinning financial policies
- d) delegating responsibility to the Governing Body's Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference
- e) delegating responsibility to the Quality, Performance and Finance Committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference
- f) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

³⁶ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

³⁷ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

5.3.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS England for the financial year³⁸ by

- a) delegating responsibility to the Governing Body's Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference
- b) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role
- c) specifying Prime Financial Policies (at Appendix D) and detailed underpinning financial policies
- d) delegating responsibility to the Quality, Performance and Finance Committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference
- e) developing an annual operational plan (incorporating the financial plan) in accordance with the requirement of the Health and Social Care Act 2012
- f) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.3.3 Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by NHS England³⁹ by

- a) developing an annual commissioning plan (incorporating the financial plan) in accordance with the requirement of the Health and Social Care Act 2012
- b) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role
- c) specifying Prime Financial Policies (at Appendix D) and detailed underpinning financial policies
- d) delegating responsibility to the Quality, Performance and Finance Committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.3.4 Publish an explanation of how the CCG spent any payment in respect of quality made to it by NHS England⁴⁰ by

- a) ensuring that this duty is discharged on behalf of the Governing Body by the Chief Officer and the specific lead officer delegated by the Chief Officer oversee its discharge
- b) ensuring an accessible summary of the explanation is published on the CCG's website and is available upon request in a range of formats.

³⁸ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁹ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

⁴⁰ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The CCG will

- a) comply with all relevant regulations
- b) comply with directions issued by the Secretary of State for Health or NHS England take account, as appropriate, of documents issued by NHS England.

5.4.2 The CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant CCG policies and procedures.

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to Act

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

- a) its Governing Body
- b) any of its member practices or any nominated clinical lead
- c) employees
- d) a committee or sub-committee of the CCG
- e) Joint Committees.

6.1.2 The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the CCG as expressed through:

- a) the CCG's scheme of reservation and delegation
- b) for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation⁴¹

6.2.1 The CCG's scheme of reservation and delegation sets out:

- a) those decisions that are reserved for the membership as a whole
- b) those decisions that are the responsibilities of its Governing Body (and its committees), the CCG's committees and sub-committees, Joint Committees, individual member practices and employees.

6.2.2 The CCG remains accountable for all of its functions, including those that it has delegated.

6.3 General

6.3.1 In discharging functions of the CCG that have been delegated to its Governing Body (and its committees), joint committees, sub committees and individuals must:

- a) comply with the CCG's principles of good governance⁴²
- b) operate in accordance with the CCG's scheme of reservation and delegation⁴³
- c) comply with the CCG's standing orders⁴⁴
- d) comply with the CCG's arrangements for discharging its statutory duties⁴⁵
- e) where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process
- f) comply with the requirements of *'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs'* (or updated Guidance following this)

6.3.2 When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference and comply with the principles of good governance.

41 See Appendix C

42 See section 4.4 on Principles of Good Governance above

43 See appendix C

44 See appendix B

45 See chapter 5 above

6.3.3 Any:

- member of the CCG's Governing Body;
- any employee of the CCG;
- any member of a committee of the CCG;
- any member of a committee of the CCG's Governing Body; and
- any other individual acting under the direction of the CCG or its Governing Body, in the furtherance of their respective functions;

who has acted honestly and in good faith shall not have to meet out of his or her own personal resources any costs arising from any personal civil liability that he/she incurs in the execution (or purported execution) of his or her functions, save where he or she has acted recklessly.

For the purposes of this indemnity, the term "committee" shall also include any sub-committee appointed by a committee in accordance with the powers delegated to it.

6.3.4 The Group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

6.3.5 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

- a) identify the roles and responsibilities of those clinical commissioning groups who are working together
- b) identify any pooled budgets and how these will be managed and reported in annual accounts
- c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate
- d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties
- e) identify how disputes will be resolved and the steps required to terminate the working arrangements
- f) specify how decisions are communicated to the collaborative partners.

6.4 Committees of the Governing Body

6.4.1 The following committees have been established by the CCG (or are Joint Committees that the CCG is a member of):

- a) Remuneration Committee (accountable to the Governing Body);
- b) Audit Committee (accountable to the Governing Body)
- c) Governance and Risk Committee (accountable to the Governing Body)
- d) Quality, Performance and Finance Committee (accountable to the Governing Body)
- e) Funding Panel (accountable to the Governing Body).
- f) Primary Care Commissioning Committee (accountable to the Governing Body)
- g) Auditor Panel
- h) Better Health Programme/STP Joint Committee
- i) Northern CCG Joint Committee

6.4.2 Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the CCG or the committee to which they are accountable to.

6.5 Joint Arrangements

6.5.1 The CCG may wish to work together with other CCGs in the exercise of its commissioning arrangements.

6.5.2 The CCG has entered into lead and associate commissioning arrangements with other clinical commissioning groups as follows:

- a) Collaborative arrangements with the CCGs in the North of England with regard to coordinating commissioning arrangements for contracts with NHS healthcare providers in the North of England.
- b) Joint arrangements with the CCGs in the North of England to determine commissioning for health gain policies and to review and approve individual funding requests, including conducting an appeals process
- c) Joint arrangements with the CCGs in the North of England to advise upon and make recommendations to CCGs on high cost cancer drugs and high cost treatments
- d) Joint arrangements with the CCGs in the North of England to provide a Partnership Forum through which the CCGs in the North of England will work together with Trade Union and Professional Organisation representatives to discuss issues relating to employment matters affecting their employees. The Forum will also advise and make recommendations on employment policies and procedures

6.5.3 In circumstances where the Group establishes a joint committee with another clinical commissioning group, the Group will provide details in its Scheme of Reservation and Delegation of the individual who has delegated authority to make decisions on its behalf, although the Group will retain responsibility for the decision.

6.5.4 The CCG has entered into a joint committee with NHS Hambleton, Richmondshire & Whitby CCG, NHS Durham, Dales, Easington and Sedgefield CCG, NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG to progress the work of the Better Health Programme/STP. The Joint Committee will operate in line with the joint arrangements given below and within the scope of its Terms of Reference which can be found at the following link. The main activities of the Joint Committee include, but are not limited to, the following:

- 6.5.4.1 Determining the options appraisal process, including agreeing the evaluation criteria and weighting of the criteria;
- 6.5.4.2 determine the method and scope of the consultation process;
- 6.5.4.3 act as the formal body in relation to the public consultation with the Joint Overview and Scrutiny Committees established for it by the relevant Local Authorities;
- 6.5.4.4 Make any necessary decisions arising from a pre-consultation business case (and the decision to run a formal consultation process);
- 6.5.4.5 Approve the text and issues on which the public's views are sought in the Consultation Document;
- 6.5.4.6 Take or arrange for all necessary steps to be taken, to enable the CCGs to comply with their public sector equality duties;
- 6.5.4.7 Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision;

- 6.5.4.8 make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the Programme Board or views expressed by the Joint Health Overview and Scrutiny Committee or any other relevant organisations.

The Governing Body of the CCG shall require in all joint commissioning arrangements that the lead clinician and lead manager of the CCG, make a quarterly verbal or written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

- 6.5.5 The CCG has entered into a Northern CCG Joint Committee to make decisions on subjects recommended to it by the Northern CCG Forum. These will be confined to issues that pertain to all CCG areas in Cumbria and the North East, namely the commissioning of specialist acute services and NHS 111 services.

- 6.5.5.1 Expansion of the scope of the Joint Committee will only follow from the unanimous agreement of member CCGs and in line with an annually agreed work programme.

- 6.5.5.2 The Joint Committee is open to membership of the following CCGs:

- NHS Darlington CCG
- NHS Durham Dales, Easington & Sedgefield CCG
- NHS Hambleton, Richmondshire & Whitby CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- NHS North Durham CCG
- NHS Northumberland CCG
- NHS North Tyneside CCG
- NHS South Tees CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG

- 6.5.5.3 The main activities of the Joint Committee include, but are not limited to, the following:

- 6.5.5.4 In accordance with statutory powers under s.14Z3 of the NHS Act 2006, the proposed Northern CCG Joint Committee will be able to make decisions on procuring services and awarding contracts, chiefly to the providers of specialised acute and ambulance services. In discharging this function the committee will:

- Determine the options appraisal process for commissioning services, including agreeing the evaluation criteria and weighting of the criteria.
- Where appropriate, determine the method and scope of the consultation process, and make any necessary decisions arising from a pre-consultation business case (and the decision to run a formal consultation process). That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended).
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in order to reach a decision, taking into account all of the information collated and representations received in relation to the consultation process.

- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it, ensuring that individual CCGs' retained duties can be met.

6.6 Joint commissioning arrangements with other Clinical Commissioning Groups

6.6.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

6.6.2 The CCG may make arrangements with one or more CCG in respect of:

- 6.6.2.1 delegating any of the CCG's commissioning functions to another CCG;
- 6.6.2.2 exercising any of the commissioning functions of another CCG; or
- 6.6.2.3 exercising jointly the commissioning functions of the CCG and another CCG

6.6.3 For the purposes of the arrangements described at paragraph 6.6.2, the CCG may:

- 6.6.3.1 make payments to another CCG;
- 6.6.3.2 receive payments from another CCG;
- 6.6.3.3 make the services of its employees or any other resources available to another CCG; or
- 6.6.3.4 receive the services of the employees or the resources available to another CCG.

6.6.4 Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

6.6.5 For the purposes of the arrangements described at paragraph 6.6.2]above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.6.2 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.6.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.6.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.6.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.

6.6.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

- 6.6.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 6.6.10 The governing body of the CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a written report to the Governing Body not less than twice a year and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.7 Joint commissioning arrangements with NHS England for the exercise of CCG functions

- 6.7.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.7.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.7.3 The arrangements referred to in paragraph 6.7.2 above may include other CCGs.
- 6.7.4 Where joint commissioning arrangements pursuant to 6.7.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.7.5 Arrangements made pursuant to 6.7.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG(s).
- 6.7.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.7.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 6.7.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.7.2 above.
- 6.7.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.7.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.7.10 The governing body of the CCG shall require, in all joint commissioning arrangements that the Chair of the Joint Committee will make a written report to the governing body not less than twice a year and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.7.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.8 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

6.8.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.8.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

- Exercise such functions as specified by NHS England under delegated arrangements;
- Jointly exercise such functions as specified with NHS England.

6.8.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

6.8.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.8.5 For the purposes of the arrangements described at paragraph 6.8.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.8.6 Where the CCG enters into arrangements with NHS England as described at paragraph 6.8.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.8.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.8.2 above.

6.8.8 The CCG will act in accordance with any further guidance issued by NHS England. on co-commissioning.

- 6.8.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 6.8.10 The governing body of the CCG shall require, in all joint commissioning arrangements that the Chair of the Joint Committee will make a written report to the governing body not less than twice a year and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.8.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.
- 6.8.12 The Group will also have the power to enter into joint committees as appropriate with:
 - a) Middlesbrough Borough Council
 - b) Redcar and Cleveland Borough Council

6.9 The Governing Body

6.9.1 Functions - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.⁴⁶ The Governing Body has functions of the clinical commissioning group delegated to it by the CCG. Where the CCG has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the CCG's functions to its Governing Body, these are set out below. The Governing Body's functions shall include:

- a. ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance⁴⁷ (its main function)
- b. identifying strategic risks and developing an Assurance Framework
- c. approving the Operational Plan which takes into account financial targets and forecast limits of available resources
- d. approving consultation arrangements for the CCG's Operational Plan
- e. engaging with partners and stakeholders
- f. reviewing compliance against the public involvement Statement of Principles
- g. approving the level of non-pay expenditure on an annual basis
- h. approving reports showing the total financial allocations received and their proposed distribution including any sums to be held in reserve including regular updates on significant changes
- i. receiving and reviewing monitoring reports on financial performance against budget and plan, including explanations for variances
- j. receiving reports detailing actual and forecast expenditure and activity for contracts
- k. receiving reports which outline the reasons for seeking tenders from firms not previously pre-qualified to provide goods/services
- l. determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

- m. approving a timetable for producing the annual report and accounts
- n. approving any functions of the CCG that are specified in regulations;⁴⁸

6.9.2 Composition of the Governing Body - the Governing Body shall not have fewer than 12 members and comprises:

- a) the Chair (GP)
- b) five GP representatives of member practices
- c) three lay members:
 - i. one to lead on governance and remuneration matters,
 - ii. one to lead on patient and public participation matters,
 - iii. one to lead on audit and conflicts of interest matters
- d) one registered nurse;
- e) one secondary care specialist doctor
- f) the Chief Officer
- g) the Chief Finance Officer

6.9.3 Committees of the Governing Body - the Governing Body has appointed the following committees:

- a) **Audit Committee** – the Audit Committee, which is accountable to the CCG’s Governing Body, provides the Governing Body with an independent and objective view of the CCG’s financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee.

The Terms of Reference for this committee are available on the CCGs website available at; <http://www.southteesccg.nhs.uk/governing-body/committees-of-the-governing-body/>

⁴⁶ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

⁴⁷ See section 4.4 on Principles of Good Governance above

⁴⁸ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- b) **Remuneration Committee** – the Remuneration Committee, which is accountable to the CCG’s Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. The Committee will consider the severance payments of the Accountable Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee.

The Terms of Reference for this committee are available on the CCGs website available at; <http://www.southteesccg.nhs.uk/governing-body/committees-of-the-governing-body/>

- c) **The Primary Care Commissioning Committee**– The Committee is accountable to the CCG’s Governing Body and carries out its functions in order to make collective decisions on the review, planning and procurement of primary care services in the South Tees area, under delegated authority from NHS England. The Committee has the authority to make financial decisions as detailed in the Standing Orders. These will be in accordance with Section 83 of the NHS Act, but may be extended subject to approval from the Governing Body.

The Terms of Reference for this committee are available on the CCG’s website at: <http://www.southtees.ccg.nhs.uk/governing-body/committees-of-the-governing-body>

- d) **Auditor Panel** – The Auditor Panel is a statutory committee established as a sub-committee of the Governing Body and will advise the CCG on: the maintenance of an independent relationship with the appointed auditor; the selection and appointment of the local auditor; check that contract arrangements, ie. Procurement and selection of external auditors are appropriate; the relationship and communications with the external auditors are professional; related conflicts of interest are effectively dealt with.

The Terms of Reference for this committee are available on the CCG’s website at: <http://www.southtees.ccg.nhs.uk/governing-body/committees-of-the-governing-body>

The Governing Body may establish other Committees as required; at the time of approval of this Constitution, these are:

- a) **Quality, Performance and Finance Committee** – the Quality, Performance and Finance Committee, which is accountable to the CCG’s Governing Body will ensure that the services the CCG commissions are able to demonstrate that they have in place an assurance framework which will satisfy compliance with the essential principles of quality and adults’ and children’s safeguarding. The Committee will also provide assurance on financial governance areas, and assurance that there are robust structures, processes and accountabilities in place for managing internal and external performance. The Governing Body has approved and keeps under review the terms of reference for the Quality, Performance and Finance Committee, which includes information on the membership of the Committee.

The Terms of Reference for this committee are available on the CCGs website available at: <http://www.southteesccg.nhs.uk/governing-body/committees-of-the-governing-body/>

- b) **Funding Panel** – the Funding Panel, which is accountable to the CCG’s Governing Body will consider all Individual Funding Requests and decide whether to support or not support these individual requests on the basis of the information provided with the request to the Committee. It will develop and agree protocols for accessing services or treatment not within contract, either for NHS or non-NHS providers where a service level agreement or contract does not exist. The Governing Body has approved and keeps under review the terms of reference for the Funding Panel which includes information on the membership of the Committee

The Terms of Reference for this committee are available on the CCGs website available at: <http://www.southteesccg.nhs.uk/content/page.aspx?page=124>

- c) **Governance and Risk Committee** – The Governance and Risk Committee, which is accountable to the CCG’s Governing Body, provides the Governing Body with assurance that the internal control systems of the CCG including Assurance Framework and Risk Register, information governance, research governance, equality & diversity and processes for complaints, are effective, as well as monitoring the outputs of governance and risk management systems. The Governing Body has approved and keeps under review the Terms of Reference for the Governance and Risk Committee, which includes information on the membership of the committee.

The Terms of Reference for this committee are available on the CCGs website at: <http://www.southteesccg.nhs.uk/governing-body/committees-of-the-governing-body/>

Such Committees shall be made up of members of the Governing Body, any consultants and/or employees, or any others approved by the Governing Body. The membership of each Committee shall be set out in its terms of reference.

All Committees will maintain an up to date Register of Interests in line with NHS England Statutory Guidance.

- 6.9.4 The Governing Body may appoint such other committees as it considers appropriate but committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body. Such Committee or sub-committee shall be made up of members of the Governing Body, any consultants and/or employees, or any others approved by the Governing Body.

6.10 Transparency

- 6.10.1 In accordance with the National Health Service (Clinical Commissioning Groups – Responsibilities) Regulations 2012, Regulation 16, the CCG will make the following arrangements to ensure transparency:

- a) publish papers considered at its meetings except where the governing body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper
- b) publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances payable under certain pension schemes):

- i. in relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify a band of £5,000 into which the salary falls), or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act;
 - ii. any recommendation of the remuneration committee in relation to any such determination
- c) in the event that the governing body consider that it would not be in the public interest to publish such information, it will not publish the above information.

7 ROLES AND RESPONSIBILITIES

7.1 Member Practice Representatives

7.1.1 Member practice representatives are clinicians who represent their practice colleagues' views and act on behalf of the practice in matters relating to the CCG. It is anticipated that Member Practice Representatives will act on behalf of the member practice in commissioning matters in accordance with local partnership agreements, or other arrangements on behalf of the member practices.

7.2 Responsibilities of member practices

7.2.1 Members of the CCG will be responsible for:

- a) representing their registered population's interests
- b) nominating a clinician to be the Member Practice Representative (this does not need to be the same person each time)
- c) applying specialist knowledge of their registered population to inform the work of the CCG and contributing to the commissioning decisions made
- d) sharing information and the outcomes of debate between the member practice representatives and the CCG, regularly seeking wider member practice views
- e) identifying risks to patients, clinicians, member practices and the wider health economy emerging from the work of or proposals developed by the CCG
- f) supporting decisions made by the majority in the best interests of the wider CCG patient population and in accordance with the CCG's common purpose and values whilst maintaining a primary responsibility to their appropriate professional regulator and acting in accordance with their code of practice for individual patients
- g) the governing body and member practices will need to demonstrate to each other that they are applying the values within the constitution and achieving high quality care through their deployment of resources and operations as set out in section 5
- h) declaring interests in line with NHS England's 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, 2017' (or updated Guidance).

7.2.2 Members of the CCG can expect the Governing Body to:

- a) engage and consult with its member practices using a variety of methods, to enable a broad spectrum of participation
- b) provide information in a timely and meaningful way which enables member practices to influence decision making
- c) uphold the principles of openness and transparency by sharing details of the rationale for decisions made by the Governing Body and its sub-committees
- d) remunerate members / practices for engagement in commissioning activities
- e) support and develop its member practices to contribute to commissioning
- f) recognise the primary responsibility of individuals to their appropriate professional regulator and to act in accordance with their code of practise for individual patients
- g) the governing body and member practices will need to demonstrate to each other that they are applying the values within the constitution and achieving high quality care through their deployment of resources and operations as set out in section 5
- h) declaring interests in line with NHS England's 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, 2017' (or updated Guidance)

7.2.3 The role of each practice representative is to:

- a) engage with, listen to and represent the best interests of the patient population sharing outcomes with the CCG
- b) engage with, listen to and represent member practice colleagues sharing outcomes with the CCG
- c) represent the CCG and its mission, values, aims and objectives
- d) continue to act in accordance with their professional duty of care to individual patients and in line with medical profession regulators
- e) identify and declare actual and/or perceived conflicts of interest
- f) attend meetings of the Clinical Council of Members.

7.3 All Members of the CCG's Governing Body

7.3.1 Guidance on the roles of members of the CCG's Governing Body is set out in a separate document⁵⁰. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, ensuring continual improvements in quality and safety with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4 The Chair of the Governing Body

7.4.1 The chair of the Governing Body is responsible for:

- a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution
- b) building and developing the CCG's Governing Body and its individual members
- c) ensuring that the CCG has proper constitutional and governance arrangements in place
- d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties
- e) supporting the Chief Officer in discharging the responsibilities of the organisation
- f) contributing to building a shared vision of the aims, values and culture of the organisation
- g) leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities
- h) overseeing governance and particularly ensuring that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times
- i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met
- j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England
- k) ensuring that the CCG builds and maintains effective relationships with all stakeholders, particularly with the individuals involved in overview and scrutiny from the relevant local authorities)
- l) ensuring appropriate clinical membership within committees of the Governing Body and any other groups established to work on behalf of the CCG

7.4.2 As the Chair of the Governing Body is also the senior clinical voice of the CCG they will take the lead in interactions with stakeholders, including NHS England.

7.5 The Vice Chair of the Governing Body

- 7.5.1 The Vice Chair of the Governing Body deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.
- 7.5.2 As the Chair of the Governing Body is also the senior clinical voice of the CCG, a lay member will be Vice Chair.

7.6 Role of the Lay Members

- 7.6.1 Lay members bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body
- 7.6.2 They will help to ensure that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.
- 7.6.3 A Lay Member will undertake the role of Conflicts of Interest Guardian.

7.7 Role of the Accountable Officer and Chief Officer

- 7.7.1 The Accountable Officer of the CCG is a member of the Governing Body. The role of the Accountable Officer in NHS South Tees CCG will be the responsibility of the Chief Officer.
- 7.7.2 This role of accountable officer has been summarised in a national document⁵⁰ and includes:
- a) being responsible for ensuring that the clinical commissioning group 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
 - b) 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
 - c) working closely with the chair of the Governing Body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.
 - d) the Chief Officer will also exercise the functions as delegated by the clinical commissioning group to the Chief Officer as set out in paragraph 5.1.2 a) to c)
 - e) exercise the functions as delegated by the clinical commissioning group to the Chief Officer relating to the clinical commissioning group's General Duties as set out in paragraphs 5.2.1 to 5.2.13
 - f) ensure the maintenance of registers of interest and gifts & hospitality.

⁵⁰ Clinical commissioning group Governing Body Members – Roles Attributes and Skills, NHS England Authority, March 2012

7.8 Role of the Chief Finance Officer

7.8.1 The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.8.2 The role of Chief Finance Officer has been summarised in a national document⁵¹ and includes:

- a) 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
- b) making appropriate arrangements to support the monitoring of the CCG's finances
- c) overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources (this includes information governance)
- d) 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
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS England
- f) The Chief Finance Officer will also exercise the functions as delegated by the clinical commissioning group to the Chief Finance Officer relating to the clinical commissioning group's General Financial Duties as set out in paragraphs 5.3.1 to 5.3.4

7.9 Role of the Registered Nurse

7.9.1 The clinical role of Registered Nurse has been summarised in a national document⁵² and includes bringing a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care. In South Tees, the Registered Nurse is also the Governing Body lead for safeguarding.

7.10 Role of the Secondary Care Doctor

7.10.1 The clinical member of the Governing Body will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

51 Reference to NHS England Clinical commissioning group
Governing Body members: Role outlines, attributes and skills

52 Reference to NHS England Clinical commissioning group
Governing Body members: Role outlines, attributes and skills

7.11 Selection, election and appointment

7.11.1 All appointments to the Governing Body will be conducted fairly and impartially

7.11.2 The following Governing Body posts will be subject to a process requiring selection and/or election prior to appointment

- a) GP Chair
- b) Lay members
- c) Governing Body GP members
- d) Chief Officer
- e) Chief Finance Officer
- f) Registered Nurse
- g) Secondary Care Doctor

7.11.3 A Nominations Panel will be established by the Clinical Council of Members, constituted from member practices, independent representative and governing body members to select suitable candidates against specific criteria for the role. All candidates deemed suitable by the panel will be eligible for election by member practices into any vacant GP roles.

7.11.4 Appointments made by the Panel will be reported to the next meeting of the Governing Body.

7.11.5 Further details of selection, election and appointment can be found in the CCG's Standing Orders, Appendix B.

7.12 Joint Appointments with other Organisations

7.12.1 From time to time the CCG may enter into joint arrangements with other organisations including joint appointments for specific areas. Wherever this is the case a memorandum of understanding (MoU) will be in place.

7.12.2 The CCG has entered into the following joint appointments with the Hartlepool and Stockton-on-Tees Clinical Commissioning Group:

- Governing Body's Registered Nurse;
- PA to Executive Nurse

7.12.3 The CCG has entered into joint arrangements with South Tees Hospitals NHS Foundation Trust, Redcar & Cleveland Borough Council, Middlesbrough Borough Council and Tees, Esk and Wear Valleys NHS Trust for the appointment of the Integration Programme Manager and Integration Programme Co-ordinator.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, member practices, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) will at all times comply with this policy and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the Seven Principles of Public Life, set out by the Committee on Standards in Public Life (the Nolan Principles; Appendix E).
- 8.1.2 They must comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy, including the requirements set out for managing conflicts of interest in relation to commissioning activities. Declared interests will be published in accordance with 8.3.2. This policy is available on the CCG's website at www.southteesccg.nhs.uk.

8.2 Conflicts of Interest

- 8.2.1 As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external personal or private interest. The CCG will comply with NHS England's '*Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017*'.

- 8.2.2 The Revised Statutory Guidance (2017) defines a conflict of interest as '*a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.*

A conflict of interest may be:

- *Actual – there is a material conflict between one or more interests, or*
- *Potential – There is the possibility of a material conflict between one or more interests in the future.'*

- 8.2.3 Where an individual, ie an employee, member practice, member of the Governing Body, or a member of a committee or a sub-committee of the CCG has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
- 8.2.4 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.
- 8.2.5 For a conflict of interest to exist, financial gain is not necessary. As described in the Statutory Guidance a conflict of interest will include:
- a) **a financial interest**; where an individual may get direct financial benefits from the consequences of a commissioning decision (for example as a provider of services).

- b) **a non-financial professional interest**; where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. (for example GP with a special interest).
- c) **Non-financial personal interest**; where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit (for example a voluntary sector champion, member of a voluntary sector board or other position).
- d) **Indirect interests**; where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above), for example: spouse/partner, close family member or relative, close friend or association or business partner.

8.2.6 Individuals may hold interests for which they cannot see potential conflict. However, caution is required because others may see it differently. The perception of an interest can be as damaging to the individual, the organisation and the NHS as an actual conflict of interest. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

8.3.1 The CCG will maintain one or more registers of the interests of:

- a) members of CCG (ie. for each Practice, declarations should be made by: GP Partners/Directors, any individual directly involved with the business or decision-making of the CCG);
- b) the members of its Governing Body
- c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body
- d) its employees (including full and part time staff; staff on sessional or short term contracts; students, trainees, apprentices, agency staff and seconded staff.
- e. self employed consultants or other individuals working for the CCG under a contract for services.
- f. Members of Joint Committees.

8.3.2 The registers will be published on the CCG's website at www.southteesccg.nhs.uk

8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5 The Chief Officer will ensure that the registers of interest are reviewed regularly, and updated as necessary.

8.3.6 The Chief Officer will ensure that there is a Register of Gifts & Hospitality and associated processes that are compliant with the NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017). This Register will be published on the website at www.southteesccg/nhs.uk

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the CCG, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.
- 8.4.2 The Chief Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.
- 8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Chief Officer and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests. The arrangements will confirm the following:
- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis
 - b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual
- 8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Chief Officer.
- 8.4.5 Where an individual member, employee or person providing services to the CCG is aware of an interest which:
- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

- 8.4.6 Where the chair of any meeting of the CCG, including Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the vice chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the vice chair may require the chair to withdraw from the meeting or part of it. Where there is no vice chair, the members of the meeting will select one.

- 8.4.7 Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.4.8 Where members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or vice) will determine whether or not the discussion can proceed in line with the terms of reference. In relation to the Governing Body, this may require using the alternative quoracy arrangements outlined in the Standing Orders.
- 8.4.9 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders or Committee Terms of Reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests the chair of the meeting shall consult with the Chief Officer on the action to be taken, which may include the following:
- a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the CCG can progress the item of business:
 - i. a member
 - ii. an individual appointed by a member practice to act on its behalf in the dealings between it and the clinical commissioning group
 - iii. member of a relevant Health and Wellbeing Board
 - iv. a member of a Governing Body of another clinical commissioning group. These arrangements must be recorded in the minutes.
 - v. adopting the use of the emergency powers and urgent decisions clause of the Constitution set out in the Standing Orders.
 - c) adopting the alternative quoracy arrangements
- 8.4.10 In any transaction undertaken in support of the CCG's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Chief Officer of the transaction.
- 8.4.11 The Chief Officer will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared. The Conflicts of Interest Guardian shall be referred to as necessary.
- 8.5 Managing Conflicts of Interest: contractors and people who provide services to the CCG**
- 8.5.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2 Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

8.6.1 The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2 The CCG will publish a Procurement Policy approved by its Governing Body (or committee, as per the Scheme of Delegation), which will ensure that:

- a) all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3 A copy of this Procurement Policy will be available on the CCG's website at www.southteescCG.nhs.uk.

8.6.4 The CCG will maintain a register of procurement decisions and will ensure it is publicly available by its availability on the CCG website or upon request for inspection at CCG headquarters.

9. THE CCG AS EMPLOYER

- 9.1 The CCG recognises that its most valuable asset are its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the CCG.
- 9.2 The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 9.3 The CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the CCG. All staff will be made aware of this constitution, the operational plan and the relevant internal management and control systems which relate to their field of work.
- 9.4 The CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters
- 9.5 The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6 The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7 The CCG will ensure that it complies with all aspects of employment law.
- 9.8 The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9 The CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the CCG's website www.southteescg.nhs.uk

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

- 10.1.1 The CCG will publish annually an operational plan commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.
- 10.1.2 Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website at www.southteesccg.nhs.uk.
- 10.1.3 The CCG may use other means of communication, including social media, circulating information by post, or making information available in venues or services accessible to the public.

10.2 Standing Orders

- 10.2.1 This constitution is also informed by a number of documents which provide further details on how the CCG will operate. They are the CCG's:
- a) **Standing orders (Appendix B)** – which sets out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body;
 - b) **Scheme of reservation and delegation (Appendix C)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body, the Governing Body's committees and sub-committees, the CCG's committees and sub-committees, individual members and employees;
 - c) **Prime financial policies (Appendix D)** – which sets out the arrangements for managing the CCG's financial affairs.

APPENDIX A - LIST OF PRACTICES

Practice	Address	Comments	
Bentley Medical Practice	Redcar Primary Care Hospital West Dyke Road Redcar TS10 4NW		
Bluebell Medical Centre	6 Woodlands Road Middlesbrough TS1 3BE		
Borough Road and Nunthorpe Medical Group	167a Borough Road Middlesbrough TS1 3RY		
Brotton Surgery	Alford Road Brotton Saltburn TS12 2FF		
Cambridge Medical Group	10a Cambridge Road Linthorpe Middlesbrough TS5 5NN		
Coatham Surgery	Coatham Health Village Coatham Road Redcar TS10 1SR		
Coulby Medical Practice	Cropton Way Coulby Newham Middlesbrough TS8 0TL		
Crossfell Health Centre	Berwick Hills Middlesbrough TS3 7RL		
Discovery Practice	Cleveland Health Centre 20 Cleveland Square Middlesbrough TS1 2NX		
Erimus Practice	Cleveland Health Centre 20 Cleveland Square Middlesbrough TS1 2NX		
Eston Surgery	Low Grange Health Village Normanby Road Middlesbrough TS6 6TD		
Foundations	Acklam Road Middlesbrough TS5 4EQ 7 Harris Street Middlesbrough TS1 5EF	Previously known as Fulcrum and Haven	
Garth Surgery	Rectory Lane Guisborough TS14 7DJ		
Hillside Practice	Windermere Drive Skelton TS12 2TG		
Hirsel Medical Centre	North Ormesby Health Village 5 Trinity Mews North Ormesby		

APPENDIX A - LIST OF PRACTICES			
Practice	Address	Comments	
	Middlesbrough TS3 6AL		
Huntcliff Surgery	Bath Street Saltburn TS12 1BJ		
Kings Medical Centre	North Ormesby Health Village 3 Trinity Mews North Ormesby Middlesbrough TS3 6AL		
Lagan Surgery	20 Kirkleatham Street Redcar TS10 1TZ	Merged with South Grange – currently Branch practice	
Linthorpe Surgery	378 Linthorpe Road Middlesbrough TS5 6HA		
Manor House Surgery	Braidwood Road Normanby Middlesbrough TS6 OHA		
Martonside Surgery	1a Martonside Way Middlesbrough TS4 3BU	Merged with Endeavour	
Newlands Medical Practice	Borough Road Middlesbrough TS1 3RX		
Normanby Medical Centre	Low Grange Health Village Normanby Road Middlesbrough TS6 6TD		
Oakfield Medical Practice	North Ormesby Health Village 1 Trinity Mews North Ormesby Middlesbrough TS3 6AL	Merged with Linthorpe – Branch practice	
Park Surgery	One Life Linthorpe Road Middlesbrough TS1 3QY		
Parkway Medical Centre	Cropton Way Coulby Newham Middlesbrough TS8 0TL		
Prospect Surgery	20 Cleveland Square Cleveland Centre Middlesbrough TS1 2NX		
Ravenscar Surgery	Redcar Primary Care Hospital West Dyke Road Redcar TS10 4NW		
Resolution Health Centre	North Ormesby Health Village 11a Trinity Mews North Ormesby Middlesbrough TS3 6AL	Closing 31 st March 2018	

APPENDIX A - LIST OF PRACTICES			
Practice	Address	Comments	
Saltscar Surgery	22 Kirkleatham Street Redcar TS10 1UA		
South Grange Medical Centre	Trunk Road Eston Middlesbrough TS6 9QG	Merged with Lagan	
Springwood Surgery	Rectory Lane Guisborough TS14 7DJ		
The Endeavour Practice	Cleveland Health Centre 20 Cleveland Square Middlesbrough TS1 2NX	Merged with Martonside	
The Green House Surgery	Redcar Primary Care Hospital West Dyke Road Redcar TS10 4NW		
The Village Medical Centre	400 – 404 Linthorpe Road Middlesbrough TS5 6HF		
Thorntree Surgery	11 Beresford Buildings Thorntree Middlesbrough TS3 9NB		
Westbourne Medical Centre	North Ormesby Health Village 7 Trinity Mews North Ormesby Middlesbrough TS3 6AL		
Woodside Surgery	High Street Loftus TS13 4HW		
Zetland Medical Practice	Windy Hill Lane Marske Redcar TS11 7BL		

6 March 2018

APPENDIX B – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

1.1.1 These standing orders have been drawn up to regulate the proceedings of the NHS South Tees Clinical Commissioning Group so that CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the CCG is established.

1.1.2 The standing orders, together with the CCG's scheme of reservation and delegation⁵⁴ and the CCG's prime financial policies⁵⁵, provide a procedural framework within which the CCG discharges its business. They set out:

- a) the arrangements for conducting the business of the CCG
- b) the appointment of member practice representatives
- c) the procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body
- d) the process to delegate powers
- e) the declaration of interests and standards of conduct

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁵⁶ of any relevant guidance.

1.1.3 The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the CCG's constitution. Member practices, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation (see Appendix C).

⁵⁴ See Appendix C

⁵⁵ See Appendix D

⁵⁶ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

2.1. Composition of Membership

2.1.1 Appendix A of the CCG's constitution provides details of the membership of the CCG

2.1.2 Chapter 6 of the CCG's constitution provides details of the governing structure used in the CCG's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of member practice representatives.

2.2. Key Roles

2.2.1 Paragraph 6.6.2 of the CCG's constitution sets out the composition of the CCG's Governing Body whilst Chapter 7 of the CCG's constitution identifies certain key roles and responsibilities within the CCG and its Governing Body. These standing orders set out how the CCG appoints individuals to these key roles.

2.2.2. The roles and responsibilities of each of these key roles are set out in Chapter 7 of the CCG's constitution.

Chair of Governing Body	
Nominations	Self-nomination or nomination by Governing Body member/s
Eligibility	Not disqualified from membership of a CCG or from being a CCG Governing Body Chair under the 2012 Regulations Approved/accredited by any national assessment criteria stipulated for role. As the Chair is a GP, they must be practicing within a member CCG practice. Meets person specification for the role approved by Governing Body
Appointment Process	The Chair will be elected by Governing Body members from the total number of GPs elected by member practices to the Governing Body.
Term of Office	A term would constitute a minimum of 2 years and a maximum of 3 years
Eligibility for reappointment	Election by member practices. Eligibility criteria must continue to be met.
Grounds for Removal from office	Disqualified from membership of a CCG Governing Body or from being a Chair of a CCG Governing Body under the 2012 Regulations No longer meets eligibility criteria for role. Exclusion from the Performers List or GMC register Breach of Nolan principles (as determined by majority vote by Governing Body members) Significant reputational damage to CCG (as determined by majority vote by Governing Body members) Simple majority vote of no-confidence by Clinical Council of Members Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest. The Chair may be asked to step down from office, on a temporary basis, while any investigation into the Chair's conduct is on-going. In this event the Vice Chair will assume the role of chair for the relevant period.
Notice period	Three months but immediately if the Chair is removed from office on any of the grounds set out above.
Suspension from Governing Body	Suspension from the Performers List or GMC register will constitute an immediate suspension from post until the outcome of the investigation is known

GP members of Governing Body	
Nominations	Self-nomination or nomination by member practices
Eligibility	Not disqualified from membership of a CCG under the 2012 Regulations Practicing within a member practice. Meets person specification for the role approved by the Governing Body
Appointment Process	A Nominations Panel will be established by the Clinical Council of Members to undertake selections to Governing Body GP posts, following an election by member practices.
Term of Office	A term would constitute a minimum of two years and a maximum of three years
Eligibility for reappointment	Eligibility criteria must continue to be met.
Grounds for removal from office	Disqualified from membership of a CCG Governing Body under the 2012 regulations. No longer meets eligibility criteria for role. Exclusion from the Performers List or GMC register Breach of Nolan principles (as determined by majority vote by Governing Body members) Significant reputational damage to CCG (as determined by majority vote by Governing Body members) Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.
Notice period	Three months but immediately if the GP is removed from office on any of the ground set out above.
Suspension from Governing Body	Suspension from the Performers List or GMC register will constitute an immediate suspension from post until the outcome of the investigation is known
Lay Members	
Nominations	Recruitment via open advert
Eligibility	Not disqualified from membership of a CCG under the 2012 Regulations Meets person specification and criteria for role approved by the Governing Body
Appointment Process	Appointment in line with standard HR procedures
Term of Office	A term of office will be 2 years. A maximum of 2 terms may be served
Eligibility for reappointment	Eligibility criteria must continue to be met and subject to satisfactory performance in the role.
Grounds for removal from office	Disqualified from membership of a CCG Governing Body under the 2012 regulations. Breach of Nolan principles (as determined by majority vote by Governing Body members) Significant reputational damage to CCG (as determined by majority vote by Governing Body members) Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.
Notice period	Three months but immediately if removed from office on any of the ground set out above.

Chief Officer	
Nominations	Recruitment via open advert
Eligibility	Is eligible to be the Accountable Officer under the 2006 Act, as amended by the 2012 Act. Not disqualified from membership of a CCG under the 2012 Regulations Approved/accredited by any national assessments process stipulated for the role
	Meets person specification and criteria for role approved by the Governing Body
Appointment Process	NHS England is responsible for appointing the Chief Officer in line with standard HR processes, following nomination by the CCG.
Term of Office	The Chief Officer's term of office shall be stated in his or her contract of employment.
Eligibility for reappointment	Eligibility criteria must continue to be met.
Grounds for recommending removal from office to NHS England	No longer eligible to be the Accountable Officer under the 2006 Act, as amended by the 2012 Act. Disqualified from membership of a CCG Governing Body under the 2012 regulations and/or in accordance with his/her contract of employment. Breach of Nolan principles (as determined by majority vote by Governing Body members) Significant reputational damage to CCG (as determined by majority vote by Governing Body members) Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest. Has their employment terminated by resignation, redundancy or as a result of disciplinary proceedings.
Notice period	Immediately if removed from office on any of the ground set out above but otherwise the notice period shall be in accordance with his or her contract of employment and/or statutory employment rights.
Chief Finance Officer	
Nominations	Recruitment via open advert
Eligibility	Not disqualified from membership of a CCG under the 2012 Regulations Holds a qualification of one of the individual CCAB bodies or CIMA. Meets person specification and criteria for role approved by the Governing Body
Appointment Process	Appointment in line with standard HR procedures
Term of Office	The Chief Finance Officer's term of office shall be stated in his or her contract of employment
Eligibility for reappointment	Eligibility criteria must continue to be met.

Grounds for recommendation removal from office to the Chief Officer	<p>Disqualified from membership of a CCG Governing Body under the 2012 regulations and/or in accordance with his/her contract of employment.</p> <p>No longer holds qualification of one of the individual CCAB bodies or CIMA; and /or in accordance with his/her contract of employment.</p> <p>Breach of Nolan principles (as determined by majority vote by Governing Body members)</p> <p>Significant reputational damage to CCG (as determined by majority vote by Governing Body members)</p> <p>Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.</p> <p>Has their employment terminated by resignation, redundancy or as a result of disciplinary proceedings.</p>
Notice period	Immediately if removed from office on any of the ground set out above but otherwise the notice period shall be in accordance with his or her contract of employment and/or statutory employment rights.
Registered Nurse	
Nominations	Recruitment via open advert
Eligibility	<p>A registered nurse not falling within Regulation 12(1) of the 2012 Regulations.</p> <p>Not disqualified from membership of a CCG under the 2012 Regulations</p> <p>Meets person specification and criteria for role approved by the Governing Body</p>
Appointment Process	Appointment in line with standard HR procedures
Term of Office	The term of office shall be stated in his or her contract of Employment
Eligibility for reappointment	Eligibility criteria must continue to be met.
Grounds for recommendation removal from office to the Chief Officer	<p>The individual is no longer eligible to be a register nurse member of the CCG Governing Body under the 2012 Regulations</p> <p>Disqualified from membership of a CCG Governing Body under the 2012 regulations and/or in accordance with his/her contract of employment.</p> <p>Failure to meet eligibility criteria for role.</p> <p>Breach of Nolan principles (as determined by majority vote by Governing Body members)</p> <p>Significant reputational damage to CCG (as determined by majority vote by Governing Body members)</p> <p>Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.</p> <p>Has their employment terminated by resignation, redundancy or as a result of disciplinary proceedings.</p>
Notice period	Immediately if removed from office on any of the ground set out above but otherwise the notice period shall be in accordance with his or her contract of employment and/or statutory employment rights.
Suspension from Governing Body	Suspension from the NMC register will constitute an immediate suspension from post until the outcome of the investigation is known

Secondary Care Doctor	
Nominations	Recruitment via open advert.
Eligibility	Is a secondary care specialist within the meaning of the 2012 Regulations and does not fall within regulation 12(1) of the 2012 Regulations Not disqualified from membership of a CCG under the 2012 Regulations Meets person specification and criteria for role approved by the Governing Body
Appointment Process	Appointment in line with standard HR procedures
Term of Office	Maximum of three years.
Eligibility for reappointment	Eligibility criteria must continue to be met.
Grounds for removal from office	The individual is no longer eligible to be a secondary care specialist member of a CCG Governing Body under the 2012 Regulations Disqualified from membership of a CCG Governing Body under the 2012 regulations and/or in accordance with his/her contract of employment. Failure to meet eligibility criteria for role. Breach of Nolan principles (as determined by majority vote by Governing Body members) Significant reputational damage to CCG (as determined by majority vote by Governing Body members) Has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.
Notice period	Three months but immediately if removed from office on any of the ground set out above.
Suspension from Governing Body	Suspension from the Professional Body register will constitute an immediate suspension from post until the outcome of the investigation is known

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings of the Governing Body

- 3.1.1 Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.
- 3.1.2 In calling an extraordinary meeting of the Clinical Council of Members, at least 10% of member practices must propose an issue for discussion, and a majority of all member practices must agree there is a need to convene.
- 3.1.3 The Chair may call an extraordinary meeting of the Governing Body as required.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items should be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place, save in an emergency or in exceptional circumstances. Requests outside of these timescales may be included on the agenda at the discretion of the Chair.

3.2.2 Agendas and certain papers for the CCG's Governing Body, including details about meeting dates, times and venues, will be published on the CCG's website at www.southteesccg.nhs.uk.

3.3. Petitions

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

3.4. Chair of a meeting

3.4.1 At any meeting of the CCG or its Governing Body or of a committee or sub-committee, the chair of the Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the vice chair, if any and if present, shall preside.

3.4.2 If the chair is absent temporarily on the grounds of a declared conflict of interest the vice chair, if present, shall preside. If both the chair and vice chair are absent, or are disqualified from participating, or there is neither a chair or vice chair, a member of the Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

3.5.1 The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

3.6.1 Meetings of the Governing Body will be quorate only when one third of all members are present (balanced up to the nearest figure where this is not a whole number), including at least three GPs and the Chief Officer or Chief Finance Officer.

3.6.2 There may be instances in which a significant number of Governing Body members are prevented from participating in discussion or voting due to declared conflicts of interest. In these instances an alternative quorum of 50% of the remaining members present will apply. This must include at least one Lay Member, a clinician and either the Chief Officer or Chief Finance Officer. A record of the use of this alternative quoracy arrangement will be recorded in the Minutes.

3.7. Decision making

3.7.1 Chapter 6 of the CCG's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

3.7.2. Eligibility:

- a) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot

- b) All members will have equal voting rights. Decisions required as part of a meeting of the Governing Body will be determined by simple majority vote.
- c) All potential and actual conflicts of interest must be disclosed according to the Standards of Business Conduct and Declarations of Interest Policy. A Register of Interests will be maintained and brought to every meeting of the Governing Body and its Committees.
- d) Where there is not a majority then the Chair will have a casting vote.

3.7.3 Should a vote be taken, the outcome of the vote and any abstentions or dissenting views must be recorded in the minutes of the meeting.

3.7.4 For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

3.8.1 The powers which the NHS South Tees CCG has reserved to itself within standing orders may in an emergency or for an urgent decision be exercised by the Chief Officer and the Chair after having consulted at least two members, one of which must be a lay member. The exercise of such powers by the Chief Officer and the Chair shall be reported to the next formal meeting of the Governing Body for formal ratification.

3.8.2 If the exercise of the function relates to a matter deemed by the Governing Body, not to be in the public interest it may be reported to the in-committee session of the Governing Body.

3.8.3 These powers may be used as outlined relating to conflicts of interest and quoracy.

3.8.4 Should the Chair of the Governing Body have a declared interest in the matter under discussion via these provisions, then the Vice Lay Chair will act as Chair for this purpose.

3.9. Suspension of Standing Orders

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS England, any part of these standing orders may be suspended at any meeting, provided at least two thirds of the whole number of Governing Body members are in agreement.

3.9.2 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

3.9.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

3.10.1 The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.11. Minutes

- 3.11.1 The minutes of the proceedings of a meeting shall be drawn up by the designated secretary for each Governing Body meeting, or committee and submitted for agreement at the next meeting where they will be confirmed as a true record by the Chair and others present at the meeting under discussion.
- 3.11.2 The minutes of the Governing Body will be made available to the public on the CCG's website at www.southteesccg.nhs.uk.

3.12. Admission of public and the press

- 3.12.1 The public and the press will be invited to attend the NHS South Tees CCG's Annual General Meeting (AGM).
- 3.12.2 The NHS South Tees CCG's Governing Body will hold as a minimum 4 meetings in public per year, to all of which the public and the press will be invited to attend
- 3.12.2 Questions from the public and the press for the Governing Body when meeting in public will be at the discretion of the Chair.
- 3.12.3 The public and representatives of the press may attend all meetings of the Governing Body, but shall be required to withdraw upon resolution of the Governing Body, as follows:
'that representatives of the press, and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act.
- 3.12.4 The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Clinical Commissioning Group's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act'.

- 3.12.5 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the Governing Body.
- 3.12.6 Members and Officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Committee' outside of the CCG, without the express permission of the CCG. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers.
- 3.12.7 Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG or Committee thereof. Such permission shall be granted only upon resolution of the NHS South Tees CCG.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1 The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State⁵⁷, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the CCG's constitution.
- 4.1.2 Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
- 4.1.3 The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

- 4.2.1. Terms of reference will be available for all committees.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

- 4.4.1 The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted. . The CCG shall agree such travelling or other allowances as it considers appropriate via its Remuneration Committee.

⁵⁷ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

- 5.1 If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the Chief Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

- a) the Chief Officer
- b) the Chair of the Governing Body
- c) the Chief Finance Officer

- 6.1.2 The use of the seal will be reported to the Audit Committee.

6.2. Execution of a document by signature

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

- a) the Chief Officer
- b) the Chair of the Governing Body
- c) the Chief Finance Officer

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements: general principles

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

APPENDIX C – SCHEME OF RESERVATION & DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CCG AND SCHEME OF DELEGATION

- 1.1. The arrangements made by the CCG as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the CCG's constitution.
- 1.2. The CCG remains accountable for all of its functions, including those that it has delegated.

APPENDIX C – SCHEME OF RESERVATION & DELEGATION

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
Regulation and Control	<p>General Enabling Provision</p> <p>The Council of Members may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>	✓				
	<p>Annual Reports and Accounts</p> <p>1. Receipt of the CCG's Annual Report and Annual Accounts</p>	✓				
	<p>Regulations and Control</p> <p>1. Approve Standing Orders (SO's), a schedule of matters reserved to the Governing Body and Prime Financial Policies for the regulation of its proceedings and business.</p> <p>2. Suspend Standing Orders.</p> <p>3. Vary or amend the Standing Orders.</p> <p>4. Approve a scheme of delegation of powers from the Governing Body to the other committees.</p> <p>5. Require and receive the declaration of Governing Body members' interests which may conflict with those of the CCG and taking account of any waiver which the Secretary of State for Health may have made in any case, determining the extent to which that member may remain involved with the matter under consideration.</p> <p>6. Require and receive the declaration of</p>		✓ (1-16, except 6,7 and 12)			

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	<p>officers' interests that may conflict with those of the CCG.</p> <ol style="list-style-type: none"> 7. Approve arrangements for dealing with complaints and approval of CCG Complaints Policy 8. Adopt the organisation structures, processes and procedure to facilitate the discharge of business by the CCG and to agree modifications thereto. 9. Receive reports from committees including those that the CCG is required by the Secretary of State or other regulation to establish and to action appropriately. 10. Confirm the recommendations of the CCG's committees where the committees do not have executive powers. 11. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body. 12. Authorise use of the seal. 13. Discipline members of the Governing Body or employees who are in breach of statutory requirements or SOs. 14. Approve any urgent decisions taken by the Chair of the CCG and CO for ratification by the CCG in accordance with SO 5.2 				<p>6. Audit Committee</p> <p>7. Governance & Risk Committee</p> <p>12. Audit Committee</p>	
	<p>Appointments/Dismissal</p> <ol style="list-style-type: none"> 1. Appoint the Chair of the Governing Body (in accordance with section 2.2.1 of the Constitution) 		✓			

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	<p>2. Appoint the Vice Chair of the Governing Body.</p> <p>3. Appoint and dismiss other committees (and individual members) that are directly accountable to the Governing Body.</p> <p>4. Confirm appointment of members of any committee of the CCG as representatives on outside bodies.</p> <p>5. Approval proposals of the Remuneration Committee regarding the Chief Officer and senior employees.</p> <p>Better Health Programme/STP</p> <p>Determine the method and scope of the Option Appraisal;</p> <p>Approval of consultation plan;</p> <p>Approval of outcome from consultation;</p> <p>Approve the decisions about the future service configuration and service change.</p>				Better Health Programme/STP Joint Committee	
Commissioning and Contracting for clinical services	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate		✓			
	Make decisions and approve actions in relation to subjects recommended to it by the Northern CCG Forum, operating within the terms of the Constitution and within the agreed Terms of Reference for the committee.				Northern CCG Joint Committee	

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	<p>Strategy, Commissioning Plan and Budgets</p> <ol style="list-style-type: none"> 1. Define the strategic aims and objectives of the CCG. 2. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored via the Governing Body Assurance Framework. 3. Approve plans in respect of the application of available financial resources to support the agreed Commissioning Plan (CP). 4. Approve proposals for ensuring quality and developing clinical governance in services provided by the CCG or its constituent practices, having regard to any guidance issued by the Secretary of State. 5. Approve (with any necessary appropriate modification) the CCG annual commissioning strategy or plan. 6. Approve the CCG's policies and procedures for the management of risk. 7. Approve Outline and Final Business Cases for Capital Investment if this represents a variation from the Plan. 8. Approve budgets. 9. Approve the CCG's Organisational Development Strategy. 10. Approve the opening of bank accounts. 11. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to or likely to amount to over £250,000 over a 3 year period or the period of the contract if longer (with the exception of primary care). 12. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to 		<p>✓ (1-5) and (7-17 (except 15)</p>		<p>✓ (6) (Governance and Risk Committee)</p> <p>(15 Primary Care Commissioning Committee and 16 where specific to Primary Care)</p>	

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	<p>the AO and Chief Finance Officer (for losses and special payments) previously approved by the Governing Body.</p> <p>13. Approve individual compensation payments.</p> <p>14. Approve proposals for action on litigation against or on behalf of the CCG.</p> <p>15. Approve proposals for CCG or practice incentive schemes, having regard to guidance by the Secretary of State, whilst taking into account the provisions within the Constitution in relation to conflicts of interest and decision making.</p> <p>16. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to or likely to amount to over £250,000 over a 3 year period or the period of the contract if longer (with the exception of primary care).</p> <p>17. Approve Annual Report and Annual Accounts</p>					
	<p><u>Commissioning</u></p> <p>Make decisions and approve actions in relation to the commissioning of primary care services operating within the agreed Terms of Reference for the committee and the Constitution.</p>				<p>✓</p> <p>Primary Care Commissioning Committee</p>	
	<p>Policy Determination</p> <p>1. Approve management policies. Policies so adopted shall be reported to the Governing Body via the minutes of the NHS South Tees CCG Governance and</p>				<p>✓</p> <p>Governance & Risk Committee</p>	

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	Risk Committee.					
	<p>Audit.</p> <ol style="list-style-type: none"> 1. Approve the appointment (and where necessary dismissal) of External Auditors on the appointment (and where necessary change/removal) of External Auditors including arrangements for the separate audit of funds held on trust, and, where appropriate, to receive reports of the Audit Committee meetings and take appropriate action. 2. Receive the annual management letter received from the External Auditor taking account of the advice, where appropriate, of the Audit Committee. 3. Delegate responsibility to the NHS South Tees CCG Audit Committee to receive an annual report from the Internal Auditor and agree action on recommendations where appropriate. This would be reported to the Governing Body via the minutes of the NHS South Tees CCG Audit Committee. 		<p style="text-align: center;">✓ Governing Body</p>		<p style="text-align: center;">Auditor Panel (1) Audit Committee (3)</p>	
	<p>Monitoring</p> <ol style="list-style-type: none"> 1. Receipt of such reports as the Governing Body sees fit from the appropriate committees in respect of its exercise of powers delegated. 		<p style="text-align: center;">✓</p>			
	<p>Contract Management</p> <ol style="list-style-type: none"> 1. Secure delivery of safe, effective services 				<p style="text-align: center;">1-5 QPF</p>	

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	<p>through contracts with independent and NHS providers.</p> <ol style="list-style-type: none"> 2. Ensure those contracts entered into with providers are delivered according to contract specification. 3. Review the delivery of services and test previous delivery models through external procurement and market testing. 4. Manage the local service delivery market, ensuring contracted providers meet the challenges identified in service specifications, secure new entrants to the market through external procurement, and review the continued delivery of services provided by organisations that fail to meet contract requirements. 5. Continuously review the effectiveness and cost effectiveness of service models and delivery mechanisms implementing revised arrangements to secure improvements. Commissioned services covered under this arrangement include: <ul style="list-style-type: none"> • Community based services • Public health programmes • Secondary care services • Tertiary services • In conjunction with other CCGs • Mental health and learning disability services • Ambulance services • Continuing healthcare and care packages • and other services delegated by NHS England <p>The Governing Body or its Committees will carry</p>				Committee	

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	out these specifications effectively on behalf of the Council of Members, ensuring that the specific requirements of the Council of Members are met.					
	<p>The Audit Committee will:-</p> <ol style="list-style-type: none"> 1 Advise the Governing Body on internal and external audit services; 2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives; 3 Monitor compliance with Constitution, Standing Orders and Prime Financial Policies. 4 Review schedules of losses and compensations and making recommendation to the Governing Body; 5 Review and recommend for approval by the Governing Body the annual financial statements, annual report and the Annual Governance Statement. 6 6. Monitor compliance with NHS England on Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017) <p>The Audit Committee is a committee of the Governing Body, the Terms of Reference of the Committee set out the membership, quoracy and voting, committee structures and other governance issues.</p>				<p style="text-align: center;">✓ (1-6) Audit Committee</p>	

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	<p>The Governing Body will delegate:</p> <ol style="list-style-type: none"> 1 Ratification or otherwise, instances of failure to comply with Standing Orders brought to the AO's attention in accordance with SO 5.6. 2 Review individual cases for the write off of losses or making special payments above the limits of delegation of the AO and Chief Finance Officer. 					
	<p>The Remuneration Committee shall make recommendation to the governing body on determinations about pay and remuneration for employees of the clinical commissioning group and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.</p>				✓ Remuneration Committee	
	<p>In addition the Remuneration Committee will be responsible for</p> <ol style="list-style-type: none"> a) Recommending the remuneration and conditions of service for the senior team b) Reviewing the performance of the Chief Officer and other senior team members and determining annual salary awards, if appropriate c) Considering the severance payments of the Chief Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'. 				✓ Remuneration Committee	

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	The minutes of Remuneration Committee meetings shall be formally recorded and a verbal or written report will be submitted to the In Committee section of the Governing Body meetings. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the relevant statutory body, or require executive action.					
	<p>The Governance and Risk Committee will be established as a committee of the Governing Body that exists to:</p> <ol style="list-style-type: none"> Provide an assurance to the Governing Body that there are robust structures processes and accountabilities in place for identifying and managing significant risks facing the organisation in its role as a Commissioner Provide assurance on the effective management of governance areas Review and approve all policies and report this to the Governing Body via the minutes of the meeting. 				<p>Governance and Risk Committee</p> <p>✓</p>	
	<p>The main functions of the Quality, Performance and Finance Committee are as follows:</p> <ul style="list-style-type: none"> To ensure that the services NHS South Tees CCG commissions are able to demonstrate that they have in place an 				<p>Quality, Performance and Finance Committee</p> <p>✓</p>	

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	<p>assurance framework which will satisfy compliance with the essential principles of quality.</p> <ul style="list-style-type: none"> To ensure NHS South Tees CCG is able to fulfil its statutory obligations in relation to this Committee. To provide assurance that NHS South Tees CCG maintains focused attention on improving and safeguarding quality during the transition The preparation of proposals to develop and monitor clinical standards in series commissioned by the CCG. Review annually, draft plans in respect of the application of available financial resources to support the Annual Operating framework. Monitor the review proposals for CCG or Practice Incentive Schemes Receive and approve a schedule of contracts. To receive Minutes from the Funding Panel To receive Minutes from Contract Management Boards 					
	<p>The Funding Panel will:</p> <ul style="list-style-type: none"> consider all Individual Funding Requests and decide whether to support or not support these individual requests on the basis of the information provided. Will develop and agree protocols for accessing services or treatment not within contract, either for NHS or non-NHS providers where a service level agreement or contract does not exist. 				<p>Funding Panel ✓</p>	<p>(CCG to identify named decision maker)</p>

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	The Nominated GP member has delegated authority to act on behalf of the CCG in the joint arrangements which have been set up for handling Individual Funding Requests, with the Governing Body retaining liability.					
Accountable Officer Memorandum	Accountable through NHS Accountable Officer Memorandum to Parliament for stewardship of CCG resources			✓		
	Ensure the accounts of the CCG are prepared under principles and in a format directed by the Secretary of State. Accounts must disclose a true and fair view of the CCG's income and expenditure and its state of affairs. Sign the accounts on behalf of the Governing Body.			✓		
	Sign a statement in the accounts outlining responsibilities as the AO. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.			✓		
	Ensure effective management systems that safeguard public funds and assist CCG Chair to implement requirements of integrated governance including ensuring managers: <ul style="list-style-type: none"> • Have a clear view of their objectives and 			✓		

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	<p>the means to assess achievements in relation to those objectives;</p> <ul style="list-style-type: none"> • Be assigned well defined responsibilities for making best use of resources; • Have the information, training and access to the expert advice they need to exercise their responsibilities effectively. 					
	Implement requirements of corporate governance					CCG Chair ✓
	<p>Achieve value for money from the resources available to the CCG and avoid waste and extravagance in the organisation's activities.</p> <p>Follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the Audit Commission and the National Audit Office (NA).</p> <p>Use to best effect the funds available for commissioning healthcare, developing services and promoting health to meet the needs of the local population.</p>			✓		
	Operational responsibility for effective and sound financial management and information.					✓ Chief Finance Officer
	Primary duty to see that CFO discharges this function			✓		

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	Ensuring that expenditure by the CCG complies with Parliamentary requirements.			✓		
	The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework issued to NHS Governing Bodies by the Secretary of State are fundamental in exercising their responsibilities for regularity and probity. As a Governing Body member they have explicitly subscribed to the Codes; and should promote observance by all staff.			✓		
	AO, supported by Chief Finance Officer, to ensure appropriate advice is given to the Governing Body on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.			✓		
	If the AO considers the Governing Body, and or the Chair is doing something that might infringe probity or regularity; he/she should set this out in writing to the Chair and the Governing Body. If the matter is unresolved, he/she should ask the Audit Committee to investigate and if necessary NHS England.			✓		
	If the Governing Body is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the AO's responsibility for value for money, the AO should draw the relevant factors to the attention of the Governing Body. If the outcome is that the AO are overruled it is			✓		

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	normally sufficient to ensure that the AO's advice and the overruling of it are clearly apparent from the papers. Exceptionally, the AO should inform NHS England. In such cases, the AO should as a member of the Governing Body vote against the course of action rather than merely abstain from voting.					
Codes of Conduct and Accountability	Approve procedure for Standards of Business Conduct and Declarations of Interest, including arrangements for declarations of gifts, hospitality and sponsorship		✓			
	Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct, and other ethical concerns.		✓			
	Governing Body members share corporate responsibility for all decisions of the Governing Body		✓			
	Chair and non-officer members are responsible for monitoring the executive management of the organisation and are responsible to the SofS for the discharge of those responsibilities.					✓ Chair and Lay members
	The Governing Body has six key functions for which it is held accountable by NHS England on behalf of the Secretary of State:		✓			

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	<ol style="list-style-type: none"> 1. To ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 2. To ensure the high standards of integrated governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 3. To appoint, appraise and remunerate senior executives; 4. To approve the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 5. To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 6. To ensure that there is an effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs. 					
	<p>It is the Governing Body's duty to:</p> <ol style="list-style-type: none"> 1. Act within statutory financial and other constraints; 2. Be clear what decisions and information are appropriate to the Governing Body and draw up Standing Orders, a Schedule of Decisions Reserved to the Governing Body and Prime Financial Policies to reflect these; 		✓			
	<p>NHS Governing bodies must comply with legislation and guidance issued by the NHS</p>		✓			

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	Commissioning Board on behalf of the Secretary of State, respect, agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.					
Standing Orders	Final authority in interpretation of Standing Orders					✓ Chair
	Calling meetings					✓ Chair
	Give final ruling in questions of order, relevancy and regularity of meetings.					✓ Chair
	Having a second or casting vote					✓ Chair
	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Governing Body).					✓ Audit Committee
	The Governing Body shall approve the appointment to each of the Committees which it has formally constituted. The Chair will advise on appropriate clinical input.		✓			
	The powers which the Governing Body has retained to itself within these Standing Orders may in emergency be exercised by the Chair and CO in accordance with the Constitution.			✓ Chair & Chief Officer		✓ Chair and Chief Officer

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Formal delegation of powers to committees, sub-committees or joint committees and approval of their constitution and terms of reference.		✓			
	Disclosure of non-compliance with Standing Orders to the CO as soon as possible					All Staff
	Declare relevant and material interests and offers of gifts & hospitality.					All staff
	Maintain Register(s) of Interests			Chief Officer or nominated representative		
	To request all attendees of a meeting to make a declaration of a conflict of interest.					Chair of a Meeting
	Comply with a national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff" and the Code of Conduct for NHS Managers 2002.					All staff
	Disclose of relationship between self and candidate for staff appointment. (CO to report the disclosure to the Governing Body)					All

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Keep seal in safe place and maintain a register of sealing			Chief Officer or nominated representative		
	Approve and sign all documents that will be necessary in legal proceedings			Chief Officer or nominated representative		
Prime financial Policies	Approval of all financial procedures					Chief Finance Officer
	Advice on interpretation or application of Prime Financial Policies					Chief Finance Officer
	Have a duty to disclose any non-compliance with these Prime Financial Policies to the Chief Finance Officer as soon as possible		All members of the Governing Body			and all Employees
	Responsible as the CO to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.			Chief Officer		
	Accountable for financial control but will, as far as possible, delegate their details responsibilities			Chief Officer & Chief Finance Officer		Chief Officer & Chief Finance Officer

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	To ensure all Governing Body members, officers and employees, present and future, are notified of and understand Prime Financial Policies			Chief Officer		
	<p>Responsible for:</p> <ul style="list-style-type: none"> a) Implementing the CCG's financial policies and co-ordinating corrective action b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented c) Ensuring that sufficient records are maintained to explain CCG's transactions and financial position d) Providing financial advice to members of Governing Body and staff e) Maintaining such accounts, certificates etc as are required for the CCG to carry out its statutory duties f) The design, implementation and supervision of systems of internal control. 					Chief Finance Officer
	Responsible for security of the CCG's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Prime Financial Policies and financial procedures.		All members of the Governing body and employees			All members of the Governing body and employees
	Ensure that any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.			Chief Officer		

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	Provide independent and objective view on internal control and probity.				Audit Committee	
	Raise the matter at the Governing Body meeting where Chair of Audit Committee considers there is evidence of ultra vires transactions or improper acts					Chair
	<ul style="list-style-type: none"> a) Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process and when/if an internal audit service provider is changed.). b) Ensure the annual audit report is prepared for consideration by the Audit Committee. 					Chief Finance Officer
	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.					Chief Finance Officer
	Review, appraise and report in accordance with NHS Internal Audit Standards and best practice.					Head of Internal Audit
	Ensure cost-effective External Audit				Auditor Panel	
	Monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist			Chief Officer & Chief Finance Officer		Chief Officer & Chief Finance Officer
	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS			Chief Officer		

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	security management including appointment of the Local Security Management Specialist.					
	Has overall responsibility for the CCG's activities and ensuring the CCG stays within its resource limit.			Chief Officer		
	Will provide monthly reports to the SofS, ensure draw down is for approved expenditure and timely and follows best practice in Cash Management.					Chief Finance Officer
	Ensure monitoring systems are in place to enable the CCG not to exceed its limits					Chief Finance Officer
	Periodically review assumptions, submit a report to the CCG annually showing total allocations received and their proposed distribution.					Chief Finance Officer
	Regularly update the CCG on significant changes to the initial allocation and the uses of such funds					Chief Finance Officer
	<p>Compile and submit to the Governing Body an Operational Plan which takes into account financial targets and forecast limits of available resources. The plan will contain</p> <ul style="list-style-type: none"> • A statement of the significant assumptions on which the plan is based; • Details of major changes in workload, 			Chief Officer		

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	delivery of services or resources required to achieve the plan					
	Submit budgets to the Governing Body for approval. Monitor performance against budget; submit to the Governing Body financial estimates and forecasts					Chief Finance Officer
	Ensure adequate training is delivered on an on-going basis to budget holders					Chief Finance Officer
	Delegate budget to budget holders			Chief Officer		
	Must not exceed the budgetary total or virement limits set by the Governing Body			Chief Officer & Budget Holders		Chief Officer & Budget Holders
	Devise and maintain systems of budgetary control.					Chief Finance Officer
	Ensure that: a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Governing Body; b) Approved budget is not used for any other than specified purpose subject to rules of virement;					Budget Holders

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	Identify and implement cost improvements and income generation activities in line with the Commissioning Plan.			Chief Officer		
	Submit monitoring returns			Chief Officer		
	Preparation of annual accounts and reports.					Chief Finance Officer
	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Governing Body approves arrangements).					Chief Finance Officer
	a) If required, review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money and ensure competitive tenders are sought at least every 5 years.					Chief Finance Officer
	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.					Chief Finance Officer
	Duty to inform CFO of money due from					All

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	transactions which they initiate/deal with.					employees
	Tendering and contracting procedure			Chief Officer		
	Waive formal tendering procedures			Chief Officer		
	Report waivers of tendering procedures to the Audit Committee			Chief Officer		
	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CO.					Chief Finance Officer
	Responsible for the receipt, endorsement and safe custody of tenders received.			Chief Officer or nominated representative		
	Shall maintain a register to show each set of competitive tenders			Chief Officer or nominated representative		
	Where one tender is received will assess for value for money and fair price.		Chief Officer			Chief Officer and Chief Finance Officer
	Responsible for treatment of 'late tenders.			Chief Officer or nominated		

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				representative		
	No tender shall be accepted that will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these Instructions except with the authorisation of the CO.			Chief Officer		
	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.			Chief Officer or nominated representative		
	The CO or his nominated officer should evaluate the quotation and select the quote which gives the best value for money.			Chief Officer		
	The CO shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.			Chief Officer		
	All PFI proposals must be agreed by the Governing Body		Governing Body			
	The CO shall nominate an officer who shall oversee and manage each contract on behalf of the CCG			Chief Officer		
	The CO shall nominate officers with delegated authority to enter into contracts of employment,			Chief Officer		

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	regarding staff, agency staff or temporary staff service contracts.					
	The CO shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body.			Chief Officer.		
	The CO shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.			Chief Officer		
	The CO shall nominate an officer to oversee and manage the contract on behalf of the CCG.			Chief Officer		
	Must ensure the CCG enters into suitable Service Level Agreements (SLAs) with service providers for the provision of NHS services.			Chief Officer		
	As the CO, ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the SLA.			Chief Officer		
	As the CO, ensure secondary services are commissioned in line with the Commissioning Plan and reach the required standards.			Chief Officer		
	Will maintain a system of control to ensure effective accounting of expenditure against SLAs.					Chief Finance Officer

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	Must account for Out of Area Treatments/Non Contract Activity in accordance with national guidelines.					Chief Finance Officer
	Establish a Remuneration Committee		Governing Body			
	Approve proposals presented by the CO for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.		Governing Body			
	Approval of appointment of staff, including agency staff, appointments and re-grading			Chief Officer		
	Payroll: <ul style="list-style-type: none"> a) Specifying timetables for submission of properly authorised time records and other notifications; b) Final determination of pay and allowances; c) Making payments on agreed dates d) Agreeing method of payment e) Issuing instructions 					Chief Finance Officer
	Where appropriate, submit time records in line with timetable; Complete time records and other notifications in required form; Submitting termination forms in prescribed form and on time					Nominated Officer

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	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.					Chief Finance Officer
	Ensure that all employees are issued with a Contract of Employment in a form approved by the Governing body and which complies with employment legislation; Deal with variations to, or termination of, contracts of employment.					Nominated Officer
	The Governing Body will approve the level of non-pay expenditure on an annual basis.		Governing Body			
	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.			Chief Officer		
	Set out procedures on the seeking of professional advice regarding the supply of goods and services.			Chief Officer		
	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of					Requisitioner

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	the CCG's adviser on supply shall be sought.					
	Shall be responsible for the prompt payment of accounts and claims.					Chief Finance Officer
	<ul style="list-style-type: none"> a) Advise the Governing Body regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and once approved, the thresholds should be incorporated in a Standard Operating Procedure and regularly reviewed b) Prepare procedural instructions (where not already provided in the Scheme of Delegation or procedure notes for budget holders) on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable e) Be responsible for ensuring that payments for goods and services is only made once the goods and services are received. 					Chief Finance Officer
	Approve proposed pre-payment arrangements					Chief Finance Officer
	Ensure that all items due under a prepayment contract are received (and immediately inform CFO)					Budget

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	if problems are encountered).					Holder
	Authorise who may use and be issued with official orders.			Chief Officer		
	Ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer.					Managers & Officers
	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.		Chief Officer Chief Finance Officer			Chief Officer Chief Finance Officer
	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act (2006).					Chief Finance Officer
	Ensure that Governing Body members are aware of the Financial Framework and ensure compliance					Chief Finance Officer
	Capital investment programme: a) Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans; b) Responsible for the management of capital schemes and for ensuring that they are			Chief Officer		

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	<p>delivered on time and within cost;</p> <p>c) Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences;</p> <p>d) Ensure that a business case is produced for each proposal</p>					
	Certify professionally the costs and revenue consequences detailed in the business case for capital investment					Chief Finance Officer.
	Issue procedures for management of contracts involving stage payments			Chief Officer		
	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure					Chief Finance Officer
	Shall issue to the manager responsible for any scheme specific authority to commit expenditure, proceed to tender and accept a successful tender			Chief Officer		
	Issue a scheme of delegation for capital investment management in accordance with Estate code and Standing Orders			Chief Officer		
	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.					Chief Finance Officer
	Demonstrate that the use of private finance represents value for money and genuinely transfer					Chief Finance

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	significant risk to the private sector.					Officer
	Maintenance of asset registers (on advice from CFO)			Chief Officer		
	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.					Chief Finance Officer
	Calculate and pay capital charges in accordance with NHS England requirements.					Chief Finance Officer
	Overall responsibility for fixed assets.			Chief Officer		
	Approval of fixed asset control procedures					Chief Finance Officer
	Responsibility for fixed assets.			Chief Officer		
	Approval of fixed asset control procedures					Chief Finance Officer
	Responsibility for security of CCG assets including notifying discrepancies to CFO and reporting losses in accordance with CCG procedure		Governing Body and all Senior Staff			Governing Body and all Senior Staff

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Delegate overall responsibility for control of stores (subject to CFO responsibility for systems of control). Further delegation for day-today responsibility subject to such delegation being recorded, (Good practice to append to the scheme of delegation document).			Chief Officer		
	Responsible for systems of control over stores and receipt of goods					Chief Finance Officer
	Security arrangements and custody of keys.		Nominated Officers			
	Approve alternative arrangements where a complete system of stores control is not justified.					Chief Finance Officer
	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.					Chief Finance Officer
	Identify persons authorised requisition and accept goods from NHS Supplies stores.			Chief Officer		
	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.					Chief Finance Officer
	Prepare procedures for recording and accounting for losses, special payments.					Chief Finance

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
						Officer
	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department/nominated officer should then inform the CO and CFO.					All staff
	Where a criminal offence is suspected, the CFO must inform the police if theft or arson is involved. In cases of fraud and corruption CFO must inform the relevant Local Counter Fraud Specialist (LCFS) and NHS Protect in line with Sof's directions					Chief Finance Officer
	Notify CFSMS, LCFS and External Audit of all frauds.					Chief Finance Officer
	Notify Governing Body and External Auditor of losses caused by theft, arson, neglect of duty or gross carelessness.					Chief Finance Officer
	Approve write off losses (within limits delegated by NHS England) as recommended by the Audit Committee		Governing Body			
	Consider whether any insurance claim can be made					Chief Finance Officer

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Maintain losses and special payments register					Chief Finance Officer
	Responsible for accuracy and security of computerised financial data					Chief Finance Officer
	Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.					Chief Finance Officer
	Shall publish and maintain a Freedom of Information Scheme.					Nominated Officer
	Send proposals for general computer systems to CFO					Relevant Officers
	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.					Chief Finance Officer

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Seek periodic assurances from the provider that adequate controls are in operation.					
	Where computer systems have an impact on corporate financial systems satisfy himself that: <ul style="list-style-type: none"> a) Systems acquisition, development and maintenance are in line with corporate policies, b) Data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) CFO and staff have access to such data; d) Such computer audit reviews are being carried out as are considered necessary. 					Chief Finance Officer
	Ensure all staff are made aware of the CCG policy on the acceptance of gifts and other benefits in kind by staff					Chief finance Officer
	Ensure lists of all contractors are maintained up to date and systems are in place to deal with applications, resignations inspection of premises etc within contractors' terms of service.			Chief Officer		
	Ensure only contractors included on the CCG lists receive payments; maintain a system of control to ensure prompt and accurate payments and validation of same.					Chief Finance Officer
	Retention of document procedures in accordance with NHS England guidance			Chief Officer		

Policy Area	Decision	Reserved to the Clinical Council of Members	Reserved or delegated to Governing Body	Delegated to Chief Officer	Delegated to other Committees	Delegated to other Individuals
	Approve and monitor risk management programme.		Governing Body			
	Decide whether the CCG will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.		Governing Body			
	<p>Where the Governing body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief finance Officer shall ensure that documented procedures cover these arrangements.</p> <p>Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Chief finance Officer shall ensure that the Governing body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The chief finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>					Chief Finance Officer

APPENDIX D – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and delegation

- 1.3.1 The roles and responsibilities of CCG's member practices, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committee and sub-committee (if any) and persons working on behalf of the CCG are set out in chapters 6 and 7 of this constitution.

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

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

POLICY – the group will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

2.1 The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body in line with the CCG's constitution.

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

2.3 The Chief Finance Officer will ensure that:

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

3. AUDIT

POLICY – the group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

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

- 3.2 The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Chief Officer to review audit issues as appropriate. All Audit Committee members, the chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3 The Chief Finance Officer will ensure that:
- a) the Governing Body's audit committee approves any changes to the provision or delivery of assurance services to the CCG
 - b) there is an Internal Audit function which is an independent and objective appraisal service within the CCG which provides an independent and objective opinion to the Chief Officer, the Governing Body, and the Audit Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives
 - c) an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.
- 3.4 Internal Audit will review, appraise and report upon policies, procedures and operations in place to:
- a) establish and monitor the achievement of the organisation's objectives; ;
 - b) identify, assess and manage the risks to achieving the organisation's objectives;
 - c) ensure the economical, effective and efficient use of resources;
 - d) ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;
 - e) safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption
 - f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.
- 3.5 The Head of Internal Audit will provide to the Audit Committee;
- a) A risk-based plan of internal audit work, agreed with management and approved by the Audit Committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation
 - b) Regular updates on the progress against plan
 - c) Reports of management's progress on the implementation of action agreed as a result of internal audit findings
 - d) An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the Annual Governance Statement and by NHS England as part of its performance management role
 - e) Additional reports as requested by the Audit Committee
- 3.6 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer must be notified immediately.

- 3.7 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Officer of the CCG.
- 3.8 The Head of Internal Audit reports to the Audit Committee and is managed by the Chief Finance Officer. The reporting system for Internal Audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.
- 3.9 The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit Committee.
- 3.10 The External Auditor is appointed by the CCG. The process for appointing the External Audit service will be managed by the Auditor Panel, who must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on as appropriate.

4. FRAUD AND CORRUPTION

POLICY – the group requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

- 4.1 The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2 The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

5. BRIBERY

- 5.1 The Governing Body will satisfy itself that the CCG has adequate arrangements in place to ensure compliance with the Bribery Act 2010, established to prevent and tackle bribery and corruption in both public and private sectors.
- 5.2 As a public sector organisation the Governing Body will ensure that good business practice is followed within the CCG and that there are appropriate controls in place to prevent bribery. It will ensure that areas such, as though not exclusively, procurement and sponsorship in particular, are fully compliant with CCG policies and procedures.

6. SECURITY MANAGEMENT

- 6.1 In line with their responsibilities, the CCG Chief Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.
- 6.2 The CCG shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS Security Management.
- 6.3 The CCG shall nominate a person to oversee the NHS Security Management service who will report to the Governing Body.

- 6.4 The Chief Officer has overall responsibility for controlling and coordinating security. However, key tasks will be delegated to the nominated officer.

7. EXPENDITURE CONTROL

- 7.1 The CCG is required by statutory provisions⁵⁸ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS England and any other sums it has received and is legally allowed to spend.
- 7.2 The Chief Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 7.3. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England

8. ALLOTMENTS⁵⁹

- 8.1. The CCG's Chief Finance Officer will:
- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
 - b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
 - c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

9. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan¹ that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

- 9.1 The Chief Officer will compile and submit to the Governing Body an operational plan which takes into account financial targets and forecast limits of available resources.
- 9.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit budgets for approval by the Governing Body.

¹ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

- 9.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial or budgets.
- 9.4 The Chief Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 9.5 The Governing Body will approve consultation arrangements for the CCG's operational plan⁶⁰.
- 9.6 The Chief Officer may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- a) the amount of the budget;
 - b) the purpose(s) of each budget heading;
 - c) individual and group responsibilities;
 - d) authority to exercise virement;
 - e) achievement of planned levels of service;
 - f) the provision of regular reports.
- 9.7 The Chief Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.
- 9.8 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Officer, subject to any authorised use of virement.

⁵⁸ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁵⁹ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁶⁰ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

9.9 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Officer, as advised by the Chief Finance Officer.

9.10 **Budgetary Control and Reporting**

9.11 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

- a) monthly financial reports to the Governing Body and / or the Quality, Performance and Finance Committee in a form approved by the Governing Body containing:
 - i) income and expenditure to date showing trends and forecast year-end position
 - ii) movements in working capital
 - iii) movements in cash and capital;
 - iv) capital project spend and projected outturn against plan
 - v) explanations of any material variances from plan
 - vi) details of any corrective action where necessary and the Chief Officer's and/or Chief Finance Officer's view of whether such actions are sufficient to correct the situation
- b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible
- c) investigation and reporting of variances from financial, workload and manpower budgets
- d) monitoring of management action to correct variances
- e) arrangements for the authorisation of budget transfers

9.12. Each Budget Holder is responsible for ensuring that:

- a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Governing Body
- b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement.
- c) no permanent employees are appointed without the approval of the Chief Officer other than those provided for within the available resources and manpower establishment as approved by the Governing Body

9.13 The Chief Officer is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Commissioning Plan and a balanced budget.

10. **ANNUAL ACCOUNTS AND REPORTS**

POLICY – the group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations², relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

10.1 The Chief Finance Officer will ensure the CCG:

- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body
- b) prepares the accounts according to the timetable approved by the Governing Body

² See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- c) complies with statutory requirements and relevant directions for the publication of annual report
- d) considers the external auditor's management letter and fully address all issues within agreed timescales
- e) publishes the external auditor's management letter on the CCG's website at www.southteesccg.nhs.uk

11. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the group's computerised financial data

11.1 The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out

11.2 In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

12. ACCOUNTING SYSTEMS

POLICY – the group will run an accounting system that creates management and financial accounts

12.1. The Chief Finance Officer will ensure:

- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS England
- b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

12.2 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

13. BANK ACCOUNTS

POLICY – the group will keep enough liquidity to meet its current commitments

13.1. The Chief Finance Officer will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions⁶¹, best practice and represent best value for money
- b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts
- c) prepare detailed instructions on the operation of bank accounts

13.2. The Audit Committee shall approve the banking arrangements.

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions³
- ensure its power to make grants and loans is used to discharge its functions effectively⁴

14.1. The Chief Finance Officer is responsible for:

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

15. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
 - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for

⁶¹ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

- 14.1 The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the accountable officer or the group's Governing Body.
- 14.2 The Governing Body or its Committees may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the group's standing orders;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 14.3 In all contracts entered into, the group shall endeavour to obtain best value for money. The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.
- 15.4 The procedure to be followed by the CCG in relation to opportunities with the CCG and for awarding all contracts with the CCG shall comply with Procurement Policy

15.5 Authorisation of Tenders and Competitive Quotations

- 15.5.1 Providing all the conditions and circumstances set out in these Prime Financial Policies have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows:

Head of Service	£50k
Chief Finance Officer	£150k
Chief Officer	£150k
Chief Officer and Chief Finance Officer	£200k
Chair and Chief Officer	£250k
Governing Body	above £250k

Primary Care Commissioning Committee up to and in excess of £250k
(for primary care services, in line with the Primary Care delegated budget)

These levels of authorisation may be varied or changed and need to be read in conjunction with the CCG Governing Body's Scheme of Delegation. Once a contract has been awarded, appropriate staff may authorise invoices against the contract value in accordance with Financial Procedure Notes.

Formal authorisation must be put in writing. In the case of authorisation by the CCG Governing Body this shall be recorded in their minutes.

16. COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders, the group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

- 16.1 The CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authorities), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 16.2 The Chief Officer will establish arrangements to ensure that regular reports are provided to the Governing Body or its Committees detailing actual and forecast expenditure and activity for each contract.
- 16.3 The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.
- 16.4 The Chief Officer is responsible for ensuring the CCG enters into suitable contracts and for considering the extent to which any NHS standard contract conditions are mandatory for contracts for the commissioning of NHS services.
- 16.5 All contracts should aim to implement the agreed priorities contained within the Clear and Credible Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Officer should take into account:
- the standards of service quality expected
 - the relevant national service framework (if any)
 - the provision of reliable information on cost and volume of services
 - the NHS National Performance Assessment Framework
 - that contracts build where appropriate on existing Joint Investment Plans
 - that contracts are based on integrated care pathways
- 16.6 A good contract will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Officer to ensure that the CCG works with all partner agencies involved in both the delivery and the commissioning of the service required. The contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the CCG can jointly manage risk with all interested parties.

17 RISK MANAGEMENT AND INSURANCE

POLICY – the group will put arrangements in place for evaluation and management of its risks

- 17.1 The CCG will develop a risk management strategy which describes the CCG's approach to the management of risk; how risk will be assessed consistently; and, how the effectiveness of these systems will be assessed.

- 17.2 The CCG will on an annual basis identify its strategic risks and develop an Assurance Framework. The management of strategic risk as reflected in the Assurance Framework will be reviewed at least quarterly by the Governing Body.
- 17.5 The CCG Governance and Risk Committee will assess the effectiveness of the CCG's arrangements for risk management, and as a minimum review the Assurance Framework every six months.

18 PAYROLL

POLICY – the group will put arrangements in place for an effective payroll service

- 18.1 The Chief Finance Officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 18.2 In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll

19 REMUNERATION AND TERMS OF SERVICE (see overlap with SO)

- 19.1 The CCG will pay allowances to the Chair and non-officer members of the Governing Body in accordance with instructions issued by the Secretary of State for Health.
- 19.2 Staff Appointments
- 19.2.1 No officer, or Member of the CCG Governing Body or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
- a) unless authorised to do so by the Chief Officer; and
- 19.2.2 The Governing Body or its Committees will approve procedures presented by the Chief Officer for the determination of commencing pay rates, condition of service, etc, for employees.
- 19.3 Contracts of Employment
- 19.3.1 The Governing Body shall delegate responsibility to an officer for:
- a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; and
 - b) dealing with variations to, or termination of, contracts of employment.

20 NON-PAY EXPENDITURE

POLICY – the group will seek to obtain the best value for money goods and services received

- 20.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers
- 20.2 The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 20.3 The Chief Finance Officer will:
- a) advise the Chief Officer on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
 - b) be responsible for the prompt payment of all properly authorised accounts and claims;
 - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

21 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the group's fixed assets

- 21.1 The Chief Officer will
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans
 - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
 - c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges
 - d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year
- 21.2 The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

22 RETENTION OF RECORDS

POLICY – the group will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

22.1 The Chief Officer shall:

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

23 TRUST FUNDS AND TRUSTEES

POLICY – the group will put arrangements in place to provide for the appointment of trustees if the group holds property on trust

23.1 The Chief Finance Officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

24 STORES AND RECEIPT OF GOODS

24.1 Goods supplied by NHS Logistics

24.1 For goods supplied via the NHS Logistics central warehouses, the Chief Officer shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Chief Finance Officer who shall satisfy himself that the goods have been received before accepting the recharge.

25. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

25.1 Procedures

25.1.1 The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

25.1.2 When it is decided to dispose of a CCG asset, the nominated officer will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.

25.1.3 All unserviceable articles shall be:

- a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
- b) recorded by the Condemning Officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of.

- c) All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.

25.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

25.2 Losses and Special Payments

25.2.1 The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

25.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their nominated officer, who must immediately inform the Chief Officer and the Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer and/or Chief Officer. Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform the relevant LCFS and Operational Fraud Team (OFT) in accordance with Secretary of State for Health's Directions.

26. PAYMENTS TO CONTRACTORS

26.1 Role of the CCG

26.1.1 The CCG will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractors NHS terms and conditions of service.

26.2 Duties of the Chief Officer

26.2.1 The Chief Officer shall:

- a) ensure that lists of all contractors, for which the CCG is responsible, are maintained in an up to date condition;
- b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.

26.3 Duties of the Chief Finance Officer

26.3.1 The Chief Finance Officer shall:

- a) ensure that contractors who are included on a Clinical Commissioning Group's approved lists receives payments.
- b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures
- c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - i. rules have been correctly and consistently applied
 - ii. overpayments are detected (or preferably prevented) and recovery initiated
 - iii. suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health's Directions on the management of fraud and corruption
- d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation

APPENDIX E – THE NOLAN PRINCIPLES

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

Source: The First Report of the Committee on Standards in Public Life (1995)⁶²

62. Available at <http://www.public-standard.gov.uk/>

APPENDIX F – THE SEVEN KEY PRINCIPLES OF THE NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

2. **the NHS provides a comprehensive service, available to all** - This principle applies irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
3. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
4. **the NHS aspires to put patients at the heart of everything it does.** It should support individuals to promote and manage their own health. NHS services must reflect, and should be co-ordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and their carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.
5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being
6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves
7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

NHS Values

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

1. Working together for patients

The value of 'working together for patients' is a central tenet guiding service provision in the NHS and other organisations providing health services. Patients must come first in everything the NHS does. All parts of the NHS system should act and collaborate in the interests of patients, always putting patient interest before institutional interest, even when that involves admitting mistakes. As well as working with each other, health service organisations and providers should also involve staff, patients, carers, local communities to ensure they are providing services tailored to local needs.

2. Respect and dignity

Every individual who comes into contact with the NHS and organisations providing health services should always be treated with respect and dignity, regardless of whether they are a patient, carer or member of staff. This value seeks to ensure that organisations value and respect different needs, aspirations and priorities and take them into account when designing and delivering services. The NHS aims to foster a spirit of candour and a culture of humility, openness and honesty, where staff communicate clearly and openly with patients, relatives and carers.

3. Commitment to quality of care

The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. Quality should not be compromised – the relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system. The delivery of high quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.

4. Compassion

Compassionate care ties closely with respect and dignity in that individual patients, carers and relatives must be treated with sensitivity and kindness. The business of the NHS extends beyond providing clinical care and includes alleviating pain, distress and making people feel valued and that their concerns are important.

5. Improving lives

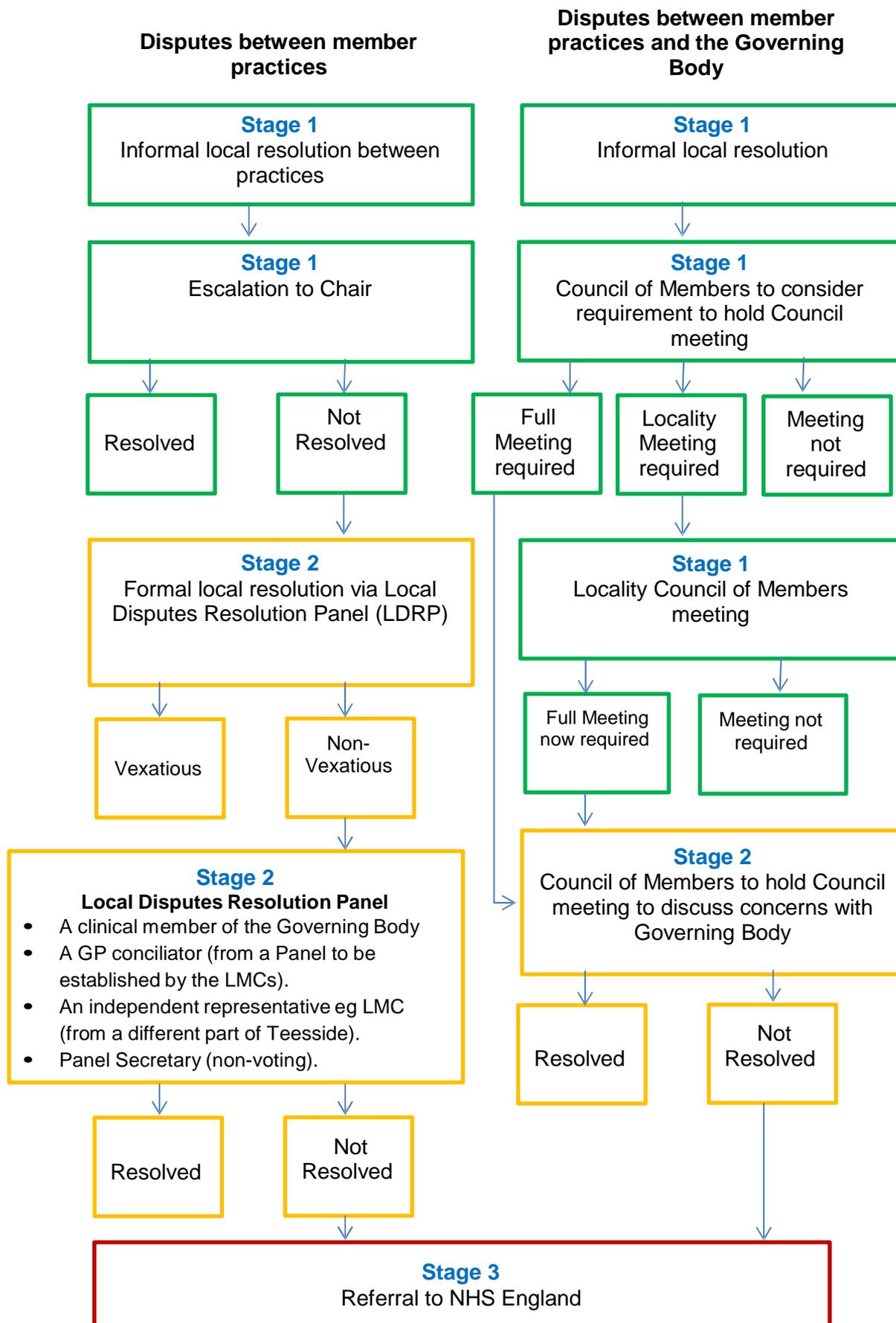
The core function of the NHS is emphasised in this value – the NHS seeks to improve the health and wellbeing of patients, communities and its staff through professionalism,

innovation and excellence in care. This value also recognises that to really improve lives the NHS needs to be helping people and their communities take responsibility for living healthier lives.

6 Everyone counts

We have a responsibility to maximise the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated or disadvantaged and everyone should be treated with equal respect and importance.

APPENDIX G – DISPUTE RESOLUTION PROCEDURE



NB All parties reserve the right to seek independent advice and support for all stages of the disputes resolution process

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