

**NHS NORTHUMBERLAND
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

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FOREWORD

This document is the constitution of NHS Northumberland Clinical Commissioning Group (CCG), which commissions NHS services for the people of Northumberland.

Our vision is 'To ensure that the highest quality integrated care is provided, in the most efficient and sustainable way, by the most appropriate professional to meet the needs of the people in Northumberland'. We intend to do this by:

- Ensuring that we make best use of all available resources
- Ensuring the delivery of safe, high quality services that deliver the best outcomes
- Creating joined up pathways within and across organisations to deliver seamless care
- Deliver clinically led health services that are focused on individual and wider population needs and based on evidence

This constitution sets out the arrangements made by the CCG to meet its responsibility for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day to day running of the CCG; to ensure that decisions are taken in an open and transparent way and that the interests of the patients and the public remain central to everything the CCG does. The constitution includes:

- The name of the CCG
- Membership
- The geographical area
- The arrangements for the discharge of the CCG's functions and those of its Governing Body
- The procedure to be followed by the CCG and its Governing Body in making decisions and securing transparency in its decision making
- Arrangements for discharging the CCG duties in relation to registers of interest and the management of conflicts of interest
- Arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the CCG in certain aspects of those commissioning arrangements and the principles that underpin these

The constitution applies to the following:

- CCG member practices
- CCG employees
- Individuals working on behalf of the CCG
- Governing Body members (including committees and sub-committees)
- Members of any other committee or sub-committee established by the CCG or its Governing Body

Primary care has worked hard to improve healthcare provision since the CCG's inception. Working together with a common vision we can continue to ensure that the people of Northumberland get the best possible NHS care.

Janet Guy
Chair, NHS Northumberland Clinical Commissioning Group

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Northumberland Clinical Commissioning Group.

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 CCGs 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 as NHS England) is responsible for determining applications from prospective CCGs to be established as CCGs⁴ and undertakes an annual assessment of each established CCG.⁵ It has powers to intervene in a CCG 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. CCGs are clinically led membership organisations made up of general practices. The members of the CCG 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 Northumberland Clinical Commissioning Group and has effect from the 1st day of April 2013, when NHS England established the CCG.⁸
- 1.3.2. The constitution is published on the CCG’s website at <http://www.northumberlandccg.nhs.uk>. A copy of the constitution is available on request for inspection at the CCG’s headquarters at County Hall, Morpeth, Northumberland, NE61 2EF.

1.4. Amendment and Variation of this Constitution

- 1.4.1. The member practices of the CCG and/or committees acting on their behalf may want to propose a variation to this constitution. Such proposals can be made at any time.

¹ See section 1I 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

Any proposal to vary the constitution will be considered by, and will be subject to the approval of the member practices, as set out in the scheme of reservation and delegation. If a proposal to vary the constitution is approved by the CCG's member practices application will be made to NHS England. This constitution can only be varied in two circumstances.⁹

- Where the CCG applies to NHS England and that application is granted;
- 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 the CCG is the area covered by Northumberland County Council.



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

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

The following practices comprise the members of the CCG

Practice Name	Address 1	Address 2	Postcode	Locality
Marine Medical Group	The Health Centre	Thoroton Street	NE24 1DX	Blyth Valley
Cramlington Medical Group	The Health Centre	Forum Way	NE23 6QN	Blyth Valley
Village Surgery	Dudley Lane	Cramlington	NE23 6US	Blyth Valley
Netherfield House Surgery	Station Road	Seghill	NE23 7EF	Blyth Valley
Forum Family Practice	Forum Way	Cramlington	NE23 6QN	Blyth Valley
Brockwell Medical Group	8 Brockwell Centre	Northumbrian Road	NE23 1XZ	Blyth Valley
Railway Medical Group	Gatacre Street	Blyth	NE24 1HD	Blyth Valley
Elsdon Avenue Surgery	Elsdon Avenue	Seaton Delaval	NE25 0BW	Blyth Valley
Collingwood Medical Group	The Health Centre	Thoroton Street	NE24 1DX	Blyth Valley
Lintonville Medical Group	Lintonville Terrace	Ashington	NE63 9UT	Central
Bedlingtonshire Medical Group	Glebe Road	Bedlington	NE22 6JX	Central
Gables Medical Group	26 St Johns Road	Bedlington	NE22 7DU	Central
Laburnum Medical Group	14 Laburnum Terrace	Ashington	NE63 0XX	Central
Guide Post Medical Group	North Parade	Guide Post	NE62 5RA	Central
Seaton Park Medical Group	Seaton Park Primary Care Centre	Norham Road	NE63 0NG	Central
Widdrington Surgery	Grange Road	Widdrington	NE61 5LX	Central
Greystoke Surgery	Morpeth NHS Centre	Morpeth	NE61 1JX	Central
Wellway Medical Group	Wellway	Morpeth	NE61 1BJ	Central
Gas House Lane Surgery	Morpeth NHS Centre	Morpeth	NE61 1JX	Central
Rothbury Practice	3 Market Place	Rothbury	NE65 7UW	North
Alnwick Medical Group	Infirmary Close	Alnwick	NE66 2NL	North
Belford Medical Group	Croft Field	Belford	NE70 7ER	North
Coquet Medical Group	Amble Health Centre	Percy Drive	NE65 0HD	North
Well Close Medical Group	Well Close Square	Berwick Upon Tweed	TD15 1LL	North
Cheviot Medical Group	Cheviot Primary Care Centre	Padgepool Place	NE71 6BL	North
Union Brae & Norham Practice	Union Brae Surgery	Tweedmouth	TD15 2HB	North
Glendale Surgery	Cheviot Primary Care Centre	Padgepool Place	NE71 6BL	North
Middle Farm Surgery	51 Main Street	Felton	NE65 9PR	North
Ponteland Medical Group	Ponteland Primary Care Centre	Meadowfield	NE20 9SD	West
White Medical Group	Ponteland Primary Care Centre	Meadowfield	NE20 9SD	West
Prudhoe Medical Group	Kepwell Bank Top	Prudhoe	NE42 5PW	West
Corbridge Medical Group	Health Centre	Newcastle Road	NE45 5LG	West
Burn Brae Medical Group	Hexham Primary Care Centre	Corbridge Road	NE46 1QJ	West
Bellingham Practice	Bellingham	Hexham	NE48 2HE	West
Sele Medical Practice	Hexham Primary Care Centre	Corbridge Road	NE46 1QJ	West
Haltwhistle Medical Group	Greencroft Avenue	Haltwhistle	NE49 9AP	West
Riversdale Surgery	51 Woodcroft Road	Wylam	NE41 8DH	West
Humshaugh & Wark Medical Group	The Surgery	Humshaugh	NE46 4BU	West
Scots Gap Medical Group	The Surgery	Scots Gap	NE61 4EG	West
Haydon Bridge and Allendale Health Centre	North Bank	Haydon Bridge	NE47 6LA	West
Branch End Surgery	Main Road	Stocksfield	NE43 7LL	West
Adderlane Surgery	16a Adderlane Road	West Wylam	NE42 5HR	West
Allendale Health Centre	Shilburn Road	Allendale	NE47 9LG	West

3.1.1. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

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, will be eligible to apply for membership of this CCG¹⁰.

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

4. MISSION, VALUES AND AIMS

4.1. Vision and Mission

4.1.1. The CCG's vision is

To ensure that the highest quality integrated care is provided, in the most efficient and sustainable way, by the most appropriate professional to meet the needs of the people of Northumberland

4.1.2. The CCG's mission is to is to:

Commission value for money, high quality, locally sensitive healthcare services for the people of Northumberland

4.1.3. The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties. The CCG's leadership will:

- Adhere to the Code of Conduct for NHS Managers
- Acknowledge the voice of all CCG members
- Corporately support CCG decisions
- Fulfil the requirements, and be managed against set criteria, of the roles they undertake
- Engage or consult as required with other stakeholders

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the CCG's objectives.

4.2.2. The values that lie at the heart of the CCG's work are:

As an organisation we are collaborative, confident, open-minded, caring and accountable

4.3. Aims

4.3.1. The CCG's aims are to:

- Ensure the best use of all available resources
- Ensure the delivery of safe, high quality services that deliver the best outcomes
- Create joined up pathways within and across organisations to deliver seamless care
- Deliver clinically led health services that are focused on individual and wider population needs and based on evidence

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act,¹¹ the CCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

¹¹ Inserted by section 25 of the 2012 Act

- 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;
- *The Good Governance Standard for Public Services*;¹²
- The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’;
- The seven key principles of the *NHS Constitution*;¹³
- The Equality Act 2010.¹⁴

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 by:

- Publishing its constitution;
- Appointing independent lay members and non GP clinicians to its Governing Body;
- Holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
- Publishing annually a commissioning plan;
- Complying with local authority health overview and scrutiny requirements;
- Meeting annually in public to publish and present its annual report (which must be published);
- Producing annual accounts in respect of each financial year which must be externally audited;
- Having a published and clear complaints process;
- Complying with the Freedom of Information Act 2000;
- Providing information to NHS England as required.

4.5.2. 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.

4.5.3. Should member practices raise concerns/disputes relating to the CCG’s approach to delivery of its commissioning responsibilities or its duty to support NHS England in continuously improving the quality of primary care medical services, they will be dealt with by using the dispute resolution process - <http://www.northumberlandccg.nhs.uk/wp-content/uploads/2013/07/Dispute-Resolution-Process-1.0.pdf>.

¹² *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

¹³ See Appendix G

¹⁴ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

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:

- Commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - All people registered with member GP practices, and
 - People who are usually resident within the area and are not registered with a member of any clinical commissioning group;
- Commissioning emergency care for anyone present in the CCG's area;
- 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;
- Determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the CCG will:

- Act¹⁵, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***¹⁶ and with the objectives and requirements placed on NHS England through *the mandate*¹⁷ published by the Secretary of State before the start of each financial year by:
 - i) Delegating responsibility for ensuring that the CCG's strategy, plans, operational policies and procedures are consistent with this duty to the Governing Body;
 - ii) Ensuring that this duty is discharged on behalf of the Governing Body by the Clinical Management Board in accordance with its Terms of Reference
 - iii) Developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012
- ***Meet the public sector equality duty***¹⁸ by:
 - i) Delegating responsibility to the CCG's Governing Body
 - ii) Ensuring that this duty is discharged on behalf of the Governing Body by the CCG's Clinical Management Board and Corporate Finance Committee
 - iii) Using the Equality Delivery System toolkit to assist in the delivery of this duty;
 - iv) Requiring delivery progress of this duty to be monitored through the CCG's reporting mechanisms

¹⁵ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

¹⁶ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁷ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

¹⁸ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- v) Annually publish sufficient information to demonstrate compliance with this duty across all functions
- Work in partnership with its local authority to develop **joint strategic needs assessments**¹⁹ and **joint health and wellbeing strategies**²⁰ by:
 - i) Delegating to the Governing Body responsibility for nominating individuals to serve as members of the Northumberland Health & Wellbeing Board, in line with the Health & Wellbeing Board's requirements for membership from the CCG;
 - ii) Ensure that all member practices are able to contribute to the development of the joint health and wellbeing strategy through engagement in meetings of their Locality Group.

5.2. General Duties - in discharging its functions the CCG will:

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 arrangements²¹ including by:

- Delegating lead responsibility for the discharge of this duty to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer
- Publishing drafts of its commissioning strategies and proposals for service change for consultation on its website, and using local media to ensure that the public is aware of how to contribute to the CCG's commissioning work;
- Providing feedback on the information gathered through engagement with the public, and on how it has used this information, in its annual report;
- Requiring the Governing Body to give assurance that the CCG is acting consistently with this duty;
- In securing public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements, Northumberland Clinical Commissioning Group will adhere to the following **Statement of Principles**:
 - 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 on 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

¹⁹ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²⁰ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

²¹ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

In delivering the Statement of Principle the CCG will:

- Work in partnership with patients and the local community to secure the best care for them
- Adapt engagement activities to meet the specific needs of the different patient groups and communities
- Publish information about health services on the CCG's website
- Encourage and act on feedback
- Identify how the CCG will monitor and report its compliance against this statement of principles

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 Constitution²²** by:

- Delegating responsibility for approving the CCG's arrangements for discharging this duty to the Governing Body.
- Ensuring that the CCG's values reflect the values set out in the NHS Constitution
- Ensuring that all policies have regard to the NHS Constitution in their development
- Ensuring that all decisions made by the Governing Body and its committees are assessed for regard to the NHS Constitution
- Promoting the NHS Constitution on the CCG website and internally with all staff
- Incorporating compliance with the NHS Constitution in all contracts with commissioned services
- Ensuring that the CCG champions the interests of patients, using choice and information to empower people to improve services

5.2.3. Act **effectively, efficiently and economically²³** by:

- Delegating approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG, to the Governing Body;
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and Chief Finance Officer in accordance with the responsibilities of their roles, having regard to any guidance or requirements published by NHS England
- Delegating responsibility to the Governing Body's Audit Committee to provide assurance to the Governing Body with regard to its compliance with the duty and in accordance with the Committee's Terms of Reference
- Delegating responsibility to the Corporate Finance Committee and Clinical Management Board 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

5.2.4. Act with a view to **securing continuous improvement to the quality of services²⁴** by:

²² 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)

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

- Delegating approval of arrangements, including supporting policies, to secure continuous improvement in quality and patient outcomes to the Governing Body;
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Delegating responsibility to the Governing Body's Clinical Management Board to assist the Governing Body in regard to discharge of the duty and in accordance with the Board's Terms of Reference
- Having a framework for securing continuous improvements in the quality of commissioned services and outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework

5.2.5. Assist and support NHS England in relation to its duty to **improve the quality of primary medical services**²⁵ by:

- Delegating responsibility to the Governing Body for approval of arrangements, including supporting policies, for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services. Ensuring that the duty is discharged on behalf of the Governing Body by the Accountable Officer, supported by the Clinical Director of Primary Care
- Delegating responsibility to the Clinical Management Board in regard to the discharge of the duty in accordance with the Board's Terms of Reference
- Working collectively with member practices and all stakeholders to ensure best practice is implemented across the CCG, to continuously improve the quality of primary care medical services
- Working with practices to drive up the quality of services available in primary care while at the same time driving down the reliance on hospital services
- Ensuring that all commissioning decisions are taken on the basis of value for money, quality and improved outcomes
- Requiring progress of delivery of the duty to be monitored by the CCG's reporting mechanisms

5.2.6. Have regard to the need to **reduce inequalities**²⁶ by:

- Delegating approval of arrangements, including supporting policies, for reducing inequalities to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge
- Delegating responsibility to the Clinical Management Board in regard to the discharge of the duty in accordance with the Board's Terms of Reference.
- 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 the gaps in health inequalities

²⁴ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

²⁵ See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

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

- Working with partners on the Health and Wellbeing Board to contribute to addressing the wider determinants of health and contribute to the development and implementation of the Health and Wellbeing Strategy in relation to commissioning of health services
- Working closely with the Director of Public Health
- Ensuring that all service development proposals include consideration of the likelihood of reducing health inequalities
- Requiring progress of delivery of the duty to be monitored by the CCG's reporting mechanisms

5.2.7. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁷** by:

- Delegating approval of arrangements, including supporting policies, for public involvement to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Delegating responsibility to the Clinical Management Board in regard to the discharge of the duty in accordance with the Board's Terms of Reference
- Ensuring that standards are contained within contracts with commissioned services requiring procedures to be in place in commissioned services to ensure patients, their carers and representatives are able to make informed decisions about their healthcare
- 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 choices²⁸** by:

- Delegating approval of arrangements, including supporting policies, for patient choice to the Governing Body;
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Embodying the requirements of patient choice within the CCG's Communication and Engagement Strategy
- Requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.2.9. **Obtain appropriate advice²⁹** from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- Delegating responsibility to the Governing Body to ensure that it obtains appropriate advice in the exercise of its functions, either through individual members of the Governing Body, or where appropriate, through invitation to individuals to attend as appropriate to provide advice, or by seeking advice

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

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

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

through external bodies such as a Clinical Senate, Public Health England or other expert or independent organisation

- Delegating responsibility within their Terms of Reference to the Chair of each committee or sub-committee to ensure that they obtain appropriate advice, as outlined above, in the exercise of its functions
- Engaging with the Local Medical Committee in their role as local statutory representatives of individual GPs and GP Practices

5.2.10. **Promote innovation³⁰** by:

- Delegating approval of arrangements, including supporting policies, for promoting innovation to the Governing Body. Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Seeking out and adopting best practice, by supporting research and adopting and disseminating transformative, innovative ideas, products, services and clinical practice both within the CCG and within its commissioned services, which add value in relation to quality and productivity
- Develop a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience
- Requiring the delivery of the duty to be monitored by the CCG's reporting mechanisms

5.2.11. **Promote research and the use of research³¹** by:

- Delegating approval of arrangements, including supporting policies, for promoting research and the use of research to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Delegating responsibility to the Clinical Management Board to assist the Governing Body in regard to oversight of research governance
- Collaborating with key stakeholders such as Clinical Research Networks and academic institutions to establish evidence of best practice
- Commissioning where appropriate independent research and evaluation as a means of developing or evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice
- Requiring progress of the the 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 training³²** 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 duty³³ by:

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

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

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

³³ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

- Delegating approval of arrangements, including supporting policies, for promoting education and training to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England
- Delegating responsibility to the Clinical Management Board to assist the Governing Body with the delivery of this duty
- Working in partnership with the Local Education and Training Board
- Encouraging and supporting the continuous learning and development of its employees and member practices so that they are able to carry out their roles confidently and effectively, achieve their individual potential and contribute fully to the objectives of the CCG
- Requiring progress of the delivery of the duty to be monitored through the CCG's reporting mechanisms

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 inequalities³⁴ by:

- Delegating approval of arrangements, including supporting policies, for promoting integration to the Governing Body
- Ensuring that this duty is discharged on behalf of the Governing Body by the CCG's Clinical Management Board in accordance with their Terms of Reference
- Developing an annual commissioning plan in accordance with the Health and Social Care Act 2012 which sets out the CCG's role and plans for promoting integration
- Working in partnership with others to take forward plans so that pathways of care are seamless and integrated within and across organisations, and seek to reduced inequalities in access and outcomes
- Work in partnership with NHS, Social Care and Public Health partners to promote joined up commissioning plans
- Work in partnership with the Health and Wellbeing Board in the development and implementation of the Joint Health and Wellbeing Strategy
- Requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.3. General Financial Duties. These duties are to be read in conjunction with the CCG's Prime Financial Policies (PFPs) and Detailed Financial Policies (SFPs)* which are deemed to be part of this constitution (<http://www.northumberlandccg.nhs.uk/about-us/how-we-work/transparency/>). The CCG will perform its functions so as to:

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***³⁵ by

- Delegating responsibility to the CCG's Governing Body
- Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the Health and Social Care Act 2012

³⁴ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

³⁵ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

- Ensuring that this duty is discharged by the Accountable Officer and the Chief Finance Officer
- Delegating responsibility to the Governing Body's Audit Committee and Corporate Finance Committee to assist the Governing Body in regard to the discharge of the duty in accordance with the Committee's Terms of Reference
- Delegating responsibility to the Clinical Management Board to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference
- Approving and reviewing the Scheme of Delegation set out in the constitution and the Prime Financial Policies and Detailed Financial Policies
- Requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

5.3.2. ***Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year***³⁶ by

a) Enacting the arrangements set out in 5.3.1

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 England***³⁷ by

a) Enacting the arrangements set out in 5.3.1

5.3.4. ***Publish an explanation of how the CCG spent any payment in respect of quality made to it by NHS England***³⁸ by:

- Delegating responsibility for approving the CCG's annual report to the Governing Body
- Requiring the CCG Accountable Officer to report formally on NHS England and other quality initiatives and the use of earmarked monies, as part of CCG annual report, demonstrating delivery and added value

5.3.5. Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge. The explanation is to be published on the CCG's website at <http://www.northumberlandccg.nhs.uk> available on request for inspection at the CCG's headquarters at County Hall, Morpeth, Northumberland, NE61 2EF or by email at norccg.enquiries@nhs.net.

a) Enacting the arrangements set out in 5.3.1 and 5.3.2.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The CCG will:

- Comply with all relevant regulations;

³⁶ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁷ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

³⁸ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

- Comply with directions issued by the Secretary of State for Health or NHS England; and
- 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 its statutory functions. It may grant authority to act on its behalf to:

- Any of its members;
- Its Governing Body;
- Employees;
- A committee or sub-committee of the CCG.

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:

- The CCG's scheme of reservation and delegation; and
- For committees, their Terms of Reference.

6.2. Scheme of Reservation and Delegation³⁹

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

- Those decisions that are reserved for the membership as a whole;
- Those decisions that are the responsibilities of its Governing Body (and its committees), the CCG's committees and sub-committees, individual members 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), committees and individuals must:

- Comply with the CCG's principles of good governance,⁴⁰
- Operate in accordance with the CCG's scheme of reservation and delegation,⁴¹
- Comply with the CCG's standing orders,⁴²
- Comply with the CCG's arrangements for discharging its statutory duties,⁴³
- Where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

6.3.2. When discharging their delegated functions, committees must also operate in accordance with their approved Terms of Reference.

³⁹ See Appendix D

⁴⁰ See section 4.4 on Principles of Good Governance above

⁴¹ See appendix D

⁴² See appendix C

⁴³ See chapter 5 above

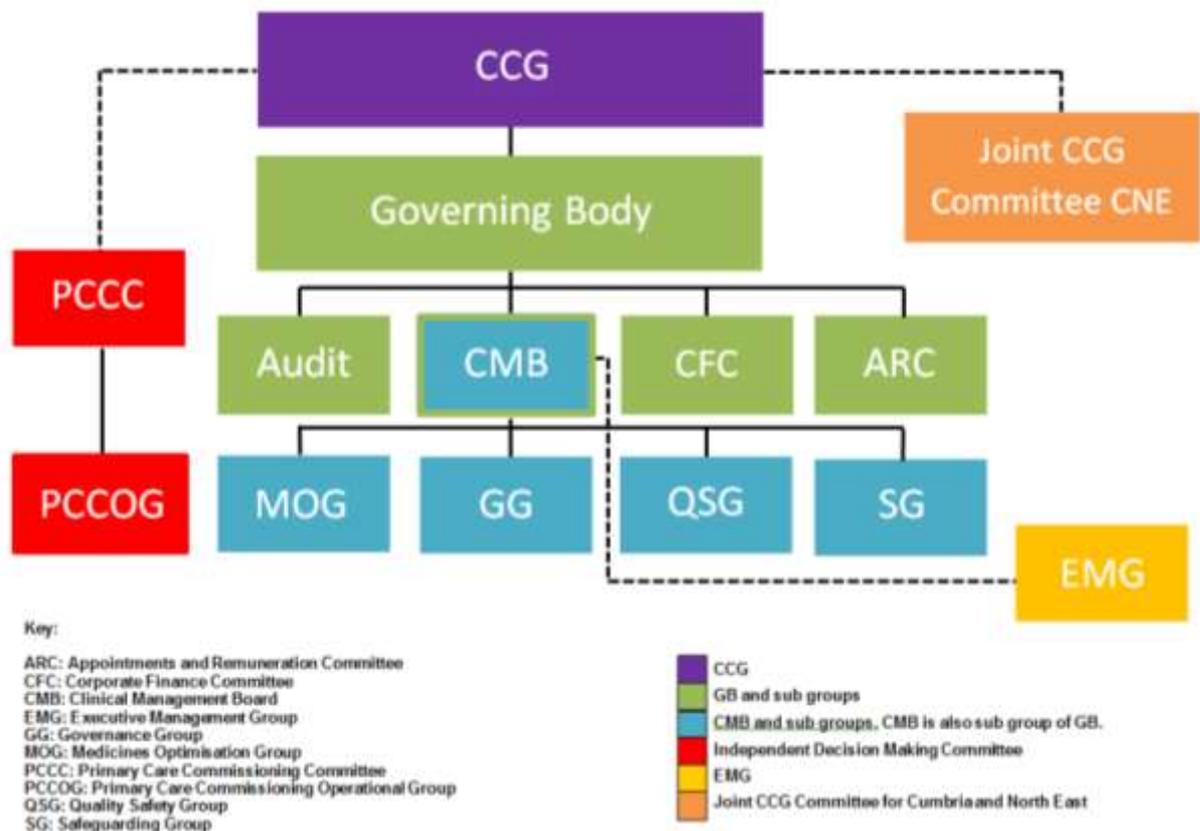
6.3.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

- Identify the roles and responsibilities of those CCGs who are working together;
- Identify any pooled budgets and how these will be managed and reported in annual accounts;
- Specify under which CCG's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- Identify how disputes will be resolved and the steps required to terminate the working arrangements;
- Specify how decisions are communicated to the collaborative partners.

6.4. Committees of the Clinical Commissioning Group

6.4.1. The CCG shall have the authority to delegate any of its activities to a Committee, Board or sub-committee of the CCG. Such Committees and Boards shall be made up of either members or employees, or members of the Governing Body or any other approved by the CCG. The Governing Body will hold the overall accountability for the CCG. It will be responsible for the delivery of the CCG's strategic statutory functions as delegated by the CCG's members. The Governing Body will set and monitor the CCG's overall strategic direction and provide assurance to the member practices. There will be a Clinical Management Board which will consider and propose the strategic, planning and delivery processes of the CCG. A number of other statutory and non-statutory committees will provide the CCG with other supporting functions. 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 they are accountable to.

6.4.2. The CCG has established the committees and groups as shown in the diagram below. The Terms of Reference are published separately and available on the CCG's website.



6.4.3 Joint CCG Committee for Cumbria and the North East – The Joint CCG Committee for Cumbria and the North East is a committee of the CCG which makes decisions, based on recommendations made by the North CCG Forum, on behalf of the CCG in accordance with the delegations outlined in its Terms of Reference. The committee will ensure compliance with service change guidance. In accordance with the statutory powers under s.14Z3 of the NHS Act 2006 the committee will also make decisions on procuring services and awarding contracts. The CCG will be represented at each meeting by a very senior manager.

6.4.4 Primary Care Commissioning Committee – The Northumberland Primary Care Commissioning Committee is a committee of NHS Northumberland CCG. It will assist the Governing Body with the commissioning of primary medical services for the people of Northumberland.

The role of the Primary Care Commissioning Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act (except those relating to individual GP performance management, which have been reserved to NHS England) and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the committee.

The Governing Body has approved and keeps under review the terms of reference for the Primary Care Commissioning Committee, which includes information on the membership of the committee. It has the authority to make decisions as set out within its Terms of Reference and the Group's scheme of reservation and delegation.

6.5 The Governing Body

6.5.1 **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 of the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution. These other functions (conferred by the CCG on the Governing Body or delegated by the CCG to the Governing Body) are set out from paragraph 6.6.2(d) onwards.

6.5.2 The Governing Body is the CCG's strategic decision making body with responsibility for setting the strategic direction of the CCG and scrutinising the work of the CCG's executive on behalf of the membership. It has particular responsibility for:

- Ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCGs *principles of good governance*⁴⁴ (its main function);
- 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;
- Approving any functions of the CCG that are specified in regulations;
- Functions as delegated by the CCG to the Governing Body as set out in paragraph 5.1.2
- Functions as delegated by the CCG to the Governing Body as set out in para 5.2
- Functions as delegated by the CCG to the Governing Body as set out in para 5.3

6.5.3 **Composition of the Governing Body** - the Governing Body comprises of:

- The Governing Body Lay Chair;
- Two Lay Governors. One to lead on audit and conflict of interest matters, one to lead on corporate finance and patient and public involvement matters .
- One registered nurse;
- One secondary care specialist doctor;
- The Accountable Officer;
- The Clinical Director of Primary Care (Deputy Chair)
- The Clinical Director of Commissioning
- Four Locality Directors;
- The Chief Operating Officer;
- The Chief Finance Officer.
- The Governing Body may invite such other person(s) to attend all or any of its meetings, or parts(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.
- The Governing Body will invite the following individual to attend any or all of its meetings and participate in the way described in paragraph 6.5.3.1:
- The Director of Public Health

⁴⁴ See section 4.4 on Principles of Good Governance above

6.5.4 **Committees of the Governing Body** - the Governing Body has appointed the following committees:

- a) **Audit Committee** – The Audit Committee is a statutory committee, accountable to the CCG's Governing Body that 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 group in so far as they relate to finance. The Audit Committee will perform the role of the Auditor Panel for the CCG. 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 Audit Committee will provide assurance to the Governing Body that the CCG is complying with its duty to exercise its functions efficiently, effectively and economically. In particular it will seek assurance on the effective use of the CCG's resources to deliver its strategy and annual commissioning plan.

The membership of the Audit Committee is drawn from non-executive members of the Governing Body.

- b) **Appointments & Remuneration Committee** – The Appointments & 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 group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Appointments & Remuneration Committee, which includes information on the membership of the Appointments & Remuneration Committee.

In addition the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Appointments & Remuneration Committee:

Reviewing the performance of the Accountable Officer and the Chief Operating Officer.

The membership of the Appointments and Remuneration Committee is drawn from non-executive members of the Governing Body.

- c) **Clinical Management Board** - The Clinical Management Board is established as a board of the Governing Body to support the CCG, its Governing Body and the Accountable Officer in the discharge of their functions. It will assist the Governing Body in its duties to promote a comprehensive health service, reduce inequalities and promote innovation.

The Clinical Management Board will work closely with, and provide support to, CCG member practices in order to ensure that practices are informed appropriately of commissioning decisions, and are engaged in the commissioning process. Clinical representation will be predominantly from CCG member practices and a clinical voting majority will be maintained.

The Board is responsible for specific strategy and planning and delivery processes relating to a number of core functions.

- **Strategy**
 - Preparing and recommending the annual commissioning plan prior to approval by the Governing Body
 - Formulating service change proposals arising out of the commissioning plan and making recommendations to the Governing Body
 - Preparing the Organisational Development Plan and enabling strategies including the Communications and Engagement Plan prior to approval by the Governing Body and overseeing their operational delivery
 - Developing CCG input into the Joint Health and Wellbeing Strategy
 - Establishing operational working arrangements with other CCGs, provider trusts, the Local Authority and the clinical senate that support the integration of both health services with other health services and with health-related and social care services where the CCG considers that this would improve the quality of services and reduce inequalities.
 - Ensuring that the views of patients and the public are reflected in the development and implementation of CCG policies and plans.

- **Delivery**
 - Delivering target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC and other national/regional authorised bodies and providing assurance to the Governing Body in this respect.
 - Ensuring the co-ordination and monitoring of the CCG's clinical work programme associated with the delivery of the annual commissioning plan
 - Receiving reports on quality and patient safety and managing any associated clinical risks
 - Approve business cases and procurement contract awards in line with the CCG's financial scheme of delegation and approved budgets
 - Lead the delivery of the CCG's educational programme
 - Prepare the CCG's annual report for the Audit Committee and Governing Body to consider and approve on behalf of the CCG membership
 - Approve the CCG's operational policies and procedures
 - Support the development of the business cycle of the Governing Body and agenda setting for formal and informal meetings of the Governing Body,

The Board has authority to make decisions as set out within its Terms of Reference and the CCG's Scheme of Delegation in particular

- Functions as delegated by the CCG to the Clinical Management Board as set out in paragraph 5.1.2
 - Functions as delegated by the CCG to the Clinical Management Board relating to the CCG's General Duties as set out in paragraph 5.2
 - Functions as delegated by the CCG to the Clinical Management Board relating to the CCG's General Financial Duties as set out in paragraph 5.3
- d) **Corporate Finance Committee** - The Corporate Finance Committee, which is accountable to the CCG's Governing Body, assists the Governing Body in its duty to act efficiently, effectively and economically. The committee oversees the current and projected financial position of the CCG and ensures cohesive and

coordinated planning and effective delivery of the CCG's annual QIPP programme. It also assures the Governing Body that the CCG has sufficient capacity and capability to deliver its strategic objectives. The Corporate Finance Committee is not a decision making committee.

- 6.5.4.1 The Governing Body will 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.

The Governing Body will publish the information relating to decisions relating to remuneration, fees and allowances, including allowances payable under certain pension schemes. In relation to each senior employee of the CCG, decisions relating to 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 will be published.

The Governing Body will not publish the above information if it considers that it would not be in the public interest to publish it.

Terms of reference for the committees of the Governing Body are available at <http://www.northumberlandccg.nhs.uk/about-us/governing-body/>.

6.6 Joint Arrangements

- 6.6.1 The CCG may enter into joint arrangements with other clinical commissioning groups. All such arrangements will be agreed by the Governing Body. A list of all joint commissioning arrangements with other clinical commissioning groups will be published on the CCG's website at www.northumberlandccg.nhs.uk.

The Joint Commissioning Sub-Committee of the Northumberland Health & Wellbeing Board has been established to support section 75 agreements made between the CCG and Northumberland County Council. The establishment of any further joint committees to support section 75 agreements or any other joint arrangements with other commissioning organisations will be agreed by the Governing Body.

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 111 services.

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.

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 & Stockton 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

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

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 go 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.

6.7 Joint commissioning arrangements with other Clinical Commissioning Groups

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

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

- a) Delegating any of the CCG's commissioning functions to another CCG;
- b) Exercising any of the commissioning functions of another CCG; or
- c) Exercising jointly the commissioning functions of the CCG and another CCG.

6.7.3 For the purposes of the arrangements described at paragraph 6.1.2, the CCG may:

- a) Make payments to another CCG;
- b) Receive payments from another CCG;
- c) Make the services of its employees or any other resources available to another CCG; or
- d) Receive the services of the employees or the resources available to another CCG.

- 6.7.4 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.
- 6.7.5 For the purposes of the arrangements described at paragraph 6.7.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.7.2 (c) 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.
- 6.7.6 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:
- a) How the parties will work together to carry out their commissioning functions;
 - b) The duties and responsibilities of the parties;
 - c) How risk will be managed and apportioned between the parties;
 - d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 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 joint 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 lead clinician and lead manager of the lead CCG make a quarterly 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.
- 6.7.11 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.

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

- 6.8.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.8.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.8.3 The arrangements referred to in paragraph 6.8.2 above may include other CCGs.

- 6.8.4 Where joint commissioning arrangements pursuant to 6.8.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.8.5 Arrangements made pursuant to 6.8.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 6.8.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.8.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) How the parties will work together to carry out their commissioning functions;
 - b) The duties and responsibilities of the parties;
 - c) How risk will be managed and apportioned between the parties;
 - d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 6.8.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.8.2 above.
- 6.8.8 The CCG will act in accordance with any further guidance issued by NHS England on delegated 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 Accountable Officer of the CCG make a quarterly 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.
- 6.8.11 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.
- 6.9 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions**
- 6.9.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- 6.9.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- a) Exercise such functions as specified by NHS England under delegated arrangements;
 - b) Jointly exercise such functions as specified with NHS England.

- 6.9.3 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.
- 6.9.4 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.
- 6.9.5 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.
- 6.9.6 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:
- a) How the parties will work together to carry out their commissioning functions;
 - b) The duties and responsibilities of the parties;
 - c) How risk will be managed and apportioned between the parties;
 - d) Financial arrangements, including payments towards a pooled fund and management of that fund;
 - e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.9.7 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.
- 6.9.8 The CCG will act in accordance with any further guidance issued by NHS England on delegated commissioning.
- 6.9.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.9.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Chief Operating Officer of the CCG make a quarterly 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.
- 6.9.11 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.

7 ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the CCG. The role of each practice representative is to:

- a) Attend and vote on behalf of the member practice at the group's Annual General Meeting and other meetings of practice representatives;
- b) Agree any new additions to membership of or removals from the CCG subject to approval by NHS England;
- c) Enable communications between the practices;
- d) Discuss and debate the views and wishes of the practices;
- e) Ensure consistent engagement of the practice with its locality through attendance at the appropriate Locality Group;
- f) Provide information to support, and contribute to, review of the practice's commissioning performance;
- g) Provide a channel of communication between the practices and providers of services to the CCG.

7.1.2 The CCG will agree and document the way in which it will work with the Local Medical Committee. The Ways of Working document will be reviewed annually.

Where it considers it appropriate for the effective discharge of its functions the CCG will engage with the Local Medical Committee (LMC) for the area in its role as the local representative body for General Practitioners.

7.2 Other GPs, Primary Care Health Professionals, or Practice Employees/ Partners

7.2.1 In addition to the practice representatives identified in section 7.1 above, the CCG has identified a number of roles to either support the work of the CCG and/or represent the CCG. The roles may be filled by GPs, primary care health professionals, or other practice employees/partners who are not health professionals. These representatives undertake the following roles on behalf of the CCG:

- a) One Locality Director each, for:
 - b) Blyth Valley
 - c) Central Northumberland
 - d) North Northumberland
 - e) West Northumberland
- f) Clinical Information Officer
- g) A range of clinical commissioning leads

7.2.1.1 A Business Director for Finance and Commissioning

7.2.1.2 Each of the Locality Directors and the Business Director has a responsibility for a key area of commissioning as specified in the CCG's strategy and annual plans.

7.2.2 Practice members, partners and employees other than the clinician appointed as the practice's representative are encouraged to attend the CCG's Annual General Meeting and other meetings of the CCG, but will not be entitled to vote unless they have been appointed as a proxy for the practice representative.

7.2.3 Practice members, partners and employees other than the clinician appointed as the practice's representative are encouraged to attend meetings of the relevant Locality Group.

7.3 All Members of the Group's Governing Body

7.3.1 Each member of the Governing Body will share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, 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 CCG Lay Chair

7.4.1 The CCG Lay Chair is responsible for:

- a) Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the constitution
- b) Building and developing the Governing Body and its individual members
- c) Ensuring that the CCG has proper constitutional and governance arrangements in place
- d) Supporting the Accountable Officer in discharging the responsibilities of the organisation
- e) Contributing to building a shared vision of the aims, values and culture of the organisation
- f) Leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities
- g) Ensuring sufficient appropriate support, information and evidence, to enable the Governing Body to discharge its duties
- h) 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, Northumberland County Council's Care & Wellbeing Overview and Scrutiny Committee, the Northumberland Health & Wellbeing Board, other stakeholders and NHS England; and
- k) Ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from Northumberland County Council and any other relevant local authorities

7.5 The Deputy Chair of the Governing Body

7.5.1 The Deputy Chair of the Governing Body (who will be the Clinical Director of Primary Care) deputises for the chair of the Governing Body where they have a conflict of interest or are otherwise unable to act.

7.6 The Governing Body Secondary Care Doctor

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, this clinical member 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.

The Secondary Care Doctor will be a member of the Audit Committee.

7.7 The Governing Body Nurse

The Governing Body Nurse brings a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the Governing Body, especially in relation to the contribution of nursing to patient care.

7.8 The Governing Body Lay Governor for Audit and Conflicts of Interest

The role of the Lay Governor for Audit and Conflicts of Interest will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including risk management, audit and conflicts of interest.

The Lay Governor leading on audit and conflict of interest will have a lead role in ensuring that the Governing Body and the wider CCG behaves with utmost probity at all times. They will also have a specific role in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.

7.9 The Governing Body Lay Governor for Corporate Finance and for Patient and Public Involvement

The Lay Governor leading on corporate finance matters and patient and public involvement will bring specific expertise and experience in managing resources and overseeing performance, to the assurance work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.

This Lay Governor will help to give assurance that, in all aspects of the CCG's business, it is complying with its duty to exercise its functions effectively, efficiently and economically, and that there are effective arrangements for the management of the CCG's performance and that of its suppliers. As one of the Lay Governors, they may be elected as vice chair of the Governing Body.

This Lay Governor will be responsible for ensuring that the CCG meets its statutory obligations to involve and engage patients and the public in its work.

7.10 The Accountable Officer

7.10.1 The Accountable Officer of the CCG is a member of the Governing Body.

7.10.2 The role of the Accountable Officer has been summarised in a national document⁴⁵ as:

- 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;

⁴⁵ See the latest version of the NHS England's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

- 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 Lay Chair of the CCG, the Accountable 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 ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.
- d) The Accountable Officer will also exercise the functions as delegated by the CCG to the Accountable Officer as set out in paragraph 5.1.2
- e) The Accountable Officer will also exercise the functions as delegated by the CCG in paragraphs 5.2 and 5.3
- f) Ensure that registers of interest are reviewed regularly and updated as necessary

7.10.3 In addition to their statutory role as Accountable Officer, the Accountable Officer will be the lead officer supporting the Appointments and Remuneration Committee:

7.11 Role of the Clinical Director of Primary Care

The Clinical Director of Primary Care is the Deputy Chair of the Governing Body and will provide Primary Care leadership and senior clinical advice to the CCG.

They will be required to have strong relationship across the system and in particular with CCG member practices, the LMC and other local stakeholder including MPs.

The Clinical Director of Primary Care will:

- a) Be the CCG's senior clinical voice and will take the lead in clinical interactions with NHS England
- b) Be the Deputy Chair of Governing Body and the senior clinical expert on primary care issues
- c) Chair the Clinical Management Board
- d) Be a member of the Health and Wellbeing Board
- e) Ensure the engagement of all localities in the delivery of the CCG's strategy and commissioning plan
- f) Represent the CCG at national and regional meetings as required.

7.12 Role of the Chief Operating Officer

7.12.1 The Chief Operating Officer will be responsible for the day-to-day management of the CCG.

7.12.2 They will be required to ensure that effective management systems are in place, and to direct the operation of the CCG according to the strategic commissioning priorities.

7.12.3 They will bring high-level strategic leadership and management skills and experience, to support and empower the clinical leadership at the heart of clinical commissioning.

7.12.4 The Chief Operating Officer will:

- a) Contribute to the senior leadership of the CCG
- b) Provide effective operational management leadership for the CCG
- c) Support the CCG Lay Chair and the Accountable Officer to ensure that the Governing Body and the Clinical Management Board are equipped to deliver their respective functions
- d) Ensure that services commissioned by the Governing Body are effectively performance managed and quality assured
- e) Facilitate constructive relationships with and between member practices
- f) Ensure that high quality, effective commissioning support services are in place
- g) Develop and maintain collaborative and partnering relationships that will further the objectives of the CCG
- h) Ensure the CCG implements appropriate mechanisms to communicate effectively with its external stakeholders
- i) Develop a capable and confident workforce with a positive culture that continually develops

7.13 Role of the Chief Finance Officer

7.13.1 The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems

7.13.2 The Chief Finance Officer will:

- a) Be the Governing Body's professional expert on finance and ensure, through robust systems and processes, the regularity and propriety of expenditure is fully discharged
- b) Make appropriate arrangements to support, monitor and report on the CCG's finances
- c) Oversee robust audit and governance arrangements leading to propriety in the use of CCG resources
- d) Advise the Governing Body on the effective, efficient and economic use of its allocation to remain within that allocation and deliver required financial targets and duties;
- e) Produce the financial statements for audit and publication in accordance with statutory requirements to demonstrate effective stewardship of public money and accountability to tax payers
- f) Oversee all financial systems and internal controls, including the development and modification of accounting systems
- g) Maintain relationships with external professional advisors
- h) Manage relationships with internal and external audit functions and play a leading role in liaison with any regulatory bodies

7.14 Role of the Clinical Director of Commissioning

7.14.1 The Clinical Director of Commissioning is a member of the Governing Body and is responsible for providing commissioning advice to the CCG.

The Clinical Director of Commissioning will:

- a) Be the Governing Body's professional expert on clinical commissioning and ensure, through robust systems and processes, that the CCG makes best use of resources in commissioning
- b) Make appropriate arrangements to support, monitor and report on the CCG's commissioning arrangements
- c) Engage robustly with providers to develop a long-term clinically and financially sustainable system across Northumberland
- d) Advise the Governing Body on clinical commissioning issues and contract setting
- e) Work with the Chief Operating Officer to assure the Governing Body regarding quality and safety of services commissioned by the CCG, including those whose contract is held by another CCG
- f) Be a senior member of the Clinical Management Board.

7.15 Joint Appointments with other Organisations

7.15.2 Any joint appointments with other organisations will be agreed by the Governing Body.

7.15.3 All joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its board and committees) will at all times comply with this constitution 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). The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2 They must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be published on the CCG's website at www.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.
- 8.1.3 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct and Declarations of Interest policy.

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 CCG 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 or private interest.
- 8.2.2 Where an individual, i.e. an employee, CCG member, member of the Governing Body, or a member of a committee, board or a sub-committee of the CCG has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Declaration of Interest policy.
- 8.2.3 A conflict of interest will include:
- a) A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) A non-pecuniary interest: where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - d) A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary

value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

- e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

8.2.4 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 those individuals listed in the CCG's Standards of Business Conduct and Declarations of Interest Policy including:

- a) The members of the CCG;
- b) The members of its Governing Body;
- c) The members of its committees, boards or sub-committees and the committees or sub-committees of its Governing Body;
- d) Its employees.

8.3.2 The register will be published on the CCG's website at www.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.

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 CCG ensures that, as a matter of course, declarations of interest are made and confirmed or updated annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.

8.3.6 An interest remains on the public register for a minimum of six months after the interest has expired and the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The published register will state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to request this information.

8.3.7 The Accountable Officer will ensure that registers of interest are reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the CCG, the Governing Body, boards, committees or sub-committees and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.
- 8.4.2 The Accountable 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 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct and Declarations of Interest Policy available on its website.
- 8.4.4 Arrangements for the management of conflicts of interest are to be determined by the Accountable 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, within a week of declaration. 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.
- 8.4.5 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 Accountable Officer.
- 8.4.6 Where an individual member, employee or person providing services to the CCG is attending a meeting and 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 individual 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.

- 8.4.7 Where the chair of any meeting of the CCG or the CCG's Governing Body or committees, boards or 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 deputy 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 deputy chair may require the

chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.8 Any declarations of interests, and arrangements agreed in any meeting of the CCG, committees or sub-committees, or the Governing Body, the Governing body's committees or sub-committees, will be recorded in the minutes.

8.4.9 Where more than 50% of the members attending 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 deputy) will determine whether or not the discussion can proceed.

8.4.10 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. 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 will consult with the Governing Body on the action to be taken.

8.4.11 This may include:

- 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:
- c) A member of the CCG who is an individual;
- d) An individual appointed by a member to act on its behalf in the dealings between it and the CCG;
- e) A member of a relevant Health and Wellbeing Board;
- f) A member of a Governing Body of another CCG.

These arrangements must be recorded in the minutes.

8.4.12 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 Accountable Officer of the transaction.

8.4.13 The Accountable 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.

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 CCG in relation to the potential provision of services or facilities to the group, 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 CCG 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 Strategy approved by its Governing Body which will ensure that:
- 8.6.3 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.
- 8.6.4 Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 8.6.5 Copies of this Procurement Strategy will be published on the CCG's website at www.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.

9 THE CLINICAL COMMISSIONING GROUP AS EMPLOYER

- 9.1 The CCG recognises that its most valuable asset is 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 commissioning strategy 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 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, and as amended by the Enterprise and Regulatory Reform Act 2013) by any member of the CCG, any member of its Governing Body, any member of any of its committees or sub-committees or the committees, boards or sub-committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.
- 9.10 Copies of the policies and procedures outlined in this chapter will be published on the CCG's website at www.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 The CCG will publish annually a 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.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters

10.1.3 The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2 Standing Orders

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:

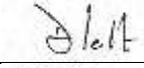
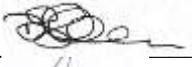
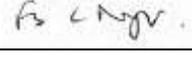
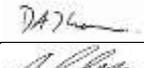
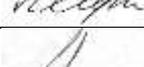
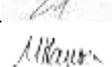
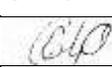
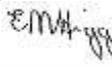
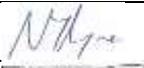
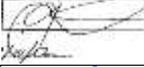
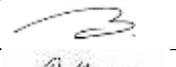
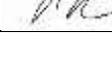
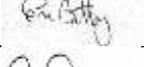
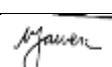
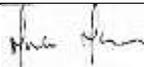
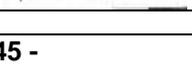
- a) **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body;
- b) **Scheme of reservation and delegation (Appendix D)** – which sets out those decisions 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 E)** – which sets out the arrangements for managing the CCG's financial affairs.

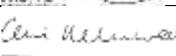
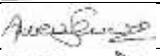
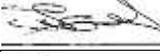
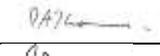
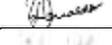
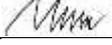
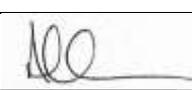
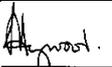
APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the CCG:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
Chair of the CCG	the individual appointed by the CCG to act as chair of the CCG
Chief finance officer	the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the CCG • a committee / sub-committee created by a committee created / appointed by the membership of the CCG • a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
CCG	NHS Northumberland Clinical Commissioning Group, whose constitution this is
Governing Body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	any member appointed to the Governing Body of the CCG
Lay governor	a lay governor of the Governing Body, appointed by the CCG. A lay governor is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body)

	mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this CCG (see tables in Chapter 3 and Appendix B)
Practice representatives	an individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the members of the CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

Practice Name	Address 1	Address 2	Postcode	Locality	Practice Representative's Signature
Marine Medical Group	The Health Centre	Thoroton Street	NE24 1DX	Blyth Valley	
Cramlington Medical Group	The Health Centre	Forum Way	NE23 6QN	Blyth Valley	
Village Surgery	Dudley Lane	Cramlington	NE23 6US	Blyth Valley	
Netherfield House Surgery	Station Road	Seghill	NE23 7EF	Blyth Valley	
Forum Family Practice	Forum Way	Cramlington	NE23 6QN	Blyth Valley	
Brockwell Medical Group	8 Brockwell Centre	Northumbrian Road	NE23 1XZ	Blyth Valley	
Railway Medical Group	Gatacre Street	Blyth	NE24 1HD	Blyth Valley	
Elsdon Avenue Surgery	Elsdon Avenue	Seaton Delaval	NE25 0BW	Blyth Valley	
Collingwood Medical Group	The Health Centre	Thoroton Street	NE24 1DX	Blyth Valley	
Lintonville Medical Group	Lintonville Terrace	Ashington	NE63 9UT	Central	
Bedlingtonshire Medical Group	Glebe Road	Bedlington	NE22 6JX	Central	
Gables Medical Group	26 St Johns Road	Bedlington	NE22 7DU	Central	
Laburnum Medical Group	14 Laburnum Terrace	Ashington	NE63 0XX	Central	
Guide Post Medical Group	North Parade	Guide Post	NE62 5RA	Central	
Seaton Park Medical Group	Seaton Park Primary Care Centre	Norham Road	NE63 0NG	Central	
Widdrington Surgery	Grange Road	Widdrington	NE61 5LX	Central	
Greystoke Surgery	Morpeth NHS Centre	Morpeth	NE61 1JX	Central	
Wellway Medical Group	Wellway	Morpeth	NE61 1BJ	Central	
Gas House Lane Surgery	Morpeth NHS Centre	Morpeth	NE61 1JX	Central	
Rothbury Practice	3 Market Place	Rothbury	NE65 7UW	North	
Alnwick Medical Group	Infirmery Close	Alnwick	NE66 2NL	North	
Belford Medical Group	Croft Field	Belford	NE70 7ER	North	
Coquet Medical Group	Amble Health Centre	Percy Drive	NE65 0HD	North	
Well Close Medical Group	Well Close Square	Berwick Upon Tweed	TD15 1LL	North	
Cheviot Medical Group	Cheviot Primary Care Centre	Padgepool Place	NE71 6BL	North	
Union Brae & Norham Practice	Union Brae Surgery	Tweedmouth	TD15 2HB	North	
Glendale Surgery	Cheviot Primary Care Centre	Padgepool Place	NE71 6BL	North	
Middle Farm Surgery	51 Main Street	Felton	NE65 9PR	North	
Ponteland Medical Group	Ponteland Primary Care Centre	Meadowfield	NE20 9SD	West	

White Medical Group	Ponteland Primary Care Centre	Meadowfield	NE20 9SD	West	
Prudhoe Medical Group	Kepwell Bank Top	Prudhoe	NE42 5PW	West	
Corbridge Medical Group	Health Centre	Newcastle Road	NE45 5LG	West	
Burn Brae Medical Group	Hexham Primary Care Centre	Corbridge Road	NE46 1QJ	West	
Bellingham Practice	Bellingham	Hexham	NE48 2HE	West	
Sele Medical Practice	Hexham Primary Care Centre	Corbridge Road	NE46 1QJ	West	
Haltwhistle Medical Group	Greencroft Avenue	Haltwhistle	NE49 9AP	West	
Riversdale Surgery	51 Woodcroft Road	Wylam	NE41 8DH	West	
Humshaugh & Wark Medical Group	The Surgery	Humshaugh	NE46 4BU	West	
Scots Gap Medical Group	The Surgery	Scots Gap	NE61 4EG	West	
Haydon & Allen Valleys	North Bank	Haydon Bridge	NE47 6LA	West	
Branch End Surgery	Main Road	Stocksfield	NE43 7LL	West	
Adderlane Surgery	16a Adderlane Road	West Wylam	NE42 5HR	West	
Allendale Health Centre	Shilburn Road	Allendale	NE47 9LG	West	

APPENDIX C – 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 Northumberland Clinical Commissioning Group so that it can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations.

1.1.2. The standing orders, together with the CCG's scheme of reservation and delegation⁴⁶ and the CCG's prime financial policies⁴⁷, 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 boards, committees or sub-committees;
- d) The process to delegate powers,
- e) The declaration of interests and standards of conduct.

These arrangements comply, and are consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁴⁸ 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. CCG members, employees, members of the Governing Body, members of the Governing Body's boards, committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG will be made 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 D).

⁴⁶ See Appendix D

⁴⁷ See Appendix E

⁴⁸ 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. Chapter 3 of the CCG's constitution provides details of the membership of the CCG (also see Appendix B).
- 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 practice representatives (section 7.1 of the constitution).

2.2. Key Roles

- 2.2.1. Paragraph 6.5.3 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. **Practice Representatives**, as described in paragraph 7.1 of the CCG's constitution, are subject to the following appointment process:

- a) **Eligibility** – Each Practice Representative will be a clinician who is a partner, employee or shareholder of the member practice of the CCG of which they are the representative.
- b) **Appointment process** – Each practice may use any process to appoint an eligible representative provided that it complies with the CCG's Standards of Business Conduct.
- c) **Term of office** – The term of office for each Practice Representative will be agreed by the relevant practice at the time of appointment, but will not exceed three years.
- d) **Eligibility for reappointment** – Practice Representatives will be eligible for reappointment;
- e) **Notice of changes** – Any changes by a practice in the appointment to its Practice Representative post must be notified by the practice in writing to the Strategic Head of Corporate Affairs within 7 days of the change.
Register of Practice Representatives – The Strategic Head of Corporate Affairs will be responsible for maintaining a register of Practice Representatives. This can be inspected on request by any member of the CCG.
- f) **Grounds for removal from office** - Practices may remove and replace their Practice Representative at any time, but must do so immediately if they cease to be a clinician who is a partner, employee or shareholder of the member practice of the CCG of which they are the representative

- 2.2.3. The CCG **Lay Chair**, as described in paragraph 7.4 of the CCG's constitution, is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG's website and in local media. Applications must be made by the specified closing date to the Strategic Head of Corporate Affairs.

- b) **Eligibility** – The CCG Lay Chair must live or work in Northumberland, or be able to demonstrate how they are otherwise able to bring that perspective to the Governing Body;
- c) **Appointment process** – An appointments panel will be convened, chaired by the Accountable Officer and including appropriate locality representation and an external assessor. The appointments panel will agree on the process for shortlisting, interviewing and appointment in line with current guidance and available support.
The appointments panel will recommend an individual for appointment as CCG Lay Chair. The recommendation will be submitted to an ordinary meeting of the CCG for approval.
- d) **Term of office** – The CCG Lay Chair will serve for a term of three years;
- e) **Eligibility for reappointment** – The CCG Lay Chair will be eligible for reappointment up to two times (ie they can serve for a maximum of nine years);
- f) **Grounds for removal from office** - The CCG Lay Chair may be removed from office by a vote at an Annual General Meeting or other ordinary meeting of the CCG if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG or the Governing Body each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, or Locality group.
 - vii) Cause significant reputation damage to the CCG.
- g) **Notice period** – The CCG Lay Chair must give 3 months’ written notice of an intention to resign from the post to the Accountable Officer.

2.2.4. The **CCG Deputy Chair**, as described in paragraph 7.5 of the CCG’s constitution, is subject to the following appointment process:

- a) **Eligibility** – the CCG Deputy Chair will be the Clinical Director of Primary Care;
- b) **Appointment process** – The CCG Lay Chair will appoint the Clinical Director of Primary Care to serve as CCG Deputy Chair.
- c) **Term of office** – The CCG Deputy Chair will serve for one year or until the end of the term of office of the Clinical Director of Primary Care appointed to the post, whichever is sooner;
- d) **Eligibility for reappointment** – The CCG Deputy Chair will be eligible for reappointment up to two times;
- e) **Grounds for removal from office** - The CCG Deputy Chair may be removed from office by the Governing Body if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG or the Governing Body each year;

- v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG
- f) **Notice period** – The CCG Deputy Chair must give 3 months' written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.5. The **Lay Governors** as listed in paragraph 6.5.3 of the CCG's constitution, are subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG's website and in local media. Applications must be made by the specified closing date to the Strategic Head of Corporate Affairs.
- b) **Eligibility** – The Lay Governor (leading on corporate finance and patient and public involvement) must live or work in Northumberland, or be able to demonstrate how they are otherwise able to bring that perspective to the Governing Body;
- c) **Appointment process** – An appointments panel will be convened, chaired by the CCG Lay Chair and including appropriate locality representation and an external assessor. The appointments panel will agree on the process for shortlisting, interviewing and appointment in line with current guidance and available support.

The appointments panel will recommend an individual for appointment as Lay Governor (leading on resources and performance). The recommendation will be submitted to the CCG for formal approval.

- d) **Term of office** – The Lay Governor (leading on corporate finance and patient and public involvement matters), and the Lay Governor (leading on audit and conflict of interest) will together be subject to the following rules governing their term of office:
 - i) All Lay Governors will serve for an initial term of one, two or three years from the date of the CCG's establishment, to be determined for each post by lot (one post will be for one year, one for two years and one for three years).
 - ii) Subsequently, Lay Governors will serve for a term of three years.
- e) **Eligibility for reappointment** – The Lay Governor (leading on corporate finance and patient and public involvement matters) will be eligible for reappointment up to two times (i.e. they can serve for a maximum of nine years);
- f) **Grounds for removal from office** - The Lay Governor (leading on resources and performance and patient and public involvement matters) may be removed from office by a vote at an Annual General Meeting or other ordinary meeting of the CCG if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG and/or the Governing Body each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.

- g) **Notice period** – The Lay Governor (leading on finance and patient and public involvement matters) must give 3 months’ written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.6. The **Governing Body Nurse Member**, as described in paragraph 6.5.3 of the CCG’s constitution, is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local media. Applications must be made by the specified closing date to the Strategic Head of Corporate Affairs.
- b) **Eligibility** – The Nurse Member will be a registered nurse. They will not be currently employed by any organisation providing services to residents of Northumberland, or from which the CCG secures any significant volume of provision. They will not be currently employed by a general practice.
- c) **Appointment process** – An appointments panel will be convened, chaired by the CCG Lay Chair and including appropriate locality representation and an external assessor. The appointments panel will agree on the process for shortlisting, interviewing and appointment in line with current guidance and available support.

The appointments panel will recommend an individual for appointment as Nurse Member. The recommendation will be submitted to the CCG for formal approval.

- d) **Term of office** – The Nurse Member will serve for a term of three years;
- e) **Eligibility for reappointment** – The Nurse Member will be eligible for reappointment up to two times (ie they can serve for a maximum of nine years);
- f) **Grounds for removal from office** - The Nurse Member may be removed from office by a vote at an Annual General Meeting or other ordinary meeting of the CCG if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG and/or the Governing Body each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG
- g) **Notice period** – The Nurse Member must give 3 months’ written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.7. The **Governing Body Secondary Care Doctor Member**, as described in paragraph 6.5.3 of the CCG’s constitution, is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local media. Applications must be made by the specified closing date to the Strategic Head of Corporate Affairs.
- b) **Eligibility** – The Governing Body Secondary Care Doctor Member will be a doctor who is, or has been, a secondary care specialist, who has a high level of understanding of how care is delivered in a secondary care setting.

They will not be currently employed by any organisation providing its services to residents of Northumberland, or from which the CCG secures any significant volume of provision.

- c) **Appointment process** – An appointments panel will be convened, chaired by the CCG Lay Chair and including appropriate locality representation and an external assessor. The appointments panel will agree on the process for shortlisting, interviewing and appointment in line with current guidance and available support.

The appointments panel will recommend an individual for appointment as Secondary Care Doctor Member. The recommendation will be submitted to the CCG for formal approval.

- d) **Term of office** – The Secondary Care Doctor Member will serve for a term of three years;
- e) **Eligibility for reappointment** – The Secondary Care Doctor Member will be eligible for reappointment up to two times (ie they can serve for a maximum of nine years);
- f) **Grounds for removal from office** - The Secondary Care Doctor Member may be removed from office by a vote at an Annual General Meeting or other ordinary meeting of the CCG if they:
- i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG and/or the Governing Body each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- g) **Notice period** – The Secondary Care Doctor Member must give 3 months' written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.8. The **Clinical Director of Primary Care**, as described in paragraph 7.11 of the CCG's constitution, is subject to the following appointment process:

- a) **Application** – Details of the post and the procedure for application will be circulated to all member practices. Application must be made by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – The Clinical Director of Primary Care will be a clinician who is a partner, employee or shareholder of a member practice of the CCG.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree on the process for shortlisting, interviewing and appointment in line with current guidance, and including appropriate locality representation and an external assessor. A recommendation for appointment will be made at a formal meeting of the CCG.
- d) **Term of office** – The Clinical Director of Primary Care will serve for a term of three years, subject to satisfactory performance reviews;
- e) **Eligibility for reappointment** – The Clinical Director of Primary Care will be eligible for reappointment up to two times (i.e. they can serve for a maximum of nine years);

- f) **Grounds for removal from office** - The Accountable Officer may require the CCG membership to consider that the Director of Primary Care stands down if they:
- g) if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG, the Governing Body and/or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- h) **Notice period** – The Clinical Director of Primary Care must give 6 months’ written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.9. **The Accountable Officer**, as described in paragraph 7.10 of the CCG’s constitution, is subject to the following appointment process:

- a) **Application** – Recruitment will be via open advert. Application on the basis of a person specification and job description. Application must be made by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – Applicants must not be disqualified from membership under Clinical Commissioning Group regulations. Applicants must be approved/accredited by any national assessment criteria stipulated for the role.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree on the process for shortlisting, interviewing and appointment in line with current guidance, and including appropriate locality representation and an external assessor. The process will also include an assessment centre to ensure that shortlisted candidates meet national guidance and criteria set for Accountable Officers.

A recommendation for appointment will be agreed at a formal meeting of the CCG and submitted to NHS England.

- d) **Term of office** – The tenure will be specified by NHS England and laid out in the relevant terms and conditions.
- e) **Eligibility for reappointment** – Provided the post holder continues to meet the eligibility criteria at 2.2.9 (b) above and remains in CCG employment, there is no reappointment process. **Grounds for removal from office** - The CCG may make an application to NHS England for the removal of the Accountable Officer from office by a vote at an Annual General Meeting or other ordinary meeting of the CCG if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG, the Governing Body and/or the Clinical Executive Committee each year;

- v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- f) Notice period** – The Accountable Officer must give 6 months’ written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.10. The **Locality Director or Business Director** as listed in paragraph 7.2.1 of the CCG’s constitution, is subject to the following appointment process:

- a) **Eligibility** – All the Locality Directors or Business Director on the Governing Body will be one of the Locality Directors or one of the Business Directors of the CCG;
- b) **Appointment process** – The Clinical Director of Primary Care will make a recommendation on the appointment of the Locality Directors or Business Director on the Governing Body to the CCG for approval.
- c) **Term of office** – The Locality Directors or Business Director on the Governing Body will serve for a term of three years;
- d) **Eligibility for reappointment** – The Locality Director or Business Director on the Governing Body will not normally be eligible for reappointment, unless no other eligible Locality or Business Directors are willing to serve in the post, and can only be reappointed once.
- e) **Grounds for removal from office** – The Clinical Director of Primary Care may require the CCG membership to consider that the Locality Director or Business Director on the Governing Body stand down if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG, the Governing Body and/or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- f) **Notice period** – The Locality Director or Business Director on the Governing Body must give 1 month’s written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.11. The **Chief Operating Officer**, as listed in paragraph 7.12 of the CCG’s constitution, is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local and national media. Applications must be made in the specified form and by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – There are no restrictions on eligibility for this post.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree on the process for shortlisting, interviewing and appointment in line with current guidance, and including appropriate locality representation, the Accountable

Officer, and an external assessor. The process will also include an assessment centre to ensure that shortlisted candidates meet national guidance and criteria.

The Appointments & Remuneration Committee will make a recommendation for appointment to the Governing Body, who will make the formal appointment to the post.

- d) **Grounds for removal from office** – The CCG Lay Chair may require the Chief Operating Officer to resign if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG, the Governing Body and/or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- e) **Notice period** – The Chief Operating Officer must give 6 month’s written notice of an intention to resign from the post to the CCG Lay Chair.

2.2.12. The **Chief Finance Officer**, as listed in paragraph 7.13 of the CCG’s constitution, is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local and national media. Applications must be made in the specified form and by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – The Chief Finance Officer must hold a qualification of one of the individual CCAB bodies or CIMA;
- c) **Appointment process** – The Appointments & Remuneration Committee will agree a process for shortlisting, interviewing and selection of a recommended person for appointment to this post in line with current guidance and available support. This will include input from members of the Appointments & Remuneration Committee, the Accountable Officer, the Chief Operating Officer and an external assessor.

The Appointments & Remuneration Committee will make a recommendation for appointment to the Governing Body, who will make the formal appointment to the post.

- d) **Grounds for removal from office** – The Accountable Officer may require the Chief Finance Officer to resign if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG, the Governing Body and/or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;

- vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
- vii) Cause significant reputation damage to the CCG.
- e) **Notice period** – The Chief Finance Officer must give 6 month’s written notice of an intention to resign from the post to the Accountable Officer.

2.2.13. The **Director of Nursing, Quality and Patient Safety** is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local and national media. Applications must be made in the specified form and by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – The Director of Nursing, Quality and Patient Safety must be a registered doctor or nurse or an allied health professional;
- c) **Appointment process** – The Appointments & Remuneration Committee will agree a process for shortlisting, interviewing and selection of a recommended person for appointment to this post in line with current guidance and available support. This will include input from members of the Appointments & Remuneration Committee, the Accountable Officer, the Chief Operating Officer and an external assessor.

The Appointments & Remuneration Committee will make a recommendation for appointment to the Governing Body, who will make the formal appointment to the post.

- d) **Grounds for removal from office** – The Accountable Officer may require the Director of Quality and Patient Safety to resign if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- e) **Notice period** – The Director of Nursing, Quality and Patient Safety must give 6 month’s written notice of an intention to resign from the post to the Accountable Officer.

2.2.14. The **Clinical Director of Commissioning** is subject to the following appointment process:

- a) **Applications** – The post will be advertised on the CCG’s website and in local and national media. Applications must be made in the specified form and by the specified closing date to the CCG Lay Chair.
- b) **Eligibility** – The Clinical Director of Commissioning must be a primary or secondary care clinician.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree a process for shortlisting, interviewing and selection of a recommended person for appointment to this post in line with current guidance and available support. This

will include input from members of the Appointments & Remuneration Committee, the Accountable Officer, the Chief Operating Officer and an external assessor.

The Appointments & Remuneration Committee will make a recommendation for appointment to the Governing Body, who will make the formal appointment to the post.

- d) **Grounds for removal from office** – The Accountable Officer may require the Clinical Director of Commissioning to resign if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- e) **Notice period** – The Clinical Director of Commissioning must give 6 month's written notice of an intention to resign from the post to the Accountable Officer.

2.1.16 The **Locality Directors**, as listed in paragraph 7.2.1 of the CCG's constitution, are subject to the following appointment process:

- a) **Nominations** – Details of each post and the procedure for nominations will be circulated to all member practices in the relevant locality or localities. Nominations must be made by the specified closing date to the Strategic Head of Corporate Affairs.
- b) **Eligibility** – Each Locality Director will be a partner, employee or shareholder of a member practice of the relevant locality of the CCG.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree a process for shortlisting, interviewing and recommendations for appointment to these posts in line with current guidance and available support.

This will include appropriate locality representation and input from the Accountable Officer and an external assessor, leading to a recommendation by the relevant Locality Group to the Appointments & Remuneration Committee of a suitable nominee. Recommendations for appointment to all Locality Director posts will be submitted by the Appointments & Remuneration Committee to the Governing Body for approval and formal appointment.

- d) **Term of office** –
 - i) Locality Directors will serve for a term of three years.
- e) **Eligibility for reappointment** – Locality Directors will be eligible for reappointment up to two times (i.e. they can serve for a maximum of nine years);
- f) **Grounds for removal from office** – The CCG's Governing Body may ask the member practices to consider that a Locality Director may be removed from office by the Governing Body if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;

- iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG and/or the Clinical Management Board Executive Committee each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- g) **Notice period** – a Locality Director must give 6 months' written notice of an intention to resign from the post to the Accountable Officer.

2.1.17 The **Business Director (Finance & Commissioning)**, as listed in paragraph 7.2.1 of the CCG's constitution, are subject to the following appointment process:

- a) **Nominations** – Details of the post and the procedure for nominations will be circulated to all member practices in the CCG. Nominations must be made by the specified closing date to the Strategic Head of Corporate Affairs.
- b) **Eligibility** – The Business Director will be a partner, employee or shareholder of a member practice of the CCG.
- c) **Appointment process** – The Appointments & Remuneration Committee will agree a process for shortlisting, interviewing and recommendations for appointment to this post in line with current guidance and available support.

This will include appropriate locality representation and input from the Accountable Officer and an external assessor. Recommendations for appointment to the Business Director post will be submitted by the Appointments & Remuneration Committee to the Governing Body for approval and formal appointment.

- d) **Term of office** – The Business Director will serve for a term of three years.
- e) **Eligibility for reappointment** – The Business Director will be eligible for reappointment up to two times (i.e. they can serve for a maximum of nine years);
- f) **Grounds for removal from office** – The Business Director may be removed from office by the Governing Body if they:
 - i) Fail to meet 2012 Regulations for Governing Body membership;
 - ii) Breach the Nolan principles;
 - iii) Become disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;
 - iv) Do not attend the majority of meetings of the CCG and/or the Clinical Management Board each year;
 - v) Fail to disclose a pecuniary interest regarding matters under discussion within the organisation;
 - vi) No longer enjoy the confidence of the relevant group e.g. the CCG, the Locality group.
 - vii) Cause significant reputation damage to the CCG.
- g) **Notice period** – The Business Director must give 6 months' written notice of an intention to resign from the post to the Accountable Officer.

3 MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1 This section applies to meetings of the CCG, consisting of the appointed Practice Representatives of all members of the CCG. Meetings of the Governing Body and its committees are covered in section 4.

3.2 Ordinary meetings of the CCG

3.2.1 Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine:

- a) There will be at least two ordinary meetings of the CCG each year, one of which will be the Annual General Meeting of the CCG;
- b) There will be no more than 8 months between ordinary meetings of the CCG, and no more than 15 months between Annual General Meetings;
- c) The Accountable Officer or Locality Director or Business Director on the Governing Body, or any member of the CCG, can call an ordinary meeting of the CCG at any time by giving all the members of the CCG at least 21 days' notice of.

3.2.2

- a) The place, day and time of the meeting;
- b) Whether it is an Annual General Meeting;
- c) Arrangements for submission of proxy notices, and
- d) The general nature of the business to be transacted.

3.3 Agenda, supporting papers and business to be transacted

3.3.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Accountable Officer at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 8 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.

3.3.2 Any resolutions to be considered at the meeting must be set out in full in the agenda.

3.4 Chair of a meeting

3.4.1 At any meeting of the CCG, the CCG Lay Chair, if present, shall preside. If the Lay Chair is absent from the meeting, the Deputy Lay Chair, if present, shall preside.

3.4.2 If the Lay Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Lay Chair, if present, shall preside. If both the Lay Chair and the Deputy Lay Chair are absent, or are disqualified from participating, a member of the CCG 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 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 and attendance

- 3.6.1 Ten Practice Representatives (or proxies appointed in line with section 3.7 of these standing orders) must be present in person at the meeting for the meeting to be quorate.
- 3.6.2 In exceptional circumstances and where agreed in advance by the chair, members of the CCG may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.
- 3.6.3 Practice Representatives may (if agreed in advance in respect of specific issues for decision at a meeting) submit votes by post, fax, email or other electronic means, but submission of votes by these means shall not constitute presence in person at the meeting.

3.7 Proxies

- 3.7.1 Proxies may only validly be appointed by a notice in writing (a “proxy notice”) which:
- a) States the name and address of the Practice Representative appointing the proxy;
 - b) Identifies the person appointed to be that Practice Representative’s proxy and the general meeting in relation to which that person is appointed;
 - c) Is signed by or on behalf of the Practice Representative appointing the proxy, or is authenticated by the relevant practice; and
 - d) Is delivered to the meeting in accordance with any instructions contained in the notice of the meeting to which they relate.
- 3.7.2 The CCG may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.
- 3.7.3 Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.
- 3.7.4 Unless a proxy notice indicates otherwise, it must be treated as:
- a) Allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting, and
 - b) Appointing that person as a proxy in relation to any adjournment of the general meeting to which it relates as well as the meeting itself.
- 3.7.5 An appointment under a proxy notice may be revoked by delivering to the meeting a notice in writing given by or on behalf of the Practice Representative by whom or on whose behalf the proxy notice was given, but any such notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

3.8 Decision making

- 3.8.1 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:

- a) **Eligibility**
 - i) Practice Representatives listed in the Register of Practice Representatives,
 - ii) Proxies appointed by Practice Representatives in line with section 3.7 of these standing orders, or
 - iii) A representative of the Local Medical Committee acting as a proxy for any locum GPs on the performers' list without a primary practice but who have worked in Northumberland in the 12 months prior to the date of the meeting; are eligible to vote.
- b) **Number of votes**
 - i) Every Practice Representative or appointed proxy shall have 0.5 vote for each 500 persons on their practice's Practice List, as weighted by the national commissioning formula in place at that time, or (if no such formula is in force) by the Carr-Hill formula, and rounded to the nearest 500;
 - ii) The Register of Practice Representatives will include the number of each practice's votes, and this number will be calculated each quarter. The number of votes calculated each quarter will be published on the CCG's website at www.northumberlandccg.nhs.uk;
 - iii) Locum GPs on the performers' list and having worked in Northumberland in the 12 months prior to the date of the meeting will have 1.8 votes (corresponding to a notional list size of 1800) multiplied by a factor equal to the average number of sessions performed per week in the 12 months prior to the date of the meeting as a proportion of 10 sessions per week.
- c) **Advance voting** – Practice Representatives may submit votes in advance of the meeting by post for decisions for which this process has been agreed by the chair of the meeting. For such issues, voting forms will be distributed to Practice Representatives with the relevant meeting agenda, together with instructions for submitting votes. Advance votes will be confirmed by the CCG at the relevant meeting, provided that the meeting is quorate.
- d) **Majority necessary to confirm a decision** – a simple majority will be required;
- e) **Casting vote** - In the case of an equality of votes, the chair of the meeting shall be entitled to a casting vote;
- f) **Dissenting views** - members taking a dissenting view but losing a vote may have their dissent recorded in the minutes.

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

3.9 Emergency powers and urgent decisions

3.9.1 If a meeting to discuss an urgent issue is required, as much notice will be given to members as is reasonably practical in the circumstances. A record will be kept by the CCG Lay Chair of the actions taken to communicate with members regarding the need for the meeting and the arrangements made for holding the meeting.

- 3.9.2 If such a meeting is held, Practice Representatives or nominated proxies attending the meeting will have the power to make decisions, with voting arrangements as set out in section 3.8 of these standing orders.
- 3.9.3 If no Practice Representatives or proxies are present or if the meeting is not quorate, then the Accountable Officer, if present, or (if the Accountable Officer is not present) the Locality Director or Business Director on the Governing Body may take a decision on behalf of the CCG. In this case Accountable Officer or Locality Director/ Business Director on the Governing Body will take all practical steps to consult with members of the CCG, and will take advice from the CCG Lay Chair or other members of the Governing Body, before taking the decision.
- 3.9.4 Any decisions taken in the circumstances described in this section will be reported to the Governing Body at its next meeting by the CCG Lay Chair and reviewed by the Governing Body at that meeting. They will also be reported to members as soon as practicable after the meeting, and recorded at the next ordinary meeting of the CCG.

3.10 Suspension of Standing Orders

- 3.10.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided a quorum of members are in agreement.
- 3.10.2 A decision to suspend standing orders together with the reasons for doing so (for example, to deal with a civil emergency) shall be recorded in the minutes of the meeting.
- 3.10.3 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.

3.11 Record of Attendance

- 3.11.1 The names of all those present at the meeting shall be recorded in the minutes of the CCG's meetings, including:
- a) The member practice of which each person is a partner, employee or shareholder;
 - b) Whether or not each person is a Practice Representative eligible to vote at the meeting

3.12 Minutes

- 3.12.1 The Accountable Officer will be responsible for making arrangements for taking and drafting of minutes of ordinary meetings of the CCG.
- 3.12.2 Minutes will be agreed by the chair of the meeting and confirmed as a true record by the CCG at the following meeting.
- 3.12.3 Minutes will be circulated to all member practices of the CCG and published on the CCG's website (excluding any minutes relating to a confidential issue or where publicity on a matter would be prejudicial to the public interest).

3.13 Admission of public and the press

3.13.1 The CCG will hold one meeting each year for the purposes of presenting its annual report to the public.

3.13.2 Minutes of other meetings will be made available to the public via the CCG's website.

4 MEETINGS OF THE GOVERNING BODY

4.1 This section applies to meetings of the Governing Body and its committees

The committees of the Governing Body are:

- The Appointments & Remuneration Committee
- The Audit Committee
- The Corporate Finance Committee
- The Clinical Management Board

Meetings of the CCG are covered in section 3.

4.2 Calling meetings

4.2.1 Meetings of the Governing Body will be monthly, with a minimum of 4 public meetings each year, and not less than 5 times per financial year. There will be no more than 2 months between meetings.

4.2.2 Meetings of the Appointments & Remuneration Committee will be held as and when required, but not less than once per financial year. There will be no more than 15 months between meetings.

4.2.3 Meetings of the Audit Committee will normally be held bi-monthly, and not less than 5 times per financial year. There will be no more than 20 weeks between meetings.

4.2.4 Meetings of the Northumberland Primary Care Committee will normally be held bi-monthly and not less than 5 times per financial year. There will be no more than 13 weeks between meetings

4.2.5 Meetings of the Corporate Finance Committee will be monthly and not less than 10 times per financial year. There will be no more than 8 weeks between meetings

4.2.6 Meetings of the Clinical Management Board will be monthly and not less than 10 times per financial year. There will be no more than 8 weeks between meetings

4.2.7 Members will be expected to attend each meeting.

4.2.8 In exceptional circumstances and where agreed in advance by the chair of the meeting, members of the Governing Body or one of its boards or committees, or others invited to attend, may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

4.3 Agenda, supporting papers and business to be transacted

- 4.3.1 The agenda for meetings of the Governing Body or one of its boards or committees will be set by the relevant chair.
- 4.3.2 The agenda and papers for meetings will be distributed 5 working days in advance of the meeting. Items for the agenda should be notified to the chair 10 days in advance of each meeting. The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.
- 4.3.3 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.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.

4.4 Admission of public and the press

- 4.4.1 At least 4 meetings of the Governing Body will be held in public each year. Other meetings will be held in private where this is in the public interest. Meeting dates, times and venues will be published on the CCG's website.
- 4.4.2 Meetings of the Governing Body's boards and committees will not normally be held in public, and no meetings of the Appointments & Remuneration Committee will be held in public.

4.5 Petitions

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

4.6 Chair of a meeting

- 4.6.1 At any meeting of the Governing Body or of a board or committee, the CCG Lay Chair or committee chair, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.
- 4.6.2 If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy 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.

4.7 Chair's ruling

- 4.7.1 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.

4.8 Quorum

4.8.1 Five members are needed for the Governing Body to be quorate, and:

- a) At least two of the CCG Lay Chair/Governors must be present;
- b) Either the Accountable Officer or the Locality Director or Business Director on the Governing Body must be present;
- c) Either the Chief Operating Officer or the Chief Finance Officer must be present.

4.8.2 For all other of the CCG's boards, committees and sub-committees, including the Governing Body's committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference

4.9 Decision making

4.9.1 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 Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote will be required, the process for which is set out below:

- a) **Eligibility** – all members of the Governing Body are eligible to vote. Those invited to attend will not be entitled to vote.
- b) **Majority necessary to confirm a decision** - Decisions required as part of a meeting will be determined by simple majority.
- c) **Casting vote** - Where there is no majority the chair will have the casting vote.

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

4.9.3 For all other of the CCG's boards, 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.

4.10 Minutes

4.10.1 Secretarial support to the Governing Body, including taking minutes, will be provided by the office of the Strategic Head of Corporate Affairs.

4.10.2 Minutes of the Governing Body (excluding any minutes relating to a confidential issue or where publicity on a matter would be prejudicial to the public interest) will be published on the CCG's website at www.northumberlandccg.nhs.uk, and available for inspection at the CCG's headquarters. Copies will also be available by post or email from the CCG's Strategic Head of Corporate Affairs at the CCG's headquarters.

5 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

5.1 Appointment of committees and sub-committees

- 5.1.1 The CCG may appoint boards, committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State⁴⁹, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such boards, 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.
- 5.1.2 Other than where there are statutory requirements, such as in relation to the Governing Body's audit committee or remuneration committee, the Governing Body shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
- 5.1.3 The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's boards, committees and sub-committees and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

5.2 Terms of Reference

- 5.2.1 Terms of reference shall have effect as if incorporated into the constitution and shall be available on the CCG's website.

5.3 Delegation of Powers by Committees to Sub-committees

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

5.4 Approval of Appointments to Committees and Sub-Committees

- 5.4.1 The CCG shall approve the appointments to the Governing Body and the Clinical Management Board. The CCG shall agree such travelling or other allowances as it considers appropriate.
- 5.4.2 The Governing Body shall approve the appointments to each of the committees of the Governing Body which it has formally constituted. The Governing Body shall agree such travelling or other allowances as it considers appropriate.

⁴⁹ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

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

6.1 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 Accountable Officer as soon as possible.

7 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1 Clinical Commissioning Group's seal

7.1.1 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 Accountable Officer;
- b) The Chief Finance Officer;
- c) The Chief Operating Officer.

7.2 Execution of a document by signature

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

- a) The Accountable Officer;
- b) The Chief Finance Officer;
- c) The Chief Operating Officer.

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

8.1 Policy statements: general principles

8.1.1 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 the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

- 1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP 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.

2. Scheme of delegation of decisions relating to statutory functions

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	X								
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	X								
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the CCG, delegated to the Governing Body, delegated to a committee or board of the CCG (including the CMB) or to one of its members or employees							X		
REGULATION AND CONTROL	Prepare for review by the Governing Body the CCG's overarching scheme of reservation and delegation,						X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
	which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the CCG's Governing Body, committees of the CCG (including the CEC), or its members or employees and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the Governing Body's committees and sub-committees, members of the Governing Body, an individual who is member of the CCG but not the Governing Body or a specified person for inclusion in the CCG's constitution.									
REGULATION AND CONTROL	Approval of the CCG's overarching scheme of reservation and delegation.	X								
REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group.							X		
REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
	CCG's 'overarching scheme of delegation'									
REGULATION AND CONTROL	Prepare Prime and Detailed Financial Policies (including the financial scheme of delegation)									x
REGULATION AND CONTROL	Approve Prime and Detailed financial policies (including the financial scheme of delegation).		X							
REGULATION AND CONTROL	Approve Policies not specified elsewhere in this Scheme of Delegation						X			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		X							
REGULATION AND CONTROL	Approve exceptional funding requests (within financially delegated limits)						X Function undertaken by the CCG Business Director on behalf of the CMB			
REGULATION AND CONTROL	In approving Standing Orders set out who can execute a document by signature / use of the seal	X								
REGULATION AND CONTROL	Overseeing arrangements for the management of conflicts of interest				X					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
REGULATION AND CONTROL	Maintain a register of interests of members and employees of the CCG							X		
REGULATION AND CONTROL	Ensure that the CCG is acting consistently with its duty to act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to promote a comprehensive health service and with the objectives and requirements placed on NHS England through the mandate published by the Secretary of State before the start of each financial year;		X							
REGULATION AND CONTROL	Ensure that the CCG is meeting the public sector equality duty;		X							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;		X							
REGULATION AND CONTROL	Approve the CCG's arrangements for discharging its duty to promote awareness of,		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
	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									
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to 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;		x							
REGULATION AND CONTROL	Approve a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to act effectively, efficiently and economically;		X							
REGULATION AND CONTROL	Approve arrangements, including supporting policies, to secure continuous improvement in quality and patient outcomes;						X			
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to act with a view to securing continuous improvement to the quality of services;						X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services;					X				
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to assist and support NHS England in relation to the duty to improve the quality of primary medical services					X				
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for reducing inequalities;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to have regard to the need to reduce inequalities;						X			
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for public involvement;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to promote the involvement of patients, their carers and representatives in decisions about their healthcare;						X			
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for patient choice;		x							
REGULATION	Ensure that the CCG is meeting							X		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
AND CONTROL	its duty to act with a view to enabling patients to make choices;									
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for obtaining appropriate advice;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health;		X Delegated to the Chairs of CCG boards and committees							
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for promoting innovation;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to promote innovation;							X		
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for promoting research and the use of research;		x							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to promote research and the use of research;						X			
REGULATION	Approve arrangements,		x							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
AND CONTROL	including supporting policies, for promoting education and training;									
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to have regard to the need to promote education and training 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 duty;						X			
REGULATION AND CONTROL	Approve arrangements, including supporting policies, for promoting integration;		X							
REGULATION AND CONTROL	Ensure that the CCG is meeting its duty to 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 inequalities;						X			
REGULATION AND CONTROL	Ensure that the CCG is discharging its financial duties appropriately and that there are		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
	sufficient actions in pace to mitigate risks in delivery;									
REGULATION AND CONTROL	Report to the CCG any issues that give it cause for assurance concern.		x							
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.		X Having regard to the views of member practices							
STRATEGY AND PLANNING	Approval of the CCG's operating structure.		X							
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.		X							
STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution. As proposed by the CFO in accordance with Prime Financial Policies		X							
STRATEGY AND	Approval of variations to the approved budget where variation		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
PLANNING	would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.									
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the CCG; and appointing clinical leaders to represent the CCG's membership on the CCG's Governing Body, for example through election (if desired).	x								
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	x								
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the CCG's proposed Accountable Officer.	x								

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PARTNERSHIP WORKING	Ensure that the CCG is working in partnership with the Northumberland Health and Wellbeing Board to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies		X							
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		X							
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		X							
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.							X		
OPERATIONAL AND RISK MANAGEMENT	Approve the operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG		X							
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements.				X					

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T										
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.		X							
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		X							
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.		X							
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.		X							
OPERATIONAL AND RISK MANAGEMENT	Approve the appointments of internal auditors				X					
INFORMATION GOVERNANCE	Approve the CCG's arrangements for handling complaints.		X							
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
	safekeeping and confidentiality of records and for the storage, management and transfer of information and data.									
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.	x								
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.			x						
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.			x						
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			x						
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG who are members of the Clinical Management Board and/or who report directly to the			x						

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	Accountable Officer or Chief Operating Officer									
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees who are members of the Clinical Management Board and/or who report directly to the Accountable Officer or Chief Operating Officer			x						
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG (except employees who are members of the Clinical Management Board and/or who report directly to the Accountable Officer or Chief Operating Officer)								x	
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees (except employees who are members of the Clinical Management Board and/or who report directly to the Accountable Officer or Chief Operating Officer) and to other persons providing services to the CCG.								x	
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable			x						

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	Officer, Chief Operating Officer and for other persons working on behalf of the CCG.									
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.		x							
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG						X			
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes		X							
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.		x							
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.							X		
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate		x							
COMMISSIONING AND	Exercise the functions relating to the commissioning of primary					x				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
CONTRACTING FOR GENERAL PRACTICE SERVICES	medical care services under section 83 of the NHS Act in accordance to the delegation by NHS England and such functions under sections 3 and 3A of the NHS Act as have been delegated to the 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		X							
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Make decisions and approve actions in relation to subjects recommended to it by the Northern CCG Forum, operating within the terms of this Constitution and within the agreed Terms of Reference for the committee		Delegated to Northern CCG Joint Committee							
ANNUAL REPORTS AND ACCOUNTS	Approval of the CCG's annual report and annual accounts.				X					
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		X							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated by GB to Remuneration Committee	Delegated by GB to Audit Committee	Delegated by CCG to Primary Care Commissioning Committee	Delegated by GB to Clinical Management Board	Delegated to Accountable Officer	Delegated to Chief Operating Officer	Delegated to CFO
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support. Subject to the limits laid down in the Financial Scheme of Delegation.						X			
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision). Subject to the limits laid down in the Financial Scheme of Delegation						X			

APPENDIX E – 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 Accountable 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 D.
- 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 clinical commissioning group'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 <http://www.northumberlandccg.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 the CCG's members, employees, members of the Governing Body, members of the Governing Body's boards, 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 D).

1.4. Contractors and their employees

- 1.4.1. 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 shall be covered by these instructions. It is the responsibility of the Accountable 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 regularly. Following consultation with the Accountable 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 CCG 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 (see paragraph 6.6.3(a) of the CCG's constitution for further information).
- 2.2. The Accountable 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 CCG 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, Accountable 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 Accountable Officer to review audit issues as appropriate. All Audit Committee members, the chair of the Governing Body and the Accountable 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 CCG has a professional and technically competent internal audit function; and
 - b) The Governing Body's Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. **FRAUD AND CORRUPTION**

POLICY – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG 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. EXPENDITURE CONTROL

POLICY – the CCG will act effectively, efficiently and economically. It will perform its functions so as to ensure its expenditure does not exceed the aggregate of its allotments for the financial year, ensure its use of resources does not exceed the amount specified, including taking into account any directions issued in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by NHS England

- 5.1. The CCG is required by statutory provisions⁵⁰ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable 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.
- 5.3. 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.

6. ALLOTMENTS⁵¹

POLICY – the CCG will ensure allotments are relevant, current and reasonable.

⁵⁰ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁵¹ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

6.1. 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.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the CCG will produce and publish an annual commissioning plan⁵² that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. 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 plans or budgets.
- 7.4. The Accountable 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.
- 7.5. The Governing Body will approve consultation arrangements for the CCG's commissioning plan⁵³.

⁵² See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁵³ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations⁵⁴, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

8.1. 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 Governing Body;
- b) Prepares the accounts according to the timetable approved by the Governing Body;
- 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; and
- e) Publishes the external auditor's management letter on the CCG's website at <http://www.northumberlandccg.nhs.uk>.

⁵⁴ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

9. INFORMATION TECHNOLOGY

POLICY – the CCG will ensure the accuracy and security of the CCG’s computerised financial data

- 9.1. 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.
- 9.2. 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.

10. ACCOUNTING SYSTEMS

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

- 10.1. 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 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.
- 10.2. 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.

11. BANK ACCOUNTS

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

11.1. 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 directions⁵⁵, 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.

11.2. The Governing Body shall approve the banking arrangements.

⁵⁵ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

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

POLICY – the CCG 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 CCG or its functions⁵⁶
- ensure its power to make grants and loans is used to discharge its functions effectively⁵⁷

12.1. The Chief Financial 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 NHS England 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.

⁵⁶ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁵⁷ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the CCG:

- 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 disposals

- 13.1. The CCG 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 Governing Body.
- 13.2. The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG 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 CCG'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 England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the CCG 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 CCG.

14. COMMISSIONING

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

- 14.1. The CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. 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.

15. RISK MANAGEMENT AND INSURANCE

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

15.1 The Accountable Officer shall ensure that the CCG has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Governing Body.

The programme of risk management shall include:

- a) A process for identifying and quantifying risks and potential liabilities;
- b) Engendering among all levels of staff a positive attitude towards the control of risk;
- c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) Contingency plans to offset the impact of adverse events;
- e) Audit arrangements including; internal audit, clinical audit, health and safety review;
- f) A clear indication of which risks shall be insured;
- g) Arrangements to review the risk management programme.

15.2 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current Department of Health guidance.

16. PAYROLL

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

- 16.1. 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.
- 16.2. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

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

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Finance Officer will:
- a) Advise the Governing Body 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.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the CCG 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 CCG's fixed assets

18.1. The Accountable 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.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

19.1. The Accountable 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.

20. TRUST FUNDS AND TRUSTEES

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

- 20.1. 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.

APPENDIX F - NOLAN PRINCIPLES

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)⁵⁸

⁵⁸ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. 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
2. **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 planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
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 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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁵⁹

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