NHS GREATER PRESTON
CLINICAL COMMISSIONING GROUP

CONSTITUTION

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FOREWORD

We are a Group of 29 general practices based in Preston and the surrounding areas. Our vision is to be responsive to the health needs of our population and to commission quality services in a timely and cost effective way.

Together we have formed NHS Greater Preston Clinical Commissioning Group so that we can use our combined knowledge and experience to achieve this vision. We will work within our resources to commission care in the most appropriate setting with the aim of our patients living longer healthier lives, receiving the best care and having the best health outcome from their care.

We recognise that we cannot do this alone; our relationship with our patients, the wider public, our staff and our colleagues from the surrounding hospitals; the local authority and in the voluntary sector are vitally important to us achieving our goals.

Our Constitution sets out the arrangements that we have put in place to help us deliver these goals; to discharge all of our legal obligations and to engage with our member, our patients and our community and other key stakeholders and partners to achieve this. It describes the Group's governing principles; the rules and procedures that we have established to ensure probity and accountability in the day-to-day running of our organisation; to ensure that decisions are taken in an open and transparent way and that our patients' and public interest always remain central to our goals.

It confirms the Group's:

- Legal standing
- mission, values and objectives;
- Membership and how members contribute to the organisation and their relationship with the Groups Governing Body;
- Who has the authority to make decisions;
- Leaders, their roles, how they are selected and codes of conduct;
- Meeting arrangements; and
- Prime financial policies.

Our Constitution applies to all our members; our employees and to anyone who is a member of our Membership Council; the Groups Governing Body, its committees, sub-committees and anyone else acting on behalf of the Group.

Each Member Practice, by its signature to this Constitution, shall agree that it is a member of NHS Greater Preston Clinical Commissioning Group and will adhere to, and work in accordance with its terms.

INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this Clinical Commissioning Group is NHS Greater Preston 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 Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2. The NHS Commissioning Board (herein after referred to as NHS England) is responsible for determining applications from prospective Groups to be established as Clinical Commissioning Groups[4] and undertakes an annual assessment of each established Group.[5] It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a Group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3. Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group 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 Greater Preston Clinical Commissioning Group and has effect from 04 August 2014, when NHS England approved the Constitution of the Group.[8]

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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

1.3.2. The Constitution is published on the Group's website at www.greaterprestonccg.nhs.uk or is available for inspection at the Group's headquarters, Chorley House, Lancashire Business Park, Leyland, PR26 6TT.

1.4. Amendment and Variation of this Constitution

1.4.1. This Constitution can only be varied in two circumstances:[9]

a) where the Group applies to NHS England and that application is granted;

b) where NHS England, in the circumstances set out in legislation, varies the Group's Constitution other than on application by the Group.

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

2.0 AREA COVERED

2.1. The geographical area covered by NHS Greater Preston Clinical Commissioning Group incorporates the city of Preston, and parts of the surrounding areas of , Longridge, Longton and Penwortham.

MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The practices listed in Appendix B comprise the Members of NHS Greater Preston Clinical Commissioning Group.

3.1.2. Each Member of the Group has signed to confirm their agreement to this Constitution which is held on file at the Group's headquarters.

3.2. Eligibility

3.2.1. A provider of primary medical services to a registered list of patients under a GMS, PMS or APMS contract shall be eligible for membership of the Group if a substantial number of its patients are ordinarily resident within the Area described at Clause 2.1.

3.2.2. No practice shall become a member of the Group unless that practice:

a) is eligible to become a member pursuant to clause 3.2.1 above;

b) signed and returned its agreement to the Group's Constitution;

c) has been entered into the register of members.

3.2.3. A Member shall cease to be a Member if:

a) it ceases to hold a contract for the provision of primary medical services within the Area described at clause 2.1; and

b) NHS England approves its removal from membership of the Group

3.3. Member Representatives

3.3.1. Each Member will be required to nominate a representative of that Practice who is any registered General Practitioner on the performers list for the area described at clause 2.1, working the majority of their clinical time, either full or part time for or on behalf of the practice, who will sit on the Membership Council of the Group.

3.3.2. Each Member shall notify the Governing Body in writing of the name of this representative.

3.3.3. Each Member may remove and replace their Member Representative at any time and from time-to-time, by providing notice in writing to the Chair of the Membership Council and to Corporate Services at corporate.services@chorleysouthribbleccg.nhs.uk. All replacements must meet eligibility criteria.

3.3.4. Each Member Representative shall hold one vote, which is cast on behalf of the Member they represent.

3.3.5. Each Member Representative will represent the member that has appointed it at the Membership Council and shall, following discussions with the Member they represent in advance of the meeting, cast the member vote. If a member representative is unable to attend a meeting then a nominated representative (GP) must be nominated by the practice. Prior to attending any meetings the representative should ensure that he/she consults on all papers with the practice to ensure that the representative acts and votes on behalf of the practice.

3.3.6. An individual shall cease to be a member representative if he or she:

a) ceases to be on the performers list of the area described at Clause 2.1;

b) is a member of a practice that ceases to be, for whatever reason, a Member of the Group;

c) is struck off the professional register by order of the GMC, or other relevant professional body, or is suspended;

d) is expelled by a resolution passed by a 67% majority of the Membership Council for conduct prejudicial to the Group;

e) does not fulfil their duties as a Member's Representative, as determined by the Membership Council;

f) if they are no longer employed by a Member Practice within the area described at clause 2.1; or

g) they are removed from the role of member representative in accordance with clause 3.3.3.

3.3.7. Where an individual ceases to be a Member Representative, the Member shall appoint a new Member Representative.

4. MISSION, VALUES AND OBJECTIVES

4.1. Statement of Mission, Values and Objectives

4.1.1. The Group shall publish a statement setting out its mission, values and objectives in its annual commissioning plan.

4.1.2. The Governing Body shall review the Statement of Mission, Values and Objectives each year, as part of the process for producing the commissioning plan for the following year, and shall decide whether any changes are appropriate.

4.1.3. A copy of the Group's Statement of Mission, Values and Objectives shall be published on its website.

4.2. Principles of Good Governance

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

4.2.2. In accordance with section 14L(2)(b) of the 2006 Act,[10] the Group will at all times observe "such generally accepted principles of good governance as are relevant to it" in the way it conducts its business. These include:

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;[11]

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[12]

d) the seven key principles of the *NHS Constitution*;[13]

e) the Equality Act 2010;[14]

f) Standards for Members of NHS Boards and Governing Bodies in England.[15]

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10 Inserted by section 25 of the 2012 Act

11 *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

12 See Appendix F

13 See Appendix G

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

15 See http://www.professionalstandards.org.uk/docs/psa-library/2012---advice-on-standards-for-board-members.pdf

4.3. Accountability

4.3.1. The Group will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

a) publishing its Constitution;

b) appointing independent Lay Members and non GP clinicians to its Governing Body;

c) holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually an operational plan and commissioning intentions;

e) complying with local authority health overview and scrutiny requirements;

f) meeting annually in public to publish and present its annual report (which must be published);

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to NHS England as required.

4.3.2. In addition to these statutory requirements, the Group will demonstrate its accountability by:

a) meeting with the Local Medical Committee;

b) publishing a public consultation report describing any formal consultations it has undertaken and the findings and actions resulting, as appropriate.

c) annually publishing engagement activity delivered, through the Annual Report and Accounts and the Equality Annual Report.

d) establishing a public advisory group and meeting with this at least four times per year to hear the concerns, discuss plans and reflect on strategy;

e) as common practice involving members of the public in clinical pathway or service reform project teams;

f) publishing on the Group's website all principal commissioning and operational policies including its procurement policy, effective use of resources policy and funding exceptional cases policy;

g) publishing on the Group's website the conflicts of interest policy and register of interests;

h) publishing on the Group's website the Hospitality Sponsorship, and Gifts policy and register;

i) publishing on the Group's website the findings of the Audit Committee when it is asked by the Chair to review the process by which decisions of the Governing Body that may be perceived to raise concerns over conflicts of interest concerns are made;

j) publishing as part of the annual accounts (in bands of £5,000) the remuneration of all employees and other individuals paid by the Group in excess of £50,000 per annum;

k) publishing as part of the annual accounts (in bands of £5,000) in accordance with the requirements of CCG regulations, the remuneration of all Governing Body Members, irrespective of the amount;

l) publishing the performance of the Group on its website.

4.3.3. The Governing Body of the Group will, throughout each year, have an on-going role in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance.

5.0 FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the Group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the *Department of Health's functions of Clinical Commissioning Groups: a working document*. They relate to:

a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

i) all people registered with member GP practices, and

ii) people who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;

b) commissioning emergency care for anyone present in the Group's area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;

d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the Group will:

a) act consistently[16], when exercising its functions to commission health services, with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[17] *and* with the objectives and requirements placed on NHS England through *the mandate*[18] published by the Secretary of State before the start of each financial year;

b) ***meet the public sector equality duty***[19];

c) work in partnership with the relevant local authorities to develop ***joint strategic needs assessments***[20] and ***joint health and wellbeing strategies***[21] ;

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

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

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

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

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

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

5.2. General Duties

5.2.1. In discharging its functions the Group will:

a) make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[22] ;

b) ***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***[23];

c) act ***effectively, efficiently and economically***[24];

d) act with a view to ***securing continuous improvement to the quality of services***[25]

e) assist and support NHS England in relation to the Governing Body's duty to ***improve the quality of primary medical services***[26]

f) have regard to the need to ***reduce inequalities***;

g) ***promote the involvement of patients, their carers and representatives in decisions about their healthcare***[27];

h) act with a view to ***enabling patients to make choices***[28];

i) ***obtain appropriate advice***[29] from persons who, taken together, have a broad range of professional expertise in healthcare and public health;

j) ***promote innovation***[30];

k) ***promote research and the use of research***[31]:

l) have regard to the need to ***promote education and training***[32] 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

22 See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
23 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)
24 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
25 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
26 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
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
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

of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[33];

m) 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 Group considers that this would improve the quality of services or reduce inequalities[34];

n) have regard to the need to manage effectively and confidentially information held about individuals.

5.3. General Financial Duties

5.3.1. The Group will perform its functions so as to:

a) ***ensure its expenditure does not exceed the aggregate of its allotments for the financial year***[35];

b) ***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];

c) ***take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England*** [37];

d) ***publish an explanation of how the Group spent any payment in respect of quality*** made to it by NHS England[38];

5.4. Arrangements by which the Group will comply with its functions

5.4.1. The Group will comply with its functions (including its duties and powers) as set out in legislation and this Constitution by:

a) delegating its functions to the Governing Body, unless the functions are reserved to the Members, acting through the Membership Council, under the Scheme of Delegation;

b) the Governing Body ensuring that the Group has made appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it;

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

c) acting in accordance with its Statement of Policy for Compliance with General Financial and Public Sector Equality Duties that the Governing Body will adopt, keep under review and update for the Group;

d) the Governing Body monitoring the performance of functions through the Group's reporting mechanisms; and

e) the Governing Body securing sufficient commissioning and back office support to fulfil the Group's duties.

5.5. Other Relevant Regulations, Directions and Documents

5.5.1. The Group will:

a) comply with all relevant regulations;

b) comply with directions issued by the Secretary of State for Health or NHS England; and

c) take account, as appropriate, of documents issued by NHS England.

5.5.2. The Group 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 Group policies and procedures.

6.0 DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

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

a) any of its Members;

b) its Governing Body;

c) employees;

d) a committee or sub-committee of the Group.

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 Group as expressed through:

a) this Constitution;

b) the Group's scheme of reservation and delegation; and

c) for committees, their terms of reference.

6.2. Scheme of Reservation and Delegation[39]

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

a) those decisions that are reserved for the membership as a whole; and

b) those decisions that are the responsibility of its Governing Body (and its committees), the Group's committees and sub-committees, individual members and employees.

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

6.3. General

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

a) comply with the Group's principles of good governance,[40]

39 See Appendix D

40 See section 4.2 on Principles of Good Governance above

b) operate in accordance with the Group's scheme of reservation and delegation,[41]

c) comply with the Group's standing orders,[42]

d) comply with the Group's arrangements for discharging its statutory duties,[43]

e) where appropriate, ensure that Member Practices have had the opportunity to contribute to the Group's decision making process.

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

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

a) identify the roles and responsibilities of those Clinical Commissioning Groups who are working together;

b) identify any pooled budgets and how these will be managed and reported in annual accounts;

c) specify under which Clinical Commissioning Group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) identify how disputes will be resolved and the steps required to terminate the working arrangements;

f) specify how decisions are communicated to the collaborative partners.

6.4. Committees of the Group

6.4.1. The Group:

a) shall have a committee called the Membership Council; and

b) may on, or after its establishment, appoint such other committees as it considers appropriate.

6.4.2. All decisions taken in good faith at a meeting of any Committee of the Group shall be valid even if there is any vacancy in its membership or it is discovered

41 See appendix D
42 See appendix C
43 See chapter 5 above

subsequently that there was a defect in the calling of the meeting or the appointment of any of the members of the committee attending the meeting.

6.4.3. **The Membership Council** shall:

a) comprise the nominated Member Representatives and the chair of the Governing Body, who is also the Chair of the Membership Council and in attendance, the Accountable Officer, the Vice Chair of the Governing Body and others as appropriate to support the conducting of its business;

b) subject to the 2006 Act, perform all those functions of the Group which have not been delegated under this Constitution or otherwise to:

i) the Governing Body;
ii) any other committee of the Group; or
iii) any employee or Member;

c) regulate their proceedings in accordance with the Standing Orders;

d) meet at least once per annum;

e) appoint its own sub-committees but these sub-committees will only be able to establish other sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Membership Council.

6.5. Joint Arrangements

6.5.1. The Group may establish joint committees with one or more local authorities , as it considers appropriate and will describe and publish on its website any such arrangements .

Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.2 The Group may wish to work together with one or more Clinical Commissioning Groups, as it considers appropriate, in the exercise of its commissioning functions. The Group will describe and publish on its website any such arrangements in a 'Statement of Collaborative Commissioning Arrangements'.

6.5.3 The Group may make arrangements with one or more CCG in respect of:
i) delegating any of the Group's commissioning functions to another CCG;
ii) exercising any of the commissioning functions of another CCG; or
iii) exercising jointly the commissioning functions of the Group and another CCG

6.5.4 For the purposes of the arrangements described at paragraph 6.5.3, the Group may:
i) make payments to another CCG;
ii) receive payments from another CCG;
iii) make the services of its employees or any other resources available to another CCG; or
iv) receive the services of the employees or the resources available to another CCG.

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

6.5.6 For the purposes of the arrangements described at paragraph 6.5.3 above, the Group may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.3.3 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.

6.5.7 Where the Group makes arrangements with another CCG as described at paragraph 6.5.3 above, the Group shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

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

6.5.8 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.5.3 above.

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

6.5.10 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.5.11 The governing body of the Group 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.

6.5.12 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the Group 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.

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

6.5.13 The Group may wish to work together with NHS England in the exercise of its commissioning functions.

6.5.14 The Group and NHS England may make arrangements to exercise any of the Group's commissioning functions jointly.

6.5.15 The arrangements referred to in paragraph 6.5.14 above may include other CCGs.

6.5.16 Where joint commissioning arrangements pursuant to 6.5.14 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.5.17 Arrangements made pursuant to 6.5.14 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the Group.

6.5.18 Where the Group makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.5.14 above, the Group shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

6.5.19 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.5.14 above.

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

6.5.21 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.5.22 The governing body of the Group shall require, in all joint commissioning arrangements that the Joint Delegated Commissioning Committee of the Group 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.

6.5.23 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the Group 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.

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

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

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

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

6.5.26 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.

6.5.27 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.

6.5.28 For the purposes of the arrangements described at paragraph 6.5.25above, 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.

6.5.29 Where the CCG enters into arrangements with NHS England as described at paragraph 6.5.25 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

6.5.30 The liability of NHS England to carry out its functions will not be affected here it and the CCG enter into arrangements pursuant to paragraph 6.5.25 above.

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

6.5.32 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.5.33 The governing body of the CCG shall require, in all joint commissioning arrangements that the Joint Delegated Commissioning Committee 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.

6.5.34 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.

6.6. The Governing Body

6.6.1. ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this Constitution.[44] The Governing Body may also have functions of the Group delegated to it by the Group. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group's functions to its Governing Body, these are set out below. The Governing Body has responsibility for:

a) ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the Groups *principles of good governance*[45] (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group 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;

c) approving any functions of the Group that are specified in regulations[46].

d) Ratify and maintain Terms of Reference for all committees

6.6.2. ***Composition of the Governing Body*** - the Governing Body must not have less than 6 members and consists of the following members:

a) the chair, who shall ordinarily be a clinician from a Member Practice;

b) one vice chair (who also leads on governance);

c) five GP Directors;

d) two Lay Members:
   i) one to lead on audit, finance and conflict of interest matters,
   ii) one to lead on patient and public participation matters;

e) one registered nurse;

f) one secondary care specialist doctor;

g) the accountable officer, who is the Group's Chief Officer and is appointed by NHS England;

h) the Chief Finance and Contracting Officer; and

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

45 See section 4.2 on Principles of Good Governance above

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

i) a member of the Senior management team appointed by the Governing Body.

6.6.3. In addition, the Governing Body may invite such other person(s) to attend all or any of its meetings, or part(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.

6.6.4. The Governing Body will invite the following individuals to attend any or all of its meetings and participate in the way described in 6.6.3 above:

a) the CCG Head of Planning and Delivery;

b) the CCG Head of Strategy and Corporate Services;

c) the CCG Head of Quality and Performance;

d) a member of Health Watch;

e) a member of the LMC; and

f) a Public Health Consultant.

6.6.5. ***Committees of the Governing Body*** - the Governing Body has appointed the following committees, joint committees and sub-committees

a) **Audit Committee** – the Audit Committee, which is accountable to the Group's Governing Body, provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee[47].

In addition, the Governing Body has conferred or delegated the following functions, connected with the Governing Body main function, to its Audit Committee:

i) Advising the Governing Body on internal and external audit services, including the approval of appointment and where necessary dismissal of these services;
ii) Advising on the establishment , maintenance and oversight of effective systems of integrated governance, risk management and internal control across the whole of the organisations activities, that support the achievement of the organisations objectives;

[47] See appendix I for the Terms of Reference of the Audit Committee

iii) Monitoring compliance with standing orders and Prime Financial Policies;
iv) Reviewing schedules of losses and compensations and make appropriate recommendation to the Governing Body; and
v) Review the annual financial accounts prior to submission to the Governing Body.

b) **Remuneration Committee** –
The Remuneration Committee, which is accountable to the CCG's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee. Following guidance from the Secretary of State for Health, each Remuneration Committee is responsible for considering the appropriateness of pay awards, agreeing remuneration packages and redundancy packages for VSM staff. The Remuneration Committee has responsibility to assure itself and the Governing Body that the CCG is compliant with NHS England and Department of Health guidance in reference to Remuneration. Greater Preston CCG's Remuneration Committee shall meet as a committee in common with Chorley and South Ribble CCG's Remuneration Committee to consider decisions relating both CCGs unless there are any agenda items which are pertinent or confidential to one particular committee, on which occasion the committees will meet separately.

c) **Additional Committees** – The Governing Body shall be empowered to establish further committees as it deems appropriate to assist it in the discharge of its functions. The terms of reference and membership of those committees will be determined by the Governing Body. The Governing Body will inform the members at regular intervals of any committees that it has or intends to establish.

6.7. ***Joint Committees*** - The Governing Body has agreed to establish the following committee(s) which will operate with its neighbouring CCG, Chorley and South Ribble, on which it is collaborating:

a) **Clinical Effectiveness Committee**[48] – the committee, is accountable to the group's Governing Body for the development of clinical and effective use of resource policies and providing advice on local clinical standards, dissemination of NICE and other national guidance, monitoring of the quality improvement strategy and managing exceptionality. The Chair of the committee shall be a GP Director of the Governing Body. The Governing Body has approved and keeps under review the terms of reference for the Committee, which includes information on the membership of the committee. The Governing Body has conferred or delegated the following

[48] See Appendix K for the Terms of Reference of the Clinical Effectiveness Committee

functions, connected with the Governing Body's main function, to its Clinical Effectiveness Committee:

i) Setting Clinical and Effective Use of Resources policies for the Group including prescribing policies;
ii) Managing exceptionality;
iii) Advising the Governing Body on latest clinical evidence in decision making;
iv) Prioritising clinical policy implementation;
v) Promoting research and the use of research evidence.

b) **Quality and Performance Committee**[49] – Accountable to the Group's Governing Body, the committee is responsible for monitoring the quality and performance of service providers in line with the Group's Quality Strategy and initiating performance and recovery interventions. The Chair of the Committee shall be determined by the committee members, but shall be approved by the Governing Body. The Governing Body will approve and keep under review the terms of reference for the Joint Quality and Performance Committee, which includes information on the membership of the Committee.

c) **Patient Voice Committee**[50] - Accountable to the Group's Governing Body, the committee is responsible for providing to the Governing Body an assurance and scrutiny function in relation to its duties to involve patients and the public in shaping NHS services (as outlined in section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation). The Chair of the Committee shall be the Lay Member with responsibility for Patient and Public involvement. The Governing Body will approve and keep under review the terms of reference for the Joint Patient Voice Committee, which includes information on the membership of the Committee.

d) **Delegated Commissioning Committee**[51] **–** accountable to the Group's Governing Body, the Committee is responsible for carrying 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 functions under section 3 and 3A of the NHS Act as have been delegated to the Committee. The Chair of the Committee shall be the Lay Member with responsibility for Governance. NHS England and the Governing Body will approve and keep under review the terms of reference for the Delegated Commissioning Committee, which includes the membership of the Committee

[49] See Appendix L for the Terms of Reference of the Quality and Performance Committee
[50] See Appendix M for the Terms of Reference of the Patient Voice Committee
[51] See Appendix N for the Terms of Reference of the Delegated Commissioning Committee

7.0 ROLES AND RESPONSIBILITIES

7.1. Member Representatives

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

a) act for their Member Practice on the Group's Membership Council;

b) seek contributions to the work of the Group from their practice colleagues;

c) actively contribute to meetings of the Membership Council; and

d) ensure their practice colleagues are aware of outcomes from discussions at the Membership Council and their responsibility in helping to deliver the Group's goals.

7.1.2 Each Member is entitled to a range of benefits from being a Member of the Group. These are set out in Appendix B.

7.1.3 Each Member is required to comply with a range of Member obligations as a responsibility of membership of the Group. These are set out in appendix B.

7.1.4 For the avoidance of doubt, the Group shall be entitled to treat any Member Representative as having the continuing authority given to them under Clause 3.3 until it is notified of the removal of the Member Representative.

7.1.5 Each Member is required to comply with the Conflicts of Interest Policy.

7.2. Other GP and Primary Care Health Professionals

7.2.1. From time-to-time, as the Governing Body sees fit, other clinicians, including GPs, will be asked to carry out specific pieces of work which may include:

a) specific clinical pathway redesign;

b) chairing a local clinical board for a specific disease area; and

c) engaging in local strategy development.

7.3. All Members of the Group's Governing Body

7.3.1. Guidance on the roles of members of the Group's Governing Body is set out in a separate document[52]. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group 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 Chair of the Governing Body

7.4.1. The Chair of the Governing Body is responsible for:

a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;

b) building and developing the Group's Governing Body and its individual members;

c) ensuring that the Group has proper Constitutional and governance arrangements in place;

d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

e) supporting the accountable officer in discharging the responsibilities of the organisation;

f) contributing to building a shared vision of the aims, values and culture of the organisation;

g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

k) ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities; and

[52] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS England, October 2012

l) overseeing the process for managing disputes between the Group and individual members.

m) ensuring that Members declare any interests or conflicts in compliance with the Conflicts of Interest Policy.

n) oversee the process for appraising Governing Body Members including GP Directors and Lay Members.

7.4.2. Where the Chair of the Governing Body is also the senior clinical voice of the Group they will also undertake the role of Chair of the Membership Council and will be required to take the lead in interactions with stakeholders, including NHS England.

7.5. The Vice Chair of the Governing Body

7.5.1. The Vice Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.5.2. The Vice Chair of the Governing Body will be a Lay Member with responsibility for governance and will be Chair of the Remuneration Committee.

7.5.3. The Vice Chair is required to comply with the managing conflicts of interest policy.

7.6. The GP Directors of the Governing Body

7.6.1. The GP Directors, who are elected by the Group to act on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making of the Governing Body as their particular contribution.

7.6.2. In addition to corporate responsibilities as a Governing Body member, the elected GP Directors are responsible for:

a) ensuring that the principles and arrangements within the CCG Constitution are upheld;

b) leading on a portfolio of work on behalf of the Group and Governing Body;

c) ensuring the CCG discharges its obligations in relation to its portfolios of work through engagement, participation and attendance as required; and

d) ensuring engagement with Member Practices, patients, members of the public and other stakeholders, as appropriate, in all areas of responsibility.

7.6.3 One GP Director will be designated with responsibility for safeguarding.

7.6.4 Each GP Director is required to comply with the Managing Conflicts of Interest Policy.

7.7. The Lay Member for finance, audit and conflicts of interest

7.7.1. The Lay Member with responsibility for finance, audit and conflicts of interest will bring specific expertise and experience to the work of the governing body.

7.7.2. The role 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 and will be instrumental in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

7.7.3. The role will also be responsible for ensuring the CCG has appropriate and effective whistle blowing and anti-fraud systems in place.

7.7.4. The Lay Member with responsibility for finance, audit and conflicts of interest will chair the Audit Committee.

7.7.5. Each Lay Member is required to comply with the Managing Conflicts of Interest Policy

7.8. The Lay Member for patient and public involvement

7.8.1. The Lay Member with responsibility for Patient and Public Involvement will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body.

7.8.2. The Lay Member will help to ensure that, in all aspects of the CCG‘s business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

7.8.3. Key responsibilities of the role include ensuring that:

a) public and patients‘ views are heard and their expectations understood and met as appropriate;

b) the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and

c) the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

7.8.4. The Lay Member with responsibility for Patient and Public Involvement will chair the Patient Voice Committee.

7.9. The Registered (Chief) Nurse of the Governing Body

7.9.1. The registered nurse on the Governing Body will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

7.9.2 The role of Governing Body nurse has been summarised in the NHS Commissioning Board's guidance *Clinical commissioning Group governing body members: Role outlines, attributes and skills* (April 2012)[53] as:

a) being a registered nurse who has developed a high level of professional expertise and knowledge;

b) being competent, confident and willing to give an independent strategic clinical view on all aspects of Group business;

c) being highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint;

d) being able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;

e) being able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances; and

f) being able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

g) being required to comply with the Managing Conflicts of Interest Policy.

7.10. The Secondary Care Specialist Doctor of the Governing Body

7.10.1 The Secondary Care Specialist Doctor 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.

7.10.2 The role of secondary care doctor has been summarised in the NHS Commissioning Board's guidance *Clinical commissioning Group governing body members: Role outlines, attributes and skills* (April 2012)[54] as:

53 *Clinical commissioning Group governing body members: Role outlines, attributes and skills.* NHS Commissioning Board Authority April 2012

54 *Clinical commissioning Group governing body members: Role outlines, attributes and skills.* NHS Commissioning Board Authority April 2012

a) being 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;

b) being competent, confident and willing to give an independent strategic clinical view on all aspects of Group business;

c) being highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working;

d) being able to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value;

e) being able to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation's circumstances; and

f) being able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

g) being required to comply with the Managing Conflicts of Interest Policy.

7.11. Role of the Accountable Officer

7.11.1. The Accountable Officer of the Group, who is the Group's Chief Officer, is a member of the Governing Body.

7.11.2. This role of Accountable Officer has been summarised in a national document[55] 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;

b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) working closely with the chair of the Governing Body, the accountable officer will ensure that proper Constitutional, governance and development

[55] See the latest version of NHS England Authority's *Clinical Commissioning Group Governing Body members: Role outlines, attributes and skills*

arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

d) Comply with the Managing Conflicts of Interest Policy.

e) **The Chief Officer also has Safeguarding Responsibilities as follows:**

- Ensures that the health contribution to safeguarding and promoting the welfare of children and adults at risk of abuse or neglect, is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- Ensures that safeguarding children and adults at risk is identified as a key priority area in all strategic planning processes.
- Ensures that safeguarding children and adults risk is integral to clinical governance and audit arrangements.
- Ensures that all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the LSCB / LSAB policies and procedures, and are easily accessible for staff at all levels.
- Ensures that all contracts for the delivery of health care include clear service standards for safeguarding children and adults at risk; these service standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Ensures that all staff in contact with children, adults who are parents/carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adults at risk, and know how to act on those concerns in line with local guidance.
- Ensures the CCG co-operates with the local authority in the operation of the LSCB and LSAB.
- Ensures that all health organisations with which the CCG has commissioning arrangements have links with their LSCB and LSAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- Ensures that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.

7.12. Role of the Chief Finance and Contracting Officer

7.12.1. The Chief Finance and Contracting Officer is a member of the Governing Body and is responsible for providing financial advice to the Clinical Commissioning Group and for supervising financial control and accounting systems.

7.12.2. This role of Chief Finance and Contracting Officer has been summarised in a national document[56] as:

a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) making appropriate arrangements to support, monitor on the Group's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

d) being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;

f) defines and has oversight of the commissioning support service commissioned from the commissioning support provider;

g) overseeing the Groups contracts for healthcare services and for ensuring that the procurement arrangements for those services comply with best procurement practice and that contracts reflect the Group's service redesign and quality requirements; and

h) co-ordinating, developing and managing the Group's commissioning intelligence requirements and for assuring the Group of the quality of data available to it to inform the transformation of clinical services.

i) Comply with the managing conflicts of interest policy

7.13. Joint Appointments with other Organisations

7.13.1. The Group has established that all post holders in the organisation, on a contract of employment, are seconded with NHS Greater Preston CCG. The contracts of employment are held by Chorley South Ribble CCG.

[56] See NHS England's *Clinical Commissioning Group Governing Body members: Role outlines, attributes and skills*

7.13.2. Details of the joint working arrangements are detailed in a separate legally binding framework between the two organisations.

8.0 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 Group and members of the Governing Body (and its 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 Group 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 Group's policies; Managing Conflict of Interest Policy, Hospitality Sponsorship and Gifts Policy, Local Anti-Fraud Bribery and Corruption Policy, including the requirements set out in the policy for managing conflicts of interest. This policy is available on the Group's website at www.greaterprestonccg.nhs.uk

8.1.3. Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group 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, Group member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.

8.2.3. A conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a 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 would benefit financially from the consequences of a 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 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 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) a **conflict of loyalty** (for example in respect of an organisation of which the individual is a member or with which they have an affiliation);

f) **personal or professional relationships** with others (for example where the role or interest of a family member, friend or acquaintance may influence an individual's judgment or actions, or could be perceived to do so.

8.2.4. If in doubt, the individual concerned should assume that a potential conflict, or known future conflict of interest exists.

8.3. Declaring and Registering Interests

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

a) the Member Representatives of the Group;

b) the Members of its Governing Body;

c) the Members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and

d) its employees.

8.3.2. The registers will be published on the Group's website.

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 Group, 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 Audit Committee will ensure that the registers of interest are reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

8.4.1. Individual members of the Group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing current or known future conflicts or potential conflicts of interest as outlined in the Managing Conflicts of Interest Policy.

8.4.2. The Audit Committee 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 Group's decision making processes.

8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Audit Committee 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.

8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Group'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 Audit Committee.

8.4.5. Where an individual member, employee or person providing services to the Group is aware of an interest which:

a) has <u>not</u> been declared, either in the register or orally, they will declare this at the start of the meeting;

b) has <u>previously</u> 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.

8.4.6. The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from

the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

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

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

8.4.9. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or vice) will determine whether or not the discussion can proceed.

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 Group's terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the chair of the Audit Committee if available, or allow a voting member from the other CCG to take a vote.

8.4.11. This may include:

a) requiring another of the CCG's Committees , including the Membership Council, Governing Body or its sub-committees (as appropriate) 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 so that the committee can progress the item of business:

- an employee of the CCG who would otherwise not be a member of the committee;
- an individual appointed by a member to act on its behalf in the dealings between it and the CCG;
- a member of a relevant Health and Wellbeing Board;

- a member of a Governing Body of another CCG

8.4.12. These arrangements must be recorded in the minutes.

8.4.13. In any transaction undertaken in support of the Clinical Commissioning Group'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 Chair of the Audit Committee of the transaction.

8.4.14. The Chair of the Audit Committee 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 Group

8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the 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 Clinical Commissioning Group will be subject to the same provisions of this Constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

8.6.1. The Group 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 Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

- all relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3. Copies of the Procurement Strategy will be available on the Group's website.

8.6.4. Conflicts of Interest in procurement is managed on an individual contract basis

9.0 THE GROUP AS EMPLOYER

9.1. The Group 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 Group.

9.2. The Group 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 Group 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 Group. 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 Group 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 Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.

9.5. The Group 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 Group will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7. The Group will ensure that it complies with all aspects of employment law.

9.8. The Group 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 Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

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

9.11. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website.

10.0 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

10.1.1. The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting.

10.1.2. Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website.

10.1.3. The Group 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

10.2.1. This Constitution is also informed by a number of documents which provide further details on how the Group will operate. They are the Group's:

- ***Standing orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body;

- ***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 Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees;

- ***Prime financial policies (Appendix E)*** – which sets out the arrangements for managing the Group'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	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 NHS England, with responsibility for ensuring the Group: • complies with its obligations under: o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and o 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 Group has responsibility for, as defined in Chapter 2 of this Constitution
Chair of the Governing Body	the individual appointed by the Group to act as chair of the Governing Body
Chief finance officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • 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
Group	NHS Greater Preston Clinical Commissioning Group, whose Constitution this is
Governing Body	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: • 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 Group

GP Director	a General Practitioner, who is a GP Partner or salaried GP working for or on behalf of a member practice, **who may also be a member representative** and is elected by the Membership Council to engage in the decision making processes of the Group and sit on the Governing Body.
Lay Member	a Lay Member of the Governing Body, appointed by the Group. A Lay Member is an individual who is not a member of the Group 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 members of this Group (see tables in Chapter 3 and Appendix B)
Member representatives	an individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, 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 Group 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: • the members of the Group; • 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.

APPENDIX B
LIST OF MEMBER PRACTICES

Practice Name and Address	Practice Representative	Date Signed
P81763 Guttridge Medical Centre 110 Deepdale Road 110 Deepdale Road, Preston, PR1 5AR	Dr Chakrabarti	
P81685 228-232 Deepdale Road 228-232 Deepdale Road, Preston, PR1 5AF	Dr Shahid	
P81647 Guttridge Medical Centre 310 St Georges 310 St Georges Road, Deepdale, Preston, PR1 6NR	Dr Jha	
P81770 Avenham Lane Surgery Avenham Lane, Preston, PR1 3RG	Dr Thanda	
P81055 Berry Lane Medical Centre Berry Lane, Longridge, PR3 3AP	Dr Gee	
P81748 Briarwood Medical Centre 514 Blackpool Road, Ashton, Preston, PR2 1HY	Dr Methukunta	
P81103 Broadway Surgery 2 Broadway, Fulwood, Preston, PR2 9TH	Dr Chaudhri	
P81119 Doclands Medical Centre Blanche Street, Preston, PR2 2RL	Dr Nair	
P80167 Dr Wilson and Partners The Health Centre, Flintoff Way, Preston, PR1 5AF	Dr Malik	
P81169 Fishergate Hill Surgery 50 Fishergate Hill, Preston, PR1 8DN	Dr Johnson	
P81750 Frenchwood Surgery Frenchwood, Preston, PR1 4ND	Dr Webster	
P81093 Geoffrey Street Surgery Geoffrey Street, Preston, PR1 5NE	Dr Shaw	
P81196 ISSA Medical Centre – Dr Patel 73 St Gregory Road, Deepdale, Preston PR1 6YA	Dr Patel	
P81040 Longton Health Centre Liverpool Road, Longton, PR4 5HA	Dr Edge	
P81179 Lostock Hall Medical Centre 410 Leyland Road, Lostock Hall, Preston, PR5 5SA	Dr Craven	
P81015 Lytham Road Surgery 2a Lytham Road, Fulwood, Preston, PR2 8JB	Dr Clift	
P81785 Medicom, The Healthcare Centre Flintoff Way, Preston, PR1 5AF	Dr Rossall	
P81046 Park View Surgery 23 Ribblesdale Place, Preston, PR1 3NA	Dr Hann	
P81213 Penwortham St Mary's Health Centre Cop Lane, Penwortham, PR1 0SR	Dr Buckley	
P81735 Ribble Village Surgery 200 Miller Road, Preston, PR2 6NH	Dr Hussain	

P81184 Ribbleton Medical Centre 243 Ribbleton Avenue, Preston, PR2 6RD	Dr Duggal	
P81185 Riverside Medical Centre 194 Victoria Road, Walton-le-Dale, Preston, PR5 4AY	Dr Nair	
P81018 St. Fillan's Medical Centre 2 Liverpool Road, Penwortham, PR1 0AD	Dr Gorajala	
P81163 St Paul's Surgery 36-38 East Street, Preston, PR1 1UU	Dr Kumar	
P81667 St. Walburge's Medical Practice 34-35 Ashton Street, Preston PR2 2PP	Dr Shepherd	
P81107 Stonebridge Surgery Preston Road, Longridge, Preston, PR3 3AP	Dr Taylor	
P81071 The New Hall Lane Practice Geoffrey Street, Preston, PR1 5NE	Dr Hirst	
P81664 The Park Medical Practice Cottam Lane, Ashton, Preston, PR2 1JR	Dr Hann	
P81152 The Surgery (Dr Robb and Robb) 63-65 Garstang Road, Preston, PR1 1LB	Dr Retamol	

1. MEMBER OBLIGATIONS

1.1. Introduction

1.1.1. Practices' engagement, involvement and support for the CCG with the Governing Body as a mechanism for delivery are critical, as without co-operation and delivery from Member Practices, the CCG will fail and GP opportunities and influence in the CCG will be severely compromised.

1.2. Responsibilities

1.2.1. There are a number of core responsibilities which practices will be expected to deliver as a member of the CCG. These include:

a) understanding, monitoring, and managing their individual budget, as delegated by the CCG, at practice level;

b) participating as a member of the CCG as set out in Section 3 of this Constitution, including attendance of the practice representative at the Membership Council in accordance with the requirements detailed below;

c) participating in the development of projects and schemes, via peer Group and representation at the Membership Council meetings, such as re-design of service provision, enhanced services and incentive schemes;

d) implementing and performance monitoring of agreed projects and schemes;

e) nominating, voting or agreeing GP Directors for election to the Governing Body; and

f) committing to work as a collective through arrangements put in place to develop and deliver the CCG strategy for integrated care, limited to the following:

i. improvement of quality and performance in Member Practices;
ii. innovating local solutions to address problems;
iii. reducing inequalities;
iv. working with local health and social care professionals; and
v. sharing best practice

1.2.2. To ensure that practices are able to meet their responsibility under this Constitution and to ensure that the governance arrangements of the CCG and Membership Council are successful, each Member Practice must nominate a representative as set out in section 3 of the Constitution.

1.2.3. The representative must satisfy the eligibility criteria defined at clause 3.3.1 of the Constitution.

1.2.4. Practices will ensure that their Member Representative will;

a) ensure mechanisms are in place for reviewing and managing data within the practice;

b) oversee activity at practice level; and

c) ensure attendance of an appropriate representative of the practice at no less than 75% of scheduled Membership Council meetings.

1.2.5. Each Member Practice may, where their Member Practice representative is not available, nominate a deputy, who will be another GP or practice based healthcare professional to deputise on their behalf.

1.3. Membership Council

1.3.1. The Membership Council is critical to the success of the Clinical Commissioning Group.

1.3.2. The Membership Council's responsibilities include:

a) determining the arrangements by which the Members of the Group approve those decisions that are reserved for the Membership;

b) considering and approving applications to NHS England on any matter concerning changes to the Group's Constitution, including Terms of Reference for the Group's governance structure, the overarching scheme of reservation and delegation, arrangements for taking urgent decisions, standing orders and prime financial policies;

c) approving the arrangements for identifying practice members to represent practices in matters concerning the work of the Group and electing GP Directors to represent the Group's membership on the Governing Body (subject to regulatory requirements) and succession planning; and

d) agreeing the vision, values and overall strategic direction of the Group.

1.3.3. The CCG Governing Body will operate a policy of openness and will provide as much information as possible to all Members. It will encourage all practices within the CCG to be open, to challenge consensus within a supportive environment, and will endeavour to support the sharing of best practice wherever possible. The interface between practices will be supported through the Membership Council, Peer Groups, and CCG website arrangements.

2. MEMBER BENEFITS

2.1. Introduction

2.1.1. The CCG and its Governing Body will work with its Member Practices in a mutually benefiting arrangement, towards achieving the CCG's mission and aims, as published.

2.2. Delivery

2.2.1. The CCG will aim to deliver support to its Member Practices in line with achieving its aims in the following areas:

a) Education – working with Member Practices in primary care workforce development;

b) Quality – working with Member Practices in supporting the formal contractual arrangements such as Quality Outcomes Framework (QOF), National Enhanced Services (NES), Local Enhanced Services (LES), Directed Enhance Services (DES), and the Primary Care Contract; and

c) Performance – working with Member Practices to share and support good practice.

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 Greater Preston Clinical Commissioning Group so that the Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation[57] and the Group's prime financial policies[58], provide a procedural framework within which the Group discharges its business. They set out:

a) the arrangements for conducting the business of the Group;

b) the appointment of Member Practice representatives;

c) the procedure to be followed at meetings of the Group, the Governing Body and any committees or sub-committees of the Group or the Governing Body;

d) the process to delegate powers; and

e) the declaration of interests and standards of conduct.

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

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

1.2. Schedule of matters reserved to the Clinical Commissioning Group and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the Group with powers to delegate the Group's functions and those of the Governing Body to certain

[57] See Appendix D
[58] See Appendix E

bodies (such as committees) and certain persons. The Group has decided that certain decisions may only be exercised by the Group in formal session. These decisions and also those delegated are contained in the Group's scheme of reservation and delegation (see Appendix D).

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 Group's Constitution provides details of the membership of the Group (also see Appendix B).

2.1.2. Chapter 6 of the Group's Constitution provides details of the governing structure used in the Group's decision-making processes, whilst Chapter 7 of the Constitution outlines certain key roles and responsibilities within the Group and its Governing Body, including the role of Member Representatives (section 7.1 of the Constitution).

2.2. Appointment of Members of the Governing Body

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

2.2.2. The **Chair**, as listed in paragraph 6.6.2 a) of the group's Constitution, is subject to the following appointment process:

a) **Eligibility** – Eligibility shall comprise clinicians from Member Practices who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance

b) **Applications and appointment process** – the following process shall be undertaken should a vacancy arise;

i) The job description will be advertised to all Member Practices inviting eligible clinicians, as determined by the criteria set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance;

ii) Any such person may submit an expression of interest with supporting CV including experience; skills in writing to the Vice Chair of the Governing Body;

iii) Any such candidate should have undertaken, or be willing to undertake an individual assessment and development centre as determined appropriate by NHS England;

iv) All applicants will be required to complete a statement which sets out their suitability for the role, and complete a competency assessment based on pre-set criteria. Each candidate will then be interviewed by an eligibility assessment panel to discuss their application in more detail and ensure that the candidate meets the core competencies for the role. The panel will then share the applications with the Membership which will outline the applicant's suitability for the role.

v) The Group shall in a process overseen by an independent body:

- If there is only one eligible candidates able to evidence the required competencies to fill the post, by a vote approve or reject the recommendation by a simple majority;
- If there is more than one recommended candidate, by a vote choose the person to fulfil the role. A majority of Member Practices must ratify the appointment.

In exceptional circumstances, such as no suitable, eligible candidates coming forward, Governing Body may extend the advertisement of the post to other practising primary care clinicians employed by Member Practices and follow the process described in a i) – a iv) above.

vi) The Governing Body shall recommend to NHS England that it should appoint its nominated candidate.

c) **Term of office** - A term of office shall comprise four years, with a maximum of three consecutive terms of office, subject to re-appointment at the end of each term of office;

d) **Eligibility for reappointment** - Reappointment following the nomination process and appointment process set out in clauses 2.2.2 a) and 2.2.2 b) respectively of these standing orders;

e) **Grounds for removal from office** - Removal from office will be applied should the clinician in question be no longer a clinician from a Member Practice, be found to be in breach of the General Medical Council members' or CCG's Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by Membership Council majority vote;

f) **Notice period** – The notice period for the role of Chair shall be no longer than six months confirmed in writing to the Governing Body and Membership Council, unless the Chair is removed from office under paragraph e) above.

2.2.3. The **Vice Chair**, as listed in paragraph 6.6.2 b) of the Group's Constitution, is subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application for the vacant position;

b) **Eligibility** – the Lay Member, who will undertake the role of Vice Chair shall meet the requirements set out in the role function and specification which shall include:
   i) shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to NHS Greater Preston CCG; and
   ii) shall not fall into the categories detailed at Schedule 4 or Schedule 5 of the CCG regulations.

c) **Appointment process** – Appointment will be determined by interview on a competency based selection process for each respective specific Lay Member position. The interview panel shall include at least the Chair of the Governing Body, the Chief Officer, a Lay Member of the Governing Body of a neighbouring Clinical Commissioning Group and a member of NHS England or an applicant with the appropriate expertise.

d) **Term of office** - the office holder will be appointed to the office for a period of up to 4 years , with a maximum of two (2) terms of office being served;

e) **Eligibility for reappointment** - the criteria described at 2.2.3 b) are still applicable; subject to a maximum term of office of 8 years;

f) **Grounds for removal from office** – the post holder will be removed from office if:

   i) the office holder takes up any employment in the NHS;
   ii) the office holder fails to attend 75% or more of Governing Body meetings;
   iii) the office holder is convicted of a criminal offence carrying a custodial; sentence.
   iv) the officer holder is disqualified under the CCG Regulations from:
      - being a Lay Member of a CCG Governing Body; or
      - being a member of a CCG Governing Body;

g) **Notice period** – there will be a three month notice period unless the Lay Member is removed from office under paragraph f) above.

2.2.4. The **GP Directors** who may also be a representative of their Member Practice as listed in paragraph 6.6.2 c) of the Group's Constitution, are subject to the following appointment process:

a) **Nominations**– the following process shall be undertaken should a vacancy arise;

i) The job description will be advertised via all Member Practices;

ii) Expressions of interest will be sought from eligible candidates. All candidates will be required to complete a statement which sets out their suitability for the role, and complete a competency assessment based on pre-set criteria;

iii) All expressions of interest, along with the statement and competency assessment will be reviewed by an eligibility assessment panel. The role of the panel will be to ensure that the candidate meets the suitability and eligibility criteria for the role. The panel will then prepare a report for the Membership to outline the applicants suitability for the role;

iv) The Group shall in a process overseen by an independent body:

- Reject any candidate that do not meet the eligibility criteria set out at 2.2.4b;
- If there is only one eligible candidate to fill the post, by a vote approve or reject the recommendation by a simple majority;
- If there is more than one eligible candidate, by a vote choose the person to fulfil the role. The candidate with the largest number of votes, on a first past the post basis, shall be nominated to fill the office.
- Those eligible to vote will be any GP on the performers list

In exceptional circumstances, such as no suitable, eligible candidates coming forward, the Governing Body may extend the advertisement of the post to other practising primary care clinicians employed by Member Practices and follow the process described in b i) – b iv) above.

v) The internal nominations panel shall recommend to the Membership Council that it should elect its successful candidate. Each Member Representative shall be able to vote to ratify the recommendation in accordance with the number of votes set out at Clause 3.3.4 of the Constitution.

b) **Eligibility** – a GP Director must:

i) Be a partner or salaried doctor in a Member Practice within the CCG area, but not be a locum practitioner. The applicant must be working a minimum of 4 clinical sessions per week on behalf of a Member Practice. A GP working in more than one GP Practice should declare this as a Conflict of Interest.

ii) All GP Directors will be required to provide an annual declaration of where they are working and in what capacity to remain eligible.

iii) Not hold the role of Chair, Vice chair or treasurer on the LMC Executive Committee;

iv) Not be the Chair of the Governing Body, or the Accountable Officer of the Group;

v) Not be from the same practice as another GP Director of the Governing Body with the exception of the following;
- delivering services as part of joint working arrangements to deliver a contract awarded by the commissioners
- delivering services as part of a federation of practices and;
- in response to delivering the quality contract,

vi) Any such arrangements must be fully declared; and

vii) Be able to ensure that all conflicts of interest, whether personal or professional, do not, or are not perceived to, influence or call into question their own personal judgement or that of the Governing Body;

viii) Shall not be an employee, significant shareholder (more than 5%) or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to the CCG.

c) **Appointment process** – GP Directors shall be elected by qualifying providers of essential primary medical services, who are employed either full or part time for, or on behalf of a Member Practice of the Group, in the process as defined in paragraph 2.2.4a above and overseen by an independent body;

d) **Term of office** –;
the office holders will be appointed to the office for a period of 3 years, with a maximum three terms of office, subject to reappointment at the end of each term of office.

e) **Eligibility for re-election** – the criteria described at b) above and re-election as described at c) above are still applicable;

f) **Grounds for removal from office** – the office holder can be removed under the following circumstances:

i) The office holder is no longer able to demonstrate eligibility as set out at 2.2.4 b) i - v;
ii) The office holder is found to be in breach of the General Medical Council members' or CCG's Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere; and / or
iii) in accordance with his or her contract of service.
iv) Failure to demonstrate will result in removal from office under section 2.2.4. The mechanism for removal of office will be via a Membership Council majority vote. Removal from office will terminate the tenure

without notice period. A decision to remove form office can take place during a notice period and will take immediate effect ending any extension of the normal notice period.

g) **Notice period** – there will be a three month notice period unless the GP Director is removed from office under paragraph f) above.

2.2.5. The **two Lay Members**, as listed in paragraph 6.6.2 d) of the Group's Constitution, are subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application for each of the respective vacant positions;

b) **Eligibility** – Lay Members shall meet the requirements set out in the role function and specification which shall include:

i) the requirements of Regulation 12(3) of the CCG Regulations in respect of the Lay Member who leads on finance, audit and conflicts of interest;
ii) the requirements of Regulation 12(4) of the CCG Regulations in respect of the Lay Member who leads on patient and public involvement;

iii) shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to NHS Greater Preston CCG; and

iv) shall not fall into the categories detailed at Schedule 4 or Schedule 5 of the CCG regulations.

c) **Appointment process** – Appointment will be determined by interview on a competency based selection process for each respective specific Lay Member position. The interview panel shall include at least the Chair of the Governing Body, the Chief Officer, a Lay Member of the Governing Body of a neighbouring Clinical Commissioning Group and a member of NHS England or an applicant with the appropriate expertise.

d) **Term of office** - the office holders will be appointed to the office for a period of 4 years, with a maximum of two (2) terms of office to be served;

e) **Eligibility for reappointment** - the criteria described at 2.2.5 b) are still applicable, subject to serving a maximum term of office of 8 years and subject to a satisfactory annual performance review;;

f) **Grounds for removal from office** – the office holder can be removed under the following circumstances:

i) The office holder takes up any employment in the NHS;

ii) The office holder fails to attend 75% or more of Governing Body meetings;

iii) The office holder is convicted of a criminal offence carrying a custodial sentence;

iv) The officer holder is disqualified under the CCG Regulations from:
- being a Lay Member of a CCG Governing Body; or
- being a member of a CCG Governing Body;

g) **Notice period** – there will be a three month notice period unless the Lay Member is removed from office under paragraph f) above.

2.2.6. The **one registered nurse**, as listed in paragraph 6.6.2 e) of the Group's Constitution, is subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application for the vacant position;

b) **Eligibility** – the Nurse Member must:

i) be a registered nurse within the meaning of the CCG Regulations and must not fall within Regulation 12(1) of the CCG Regulations;

ii) have experience of working at board or senior committee level;

iii) shall not be an employee or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract the CCG.

c) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair of the Governing Body and one of the Governing Body Lay Members;

d) **Term of office** - A term of office shall comprise two years, with a maximum of two (2) terms of office to be served;

e) **Eligibility for reappointment** - the criteria described at 2.2.6 b) are still applicable, subject to serving a maximum term of office of 4 years;

f) **Grounds for removal from office** - the following are grounds for removal from office:

i. The office holder's employment changes such that they are in breach of section 2.2.6 b) iii) above or the office holder is otherwise in breach of section 2.2.6 b) i) above;

ii. Removal from the NMC register;
iii. The office holder fails to attend 75% or more Governing Body meetings;
iv. The Governing Body passes a vote of no confidence by a majority of 75% of the members;
v. The office holder is convicted of a criminal offence carrying a custodial sentence;
vi. The individual is disqualified from being a member of a CCG Governing Body under the CCG Regulations;

g) **Notice period** – The notice period for the role shall be three months unless the individual is removed from office under paragraph f) above.

2.2.7. The **one secondary care specialist doctor**, as listed in paragraph 6.6.2 f) of the group's Constitution, is subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application from eligible doctors for the vacant position;

b) **Eligibility** – the secondary care specialist doctor must:

i) Be a secondary care specialist within the meaning of the CCG Regulations , specifically 11(6) and must not fall within Regulation 12 (1) of the CCG Regulations;

ii) Have experience of working at board or senior committee level;

iii) Shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to the CCG.

c) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair of the Governing Body and one of the Governing Body Lay Members;

d) **Term of office** - A term of office shall comprise two years with a maximum of two (2) terms of office to be served;

e) **Eligibility for reappointment** - the criteria described at 2.2.7 b) are still applicable, subject to serving a maximum term of office of 4 years;

f) **Grounds for removal from office** - the following are grounds for removal from office:

i. The office holder's employment changes such that they are in breach of section 2.2.7 b) iii) above or they are otherwise in breach of section 2.7.7 b) i) above;

ii. The office holder fails to attend 75% or more Governing Body meetings;

iii. The Governing Body pass a vote of no confidence by a majority of 75% of the members;

iv. The office holder is convicted of a criminal offence carrying a custodial sentence;

v. The individual is disqualified from being a member of a CCG Governing Body under the CCG Regulations;

g) **Notice period** – The notice period for the role shall be three months unless the individual is removed from office under paragraph f) above.

2.2.8. The **Accountable Officer**, as listed in paragraph 6.6.2 g) of the Group's Constitution, is subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application for the vacant position;

b) **Eligibility** – the accountable officer must:
   i) be a person of significant board level leadership position;

   ii) be deemed appropriately qualified by NHS England; and

   iii) not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to the CCG;

   iv) be a person who meets the full person specification set out in the role job description

c) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, and a member of NHS England or an applicant with the appropriate expertise;

d) **Term of office** – this role is that of an employee so there is no term of office;

e) **Eligibility for reappointment** – the role is that of an employee and as such eligibility for reappointment following a term of office does not apply;

f) **Grounds for removal from office** - the following are grounds for removal from office:

i) the Accountable Officer is disqualified from membership of the Governing Body under the CCG Regulations; and / or

ii) in accordance with his or her contract of employment.

g) **Notice period** – Immediately, if disqualified from membership of a CCG Governing Body under the CCG Regulations but otherwise the Accountable Officer's notice period shall be in accordance with his or her contract of employment (if any) and / or statutory employment rights (if any).

2.2.9. The **Chief Finance and Contracting Officer**, as listed in paragraph 6.6.2 h) of the group's Constitution, is subject to the following appointment process:

a) **Nominations** – Nomination shall comprise a formal application for the vacant position;

b) **Eligibility -** the Chief Finance and Contracting Officer :

i) is a CCAB or CIMA qualified and meets the full person specification set out in the role job description; and

ii) shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to NHS Greater Preston CCG

c) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a member of NHS England or an applicant with the appropriate expertise.

d) **Term of office** – this role is that of an employee so there is no term of office

e) **Eligibility for reappointment** – The role is that of an employee and as such eligibility for reappointment following a term of office does not apply;

f) **Grounds for removal from office** – the following are grounds for removal from office:

i) The post holder is for any reason removed from membership of CCAB or CIMA;

ii) the Chief Finance and Contracting Officer is an individual who is disqualified from membership of a CCG Governing Body under the CCG Regulations; and / or

iii) in accordance with his or her contract of employment

g) **Notice period** – immediately, if the Chief Finance and Contracting Officer is disqualified from membership of a CCG Governing Body under the CCG Regulations but otherwise the Chief Finance and Contracting Officer's notice period shall be in accordance with his or her contract of employment (if any) and / or statutory employment rights (if any).

2.2.10. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group's Constitution.

3. GOVERNING BODY MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as it may determine, with a minimum of six meetings per year.

3.1.2 The Chair may call a meeting of the Governing Body at any time subject to the appropriate provisions as to notice as in clause 3.2 below. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of members has been presented to them or if, without so refusing, the Chair does not call for a meeting within seven days after such requisition has been presented to them, one third or more of members may forthwith call a meeting.

3.2. Agenda, supporting papers and business to be transacted

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least ten (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 seven (7) working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 4 working days before the date the meeting will take place.

3.2.2. Agendas and certain papers for the Group's Governing Body, including details about meeting dates, times and venues, will be published on the Group's website at www.greaterprestonccg.nhs.uk and are available on request from the Group's Headquarters.

3.3. Petitions

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

3.4. Chair of a meeting

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

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

3.5. Chair's ruling

3.5.1. The decision of the chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting, shall be final.

3.6. Quorum

3.6.1. A quorum shall comprise the following voting membership of the Governing Body:

i) the Chair or Vice-Chair;
ii) either the Accountable Officer or the Chief Finance & Contracting Officer;
iii) at least two GP Directors;
iv) a Lay Member; and
v) either the Secondary Care Doctor or the Governing Body Nurse.

3.6.2. Should members not be able to attend and provide, in advance of the meeting their apologies, a representative can be sent in their place, but will not count towards quorum of the meeting, without formal acting up status.

3.6.3. Should quorum be lost due to a member or members being disqualified from taking part in the vote or discussion due to a declared interest, the meeting's agenda item can progress at the Chair's discretion, or should the Chair be disqualified in this instance, the Vice Chair. At their discretion the Chair may refer the item for consideration to the next Audit Committee meeting.

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

3.7. Decision making

3.7.1. Chapter 6 of the Group's Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the Group'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 of members will be required, the process for which is set out below:

a) **Eligibility** – Those members listed in 6.6.2 of the Constitution are eligible to vote (not representatives in their place unless formal acting up arrangements have been agreed);

b) **Majority necessary to confirm a decision** – A majority vote is required by all voting members by a show of hands, or ballot at the discretion of the Chair;

c) **Casting vote** – In the event of no overall majority, the Chair of the meeting will have the right of the casting vote;

d) **Dissenting views** – Dissenting views are to be recorded in the minutes unless by ballot, but not the dissent as a result of the losing vote.

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

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

3.8. Emergency motions and urgent decisions

3.8.1. Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of the meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. Any such item shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included on the agenda. The Chair's decision to include or refuse such an item shall be final.

3.8.2. The motions procedure at and during a meeting is as follows:

a) Who may propose – A motion may be proposed by the Chair of the meeting or any member present. It must be seconded by another member.

b) Content of motions – The Chair may exclude from the debate at his or her discretion any such motion of which notice was not given at the point of summoning the meeting, other than a motion relating to:

i) the receipt of a report
ii) consideration of any item of business before the Governing Body
iii) the accuracy of minutes
iv) that the Governing Body proceed to next business
v) that the Governing Body adjourn
vi) that the question now be put

c) Amendments to motions – A motion for amendment shall not be discussed unless it has been proposed and seconded. Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Governing Body. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

d) Withdrawing a motion – A motion, or an amendment to a motion, may be withdrawn.

3.9. Emergency powers

3.9.1. The powers of the Governing Body may in an emergency or for an urgent decision be exercised by a group of at least five members of the Governing Body. This group must include at least:

a) the Accountable Officer;
b) the Chair or if not available the Vice-Chair of the Governing Body;
c) the Chief Finance and Contracting Officer; and
d) two Lay Members

3.9.2. The Chair or Vice Chair of the Governing Body shall be responsible for determining what constitutes an emergency or urgent decision.

3.9.3. The Chair or the Vice Chair of the Governing Body will convene the group either in person or by virtual means.

3.9.4. All such decisions will be reported to the Governing Body for ratification at its next meeting within the Chair's report with an explanation of:

a) What the decision was;
b) Why it was deemed an emergency or urgent decision;
c) Who was in the group convened to make the decision.

3.9.5. A record of matters discussed during the meeting 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 take such action.

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 the majority of Group members are in agreement.

3.10.2. A decision to suspend standing orders together with the reasons for doing so 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 keeping

3.11.1. The Governing Body shall keep and publish (except in relation to those meetings or parts of meetings of the Governing Body from which the public are excluded) pursuant to the Constitution:

a) Minutes of all:

i) Annual General Meetings and General Meetings of the Membership Council;
ii) Meetings of the Governing Body and any committee or sub-committee carrying out functions or powers on its behalf, including:
- The names and roles of persons present at the meeting;
- The decisions made at the meeting;
- Where appropriate the reasons for the decision.

b) A register of all Members and Member Representatives.

3.11.2. Any such minutes shall be made available or copied on request to any Member.

3.11.3. Any such minutes agreed at the subsequent meeting shall be sufficient evidence without further proof of the facts stated in such minutes.

3.12. Minutes

3.12.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they will be signed by the meeting person presiding (Chair). No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.12.2. The names of officers and staff in attendance at the meetings shall be recorded including that of the person responsible for the drafting of the minutes.

3.12.3. Meeting minutes shall be made available to the public following Governing Body approval, on the group's website at www.greaterprestonccg.nhs.uk and are available on request at the Group's Headquarters.

3.13. Admission of public and the press

3.13.1. The public and representatives of the press shall be afforded facilities to attend the Annual General Meeting of the Group, where it will present the annual report.

3.13.2. Meetings of the Governing Body must be held in public unless the Governing Body considers that it is not in the public interest to permit members of the public to attend a meeting or part of a meeting[59]. The public and representatives of the press shall be afforded facilities to attend all Governing Body meetings but shall be required to withdraw if the Governing Body exercises its discretion to exclude them.

3.13.3. The Chair (or person presiding the meeting) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption, and without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

3.13.4. The Chair may exclude any member of the public or press from the meeting if he or she is interfering with or preventing the reasonable conduct of the meeting.

3.13.5. Members of the Governing Body who preside over Governing Body business transacted of a confidential nature are not permitted to disclose the confidential contents of papers or minutes, or content of any discussion at meetings on these topics, outside the Clinical Commissioning Group without express permission of the Group or its Governing Body.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The Group may appoint committees and sub-committees of the Group, subject to any regulations made by the Secretary of State[60], and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the Group, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the Group's Constitution.

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59 See section 14Z15(6) of the 2006 Act (inserted by section 26 of the 2012 Act) and paragraphs 4 and 8 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act)

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

4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the Group 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 Group.

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the Constitution and shall be added to this document as appendices.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The Group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those of the Governing Body. The Group shall agree such travelling or other allowances as it considers appropriate.

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

a) the Chief Officer;

b) the Chair of the Governing Body;

c) the Chief Finance and Contracting Officer;

d) Head of Strategy and Corporate Services.

6.2. Execution of a document by signature

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

a) the Chief Officer;

b) the Chair of the Governing Body;

c) the Chief Finance and Contracting Officer.

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

7.1. Policy statements: general principles

7.1.1. The Group will agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Chorley & South Ribble Clinical Commissioning Group and working for NHS Greater Preston Clinical Commissioning Group under a Memorandum of Understanding and Secondment Agreement. The decisions to approve such policies and procedures will be recorded in an appropriate Group minute and will be deemed where appropriate to be an integral part of the Group'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 Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's Constitution.

1.2. The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.

DECISIONS RESERVED TO THE CLINICAL COMMISSIONING GROUP ("The Group")
General Enabling Provision
1. The Group may determine any matter, for which it has statutory authority if it wishes in full session within its statutory powers. It may also delegate authority to exercise any of its functions to: a) Any of its members; b) Its Governing Body; c) Employees; d) Any committee or sub-committee it chooses to establish; e) Any member of the Governing Body who is not a member but who is specified in either 6.6.2 (d) or 6.6.2 (i) of the Constitution.
Regulations and Control
2. Matters requiring the prior consent of a special resolution of the Group and no action can be taken by the CCG Governing Body (except the calling of a General Meeting at which such a resolution might be discussed or circulation of a written resolution to seek such consent]) without such consent: a) Make recommendations to NHS England for changes to the Constitution of the group; or b) Change the nature of the business of the CCG or do anything inconsistent with the Objects; or c) Use any other name than that specified in Clause 1.1 of the Constitution in relation to the activities of the CCG; or d) Merge amalgamate or federate the CCG with any other CCG; or e) Remove any Member or Member Representative for any reason other than those set out at Clauses 3.2.3 and 3.3.4; or f) Reorganise the boundaries of the CCG; or g) Final approval of the appointment of Chair of the Governing Body, and any GP Directors. h) Sign an annual governance statement outlining responsibilities in respect of internal control.
3. Approve a schedule of matters reserved to the Governing Body and Prime financial Policies for the regulation of its proceedings and business.
4. Suspend Standing Orders
5. Approve a scheme of delegation of powers from the Governing Body to its Committees
Strategy, Strategic Plan and Budgets
6. Ensure the CCG develops strategic aims and objectives, including mission, values and objectives
7. Work with NHS England on how it might structure its local interfaces for primary care

commissioning, oversight and support of clinical commissioning, and regional and national specialist commissioning

DESCISIONS RESERVED TO THE CCG GOVERNING BODY ("The Governing Body")
General Enabling Provision
1. The Governing Body may determine any matter for which it has been given delegated authority by the Group.
Regulations and Control
2. Require and receive the declaration of Governing Body members' interests, which may conflict, with those of the CCG and, taking account of any waiver, which the Secretary of State for Health may have made in any case, determining the extent to which that member may remain involved with the matter under consideration.
3. Require and receive the declaration of officers' interests that may conflict with those of the CCG.
4. Approve arrangements for dealing with complaints
5. Determine the organisation structures, processes and procedures to facilitate the discharge of business by the CCG and to agree modifications thereto.
6. Receive reports from committees, including those that the CCG are required by the Secretary of State or other regulation to establish, and to action appropriately.
7. Confirm the recommendations of the CCG Governing Body's committees where the committees do not have executive powers.
8. Approve arrangements relating to the discharge of the CCG's responsibilities as corporate trustee for funds held on trust.
9. Authorise use of the seal.
10. Approve any urgent decisions taken by the Chair of the Governing Body and AO for ratifications by the CCG Governing Body in public session.
Appointments/ Dismissal
11. Appoint the Vice Chair(s) of the Governing Body.
12. Appoint and dissolve committees and individual members that are directly accountable to the CCG Governing Body with the approval of NHS England.
13. Approve proposals of the Remuneration Committee regarding directors and senior employees, and those of the AO for staff not covered by the Remuneration Committee.
14. Appoint, appraise, discipline and dismiss officer members.
15. Confirm appointment of members of any committee of CCG Governing Body as representatives on outside bodies.
Strategy, Strategic Plan and Budgets
16. Develop the strategic aims and objectives of the CCG, including mission, values and objectives
17. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored.
18. Sustain commissioning expertise through transition and enable it to be formed into effective commissioning support arrangements from which consortia can choose.

19. Take on responsibility for integrated plans and the QIPP plan implementation.
20. Approve plans in respect of the application of available financial resources to support the agreed Strategic Plan.
21. Agree policies and procedures for the management of risk.
22. Approve Outline and Final Business Cases for Investment.
23. Approve budgets.
24. Approve, annually, the CCG's proposed organisational development proposals.
25. Approve the opening of bank accounts.
26. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation of the CO and CFO (for losses and special payments).
27. Approve individual compensation payments, subject to Department of Health guidance.
28. Approve proposals for action on litigation against, or on behalf of, the CCG.
29. Consultation
Audit
30. Receive reports of the Audit Committee meetings and take appropriate action.
31. Approve the appointment (and, where necessary, dismissal) of External Auditors and advise the Audit Commission on the appointment (and, where necessary, change/removal) of external Auditors including arrangements for the separate audit of funds held on trust.
32. Receive the annual management letter from the Internal Auditors, taking account of the advice, where appropriate, of the Audit Committee.
33. Receive an annual report from the professional lead Internal Auditor and agree action on recommendations, where appropriate, of the Audit Committee
Annual Reports and Accounts
34. Approval of Annual Report and Annual Accounts
35. Approval of the Annual Report and Accounts for Funds held on Trust
Monitoring
36. Receipt of such reports as the Governing Body sees fit from its committees in respect of its exercise of powers delegate.

DECISIONS / DUTIES DELEGATED BY THE CCG GOVERNING BODY TO COMMITTEES

REF	COMMITTEE	DECISION/DUTIES DELEGATED BY THE CCG GOVERNING BODY TO COMMITTEESS AND TO ITS SUB COMMITTEES
	Governing Body	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: • 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
Constitution 6.6.6 a)	**Audit Committee**	The Committee will: 1. Advise the Governing Body on internal and external audit services 2. The Committee shall advise on the establishment and maintenance of effective systems of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives 3. Monitor compliance with Standing Orders and Prime Financial Policies. 4. Review schedules of losses and compensations and make recommendations to the CCG Governing Body 5. Review the annual financial accounts prior to submission to the Governing Body
6.6.6 b)	**Remuneration Committee**	The Committee will: 1. Determine appropriate remuneration and terms of service for the CO, CFO and other senior employees on VSM and Agenda for Change band 9 and above, including: o All aspects of salary (including any performance-related elements/bonuses) o Provisions for other benefits, including pensions and cars o Arrangements for termination of employment and other contractual terms. 2. Determine remuneration and terms of service of relevant senior employees, including the Chair and GP Directors, to ensure they are fairly rewarded for their individual contribution – having proper regard to the organisation's circumstances and performance, and to the provisions of any national arrangements for such staff. 3. Calculate and scrutinise termination payments taking account of such national guidance as is appropriate, advise on, and oversee appropriate contractual arrangements for such staff. 4. The minutes of the Remuneration Committee shall be formally recorded and submitted to the CCG Governing Body. 5. The Remuneration Committee, which is accountable to the CCG's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee. Following guidance from the Secretary of State for Health, each Remuneration Committee is responsible for considering the appropriateness of pay awards, agreeing

		remuneration packages and redundancy packages for VSM staff. The Remuneration Committee has responsibility to assure itself and the Governing Body that the CCG is compliant with NHS England and Department of Health guidance in reference to Remuneration. Chorley and South Ribble CCG's Remuneration Committee shall meet as a committee in common with Greater Preston CCG's Remuneration Committee to consider decisions relating both CCGs unless there are any agenda items which are pertinent or confidential to one particular committee, on which occasion the committees will meet separately.
6.7 c)	**Clinical Effectiveness Committee**	The Committee will: 1. Set Clinical and Effective use of Resources policies for the group including prescribing policies and procedures of limited clinical value 2. Manage exceptionality 3. Advise the Governing Body on latest clinical evidence in decision making 4. Prioritise clinical policy implementation 5. Provide advice to other committee on setting policy driven clinical standards 6. Promoting research and the use of research evidence

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

AO REF	DELEGATED TO	DELEGATED TO	DUTIES DELEGATED
10	AO		Accountable through NHS Accountable Officer Memorandum to Parliament for stewardship of the CCG's resources.
12	AO & CFO		Ensure the accounts of the CCG are prepared under principles and in a format directed by the Secretary of State. Accounts must disclose a true and fair view of the CCG's income and expenditure and its state of affairs. AO and CFO to sign the accounts on behalf of the CCG Governing Body.
13	AO		Sign a statement outlining responsibilities in respect of Internal Control.
15&16	AO	CFO	Ensure effective management systems that safeguard public funds and assist Chair of the Governing Body to implement requirements of integrated governance including ensuring managers: • Have a clear view of their objectives and the means to assess achievements in relation to those objectives; • Be assigned well defined responsibilities for making best use of resources; • Have the information, training and access to the expert advice they need to exercise their responsibilities effectively.
15	Governing Body Chair		Implement requirements of corporate governance.
18	AO	CFO	Achieve value for money from the resources available to

AO REF	DELEGATED TO	DELEGATED TO	DUTIES DELEGATED
			the CCG and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the Audit Commission and the National Audit Office (NAO). Use, to best effect, the funds available for healthcare, developing services and promoting health to meet the needs of the local population.
20	CFO		Operational responsibility for effective and sound financial management and information.
20	AO	CFO	Primary duty to see that CFO discharges this Function.
21	AO	CFO	Ensuring that expenditure by the CCG complies with Parliamentary requirements.
22	AO	Head of Strategy and Corporate Services	The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework issued to NHS Boards by the Secretary of State are fundamental in exercising their responsibilities for regularity and probity. As a CCG Governing Body member, they have explicitly subscribed to the Codes and should promote observance by all staff.
23	AO	CFO	CFO supported by the Head of Strategy and Corporate Services to ensure appropriate advice is given to the CCG Governing Body and relevant committees on all matters of probity regularity, prudent and economical administration, efficiency and effectiveness.
24	AO	Head of Strategy and Corporate Services	If the Head of Strategy and Corporate Services considers that any CCG Governing Body member is doing something that might infringe probity or regularity, he/she should set this out in writing to the Chair of the Governing Body and the CCG Governing Body. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary NHS England and Department of Health.
26	AO& CFO		If the CCG Governing Body is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the AO/CFO responsibility for value for money, the AO/CFO must draw the relevant factors to the attention of the CCG Governing Body. If the outcome is that the AO/CFO is overruled it is normally sufficient to ensure that the AO's/CFO's advice and the overruling of it are clearly apparent from the papers (exceptionally, the AO/CFO must inform NHS England and DH. In such cases, and in those described in reference 24, the AO/CFO should as a member of the CCG Governing Body vote against the course of action rather than merely abstain from voting.

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

COC REF	DELEGATED TO	DELEGATED TO	AUTHORITIES / DUTIES DELEGATED
1.3.1.17	Governing Body		Approve the policy on Standards of Business Conduct and Commercial Sponsorship.
1.3.1.8	Governing Body		Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct and other ethical concerns.
1.3.1.9 & 1.3.1.22	All Governing Body Members		Subscribe to the NHS Code of Conduct.
1.3.2.4	Governing Body		Governing Body members share corporate responsibility for all decisions of the CCG Governing Body.
1.3.2.4	Chair of the Governing Body & Non-Officer Members		Chair and non-officer members are responsible for monitoring the executive management of the CCG and are responsible to the Secretary of State for the discharge of those responsibilities.
1.3.2.4	Governing Body		The CCG Governing Body has six key functions for which it is held accountable by NHS England on behalf of the Secretary of State: 1. To ensure effective financial stewardship through value for money, financial control and financial planning and strategy. 2. To ensure that high standards of integrated governance and personal behaviour are maintained in the conduct of the business of the whole organisation. 3. To appoint, appraise and remunerate senior executives. 4. Under the guidance of the CCG Group and National Commissioning Board, to approve the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer-term objectives and agree plans to achieve them. 5. To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary. 6. To ensure that the organisation engages with its local community on its plans and performance and that these are responsive to the community's needs.
1.3.2.4	Governing Body		It is the Governing Body's duty to: 1. Act within statutory financial and other constraints; 2. Be clear what decisions and information are appropriate to the Governing Body and draw up Standing Orders, a Schedule of Decisions Reserved to the Governing Body and Prime Financial Policies to reflect these; 3. Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and

COC REF	DELEGATED TO	DELEGATED TO	AUTHORITIES / DUTIES DELEGATED
			senior executives held to account; 4. Establish performance and quality measures that maintain the effective use of resources and provide value for money; 5. Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Governing Body can fully undertake its responsibilities; 6. Establish Audit and Remuneration Committees based on formally agreed terms of reference, which set out the membership of the sub-committee, the limit to their powers and the arrangements for reporting to the main Governing Body.
1.3.2.5	Chair of the Governing Body		It is the Chair's role to: 1. Provide leadership to the Governing Body 2. Enable all Governing Body members to make a full contribution to the CCG's affairs and ensure that the Governing Body acts as a team; 3. Ensure that key and appropriate issues are discussed by the Governing Body in a timely manner; 4. Ensure the Governing Body has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;
1.3.2.5	AO		The AO is accountable to the Chair of the Governing Body and Lay Members for ensuring that its decisions are implemented, that the CCG works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. The AO should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body. The other duties of the AO as Accountable Officer are laid out in the Accountable Officer Memorandum.
1.3.2.5	CCG Non-Officer Governing Body Members		CCG Non Officer Governing Body members are appointed to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.
1.3.2.8	Chair of the Governing Body & Governing Body Members		Declaration of conflict of interests.
1.3.2.9	Governing Body		The Governing Body must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for public money.

SCHEME OF DELEGATION DERIVED FROM STANDING ORDERS

SO REF	DELEGATED TO	DELEGATED TO	DUTIES DELEGATED
	AO	Head of Strategy and Corporate Services	The AO shall prepare a Scheme of Delegation identifying his/her proposals*, which shall be considered and approved by the Governing Body subject to any amendment agreed during the discussion.
1.1.4	AO	Head of Strategy and Corporate Services	Duty of AO to ensure that all existing officers and all new appointees are notified of and understand responsibilities within SOs and SFIs.
2.2.3	Governing Body		Appointment of Governing Body Vice-Chairman.
3.1	Chair of the Governing Body		Calling Governing Body meetings.
3.4	Chair of the Governing Body		Chair all Governing Body meetings and associated responsibilities.
3.5	Chair of the Governing Body		Give final ruling in questions of order, relevancy and regularity of meetings.
3.7.1 c)	Chair of the Governing Body		Having a second or casting vote in Governing Body when required.
3.9	Chair of the Governing Body		The powers, which the CCG Governing Body has retained, to itself within these Standing Orders may in emergency be exercised by the Chair after having consulted at least two non-officer members
3.10	Governing Body		Suspension of Standing Orders.
3.10.3	Audit Committee		Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Governing Body as above).
4.1	Governing Body		The Governing Body shall approve the appointments to each of the committees which it has formally constituted.
4.3	Governing Body		Formal delegation of powers to other committees, sub-committees or joint committees and approval of their Constitution and terms of reference.
5.1	All		Disclosure of non-compliance with Standing Orders to the Accountable Officer as soon as possible.
6.0	AO	Head of Strategy and Corporate Services	Keep seal in safe place and maintain a register of sealing.
6.2	AO	CFO	Signature on any building, engineering, property or capital document before sealing.
6.2	AO	CFO	Approve and sign all documents which will be necessary in legal proceedings.

*Nominated officers and the areas for which they are responsible should be incorporated into the CCG's Scheme of Delegation document, which shall be maintained by the Head of Strategy and Corporate Services and made available for review by the Governing Body.

SCHEME OF DELEGATION AND RESERVATION – OPERATIONAL ARRANGEMENTS

Operational decisions, authorities and duties delegated to Officers of the CCG.

Delegated Financial Limits		
Note these delegated limits should be read together with the Scheme of Delegation and Prime Financial Policies. All thresholds are **exclusive** of VAT irrespective of recovery arrangements		
Financial Limits		**Notes**
1 Gifts & Hospitality Received		
policy follows guidance contained in DH circular HSG(93) 5 Standards of Business Conduct for NHS Staff & the code of conduct for NHS managers		
All NHS Staff	Up to £10 for gifts Up to £25 for hospitality	If a gift or hospitality is offered exceeding this employees/Governing Body members must seek approval of Chief Officer/Chief Finance and
2 Litigation Claims		
CCG Governing Body	All claims	
3 Losses and Special Payments - To be reported to CCG Audit Committee		
CCG Governing Body	Over £100,000	
Chief Officer	Up to £100,000	
Chief Finance and Contracting Officer and senior manager (voting governing body member)	up to £100,000	
4 Petty Cash		
Budget Holder	Up to £100	
5 Signing of Contracts – Health Care Contracts (Including Primary Care and Public Health)		
Chief Officer	Unlimited	
Chief Finance and Contracting Officer and senior manager (voting governing body member)	Unlimited	
Chief Finance and Contracting Officer	Contract variations over £1,000,000	
Deputy Chief Finance Officer	Contract variations up to £1,000,000	NHS England to approve payment for Primary Care Co-Commissioning.
Procurement Manager	Contract variations up to £100,000	
6 Approving Healthcare Ad Hoc payments – (incl. Continuing Healthcare, Bespoke Care, Non Contract Activity etc.)		
CCG Governing Body	Over £250,000	
Chief Officer	Up to £250,000	
Chief Finance and Contracting Officer and senior manager (voting governing body member)	Up to £250,000	
Nominated Senior Officers*	Up to £100,000	

Procurement Manager	Up to £100,000	
Budget Holders – Nominated Deputies	Up to £50,000	Scheme of delegation allows CSU to approve payment for Non-contract activity and continuing healthcare.

7	**Requisitioning Goods and Services and approving payments : Non Healthcare - Revenue and Capital expenditure (incl. IT, Management Consultancy, Maintenance, Buildings - over lifetime of**		
Chief Officer		Unlimited	
Chief Finance and Contracting Officer and senior manager (voting governing body member)		Unlimited	
Budget holders - Nominated Deputies		Up to £15,000	
8	**The requirement to obtain Quotations and Tenders (over lifetime of contract)**		
EU Limit and over		(in compliance with EU Procurement thresholds: As at Jan 2016: £106, 047, (); Works £4,104,394. Please check current rates at http://www.ojec.com/Threshholds.aspx	Obtain a minimum of 3 written competitive tenders
Below EU Limit		Over £50,000 to EU limit	Obtain a minimum of 3 written competitive tenders
		£10,000 up to £49,999	Obtain a minimum of 3 written quotes
		up to £9,999	Obtain two verbal quotations
9	**Approving Monthly Contract payments/ Service level agreement Payments – Healthcare (Linked to Section 6 above at 1/12th of annual contract value)**		
Approval from one of the following:			
Chief Officer – Nominated Deputies		Up to £40,000,000	Nominated Deputies are the Nominated Senior Officers*
Chief Finance and Contracting Officer- Nominated Deputies			

All budget holders and nominated deputies will attend Integrated Single Finance Environment (ISFE) training.

*For the purposes of this scheme of delegated financial limits, Nominated Senior Officers are defined as: Head of Strategy and Corporate Services, Head of Quality and Performance, Head of Planning and Delivery and Deputy Chief Finance Officer, save where they are individually given a delegated limit against a specific item within which the specified limit will apply.

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 Group's Constitution.

1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance and Contracting 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 Group has prepared more detailed policies, approved by the Governing Body's delivery and finance[61] committee, known as *detailed financial policies*. The Group 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 Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Governing Body's Audit Committee is responsible for approving all detailed financial policies.

1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website at www.greaterprestonccg.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 Group's Chief Finance and Contracting 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 Group'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

[61] Since disestablished

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 Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance and Contracting Officer as soon as possible.

1.3. Responsibilities and Delegation

1.3.1. The roles and responsibilities of Group' members, employees, members of the Governing Body and any members of committees, sub-committees and advisory panels established by either the Group's Membership Council or its Governing Body and persons working on behalf of the Group are set out in chapters 6 and 7 of this Constitution.

1.3.2. The financial decisions delegated by members of the Group are set out in the Group'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 Group to commit the Group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

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

2. Internal Control

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

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.5(a) of the Group's Constitution for further information).

2.2. The Chief (Accountable) Officer has overall responsibility for the Group's systems of internal control.

2.3. The Chief Finance and Contracting Officer will ensure that:

a) prime financial policies are considered for review and updated where appropriate annually;

b) detailed financial policies are considered for review and updated where appropriate at least bi-annually;

c) a system is in place for proper checking and reporting of all breaches of financial policies; and

d) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. Audit

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

3.1. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the Group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Chief Officer and Chief Finance and Contracting 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 Chief Finance and Contracting Officer will ensure that:

a) the Group has a professional and technically competent internal audit function; and

b) the Governing Body approves any changes to the provision or delivery of assurance services to the Group.

4. Fraud and Corruption

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

4.1. The Governing Body's Audit Committee will satisfy itself that the Group 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 Group has arrangements in place to work effectively with NHS Protect.

5. Expenditure Control

5.1. The Group is required by statutory provisions[62] 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 Chief (Accountable) Officer has overall executive responsibility for ensuring that the Group 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 and Contracting 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 Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. Allotments

6.1. The Group's Chief Finance and Contracting 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 Group's entitlement to funds;
b) prior to the start of each financial year submit to the Group's 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 Group's Governing Body on significant changes to the initial allocation and the uses of such funds.

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

7. Commissioning Strategy, Budgets, Budgetary Control and Monitoring

Policy – the Group will produce and publish an annual commissioning plan[63] that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

7.1. The Chief (Accountable) Officer will compile and submit to the Group's 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 and Contracting Officer will, on behalf of the Chief (Accountable) Officer, prepare and submit budgets for approval by the Group's Governing Body.

7.3. The Chief Finance and Contracting Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Group's 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 Chief (Accountable) Officer is responsible for ensuring that information relating to the Group'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 Group's commissioning plan[64].

8. Annual Accounts and Reports

Policy – the Group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations[65], 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 and Contracting Officer will ensure the Group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Group's Governing Body;

b) prepares the accounts according to the timetable approved by the Group's Governing Body;

c) complies with statutory requirements and relevant directions for the publication of annual report;

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

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

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

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 Group's website at www.greaterprestonccg.nhs.uk.

9. Information Technology

Policy – the Group will ensure the accuracy and security of the Group's computerised financial data

9.1. The Chief Finance and Contracting Officer is responsible for the accuracy and security of the Group'scomputerised financial data and shall:

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Group'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 and Contracting Officer may consider necessary are being carried out.

9.2. In addition the Chief Finance and Contracting 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 Group will run an accounting system that creates management and financial accounts

10.1. The Chief Finance and Contracting Officer will ensure:

a) the Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;

b) those 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 and Contracting Officer shall periodically seek assurances that adequate controls are in operation.

11. Bank Accounts

Policy – the Group will keep enough liquidity to meet its current commitments

11.1. The Chief Finance and Contracting Officer will:

a) review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State's directions[66], best practice and represent best value for money;

b) manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;

c) prepare detailed instructions on the operation of bank accounts.

11.2. The Group's Governing Body shall approve the Group's banking arrangements.

12. Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments.

Policy – the Group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions[67]
- ensure its power to make grants and loans is used to discharge its functions effectively[68]

12.1. The Chief Finance and Contracting 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;

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

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

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

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.

13. Tendering and Contracting Procedure

Policy– the Group:

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

13.1. The Group shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance and Contracting Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer or the Group's Audit Committee.

13.2. Contracts may only be negotiated on behalf of the Group by those committees or individuals authorised to do so in the Group's scheme of reservation and delegation, and the Group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the Group's standing orders;

b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and

c) take into account as appropriate any applicable NHS 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 Group shall endeavour to obtain best value for money. The Chief Officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group. The scope of individual responsibilities in relation to contracting and contract values shall be set out in the Group's detailed scheme of reservation and delegation which will be published on the Group's website at www.greaterprestonccg.nhs.uk .

14. Commissioning

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

14.1. The Group will coordinate its work with NHS England, other Clinical Commissioning Groups, and 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 Chief (Accountable) Officer will establish arrangements to ensure that regular reports are provided to the Group's Governing Body detailing actual and forecast expenditure and activity for each contract. The Chief Officer will also ensure that the Group's Membership Council is kept informed of the Group's expenditure against contracts in accordance with arrangements for reporting agreed with the Membership Council.

14.3. The Chief Finance and Contracting 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 Group will put arrangements in place for evaluation and management of its risks. Where available and appropriate, insurance arrangements will support evaluated key risks.

15.1. The Group's Chief Finance and Contracting Officer will ensure that the Group has a robust and effective risk management policy, which has been approved by the Group's Governing Body. This will include:

a) a procedure for identifying and quantifying risks and potential liabilities throughout the Group;

b) suitable management procedure to mitigate all significant risk and potential liabilities; and

c) arrangements to review risk management procedures periodically.

15.2. The Group's Chief Finance and Contracting Officer will report to the Governing Body's Audit Committee at least biannually on the key risks and the procedures for managing them.

15.3. The Governing Body's Audit Committee must approve any significant changes to insurance arrangements that increase the risk to the Group.

16. Payroll

Policy – the Group will put arrangements in place for an effective payroll service

16.1. The Chief Finance and Contracting 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; and

c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

17. Non-pay Expenditure

Policy – the Group will seek to obtain the best value for money goods and services received

17.1. The Group's Governing Body will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers

17.2. The Chief (Accountable) Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The Chief Finance and Contracting Officer will:

a) advise the Governing Body's Audit Committee 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 Group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the Group's fixed assets

18.1. The Chief (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 and Contracting 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 and Contracting Officer will prepare detailed procedures for the disposals of assets.

19. Retention of Records

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

19.1. The Chief (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 Group will put arrangements in place to provide for the appointment of trustees if the Group holds property on trust

20.1. The Chief Finance and Contracting Officer shall ensure that each trust fund which the Group 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)[69]

[69] 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 updated July 2015)[70]

[70] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_constitution_web.pdf
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

APPENDIX H
CHECKLIST FOR CLINICAL COMMISSIONING GROUP'S CONSTITUTION

Essential/ Optional	Content	Included
Essential	The Constitution must specify: • the **name of the Clinical Commissioning Group**; • the **members of the Group**; and • the **area of the Group** The name of the Group must comply with such requirements as may be prescribed	 ✓ ✓ ✓ ✓
Essential	The Constitution must specify the **arrangements made by the Clinical Commissioning Group for the discharge of its functions** (including its functions in determining the terms and conditions of its employees)	✓
Optional	The arrangements may include provision: • for the appointment of committees or sub-committees of the Clinical Commissioning Group; and • for any such committees to consist of or include persons other than members or employees of the Clinical Commissioning Group	 ✓ ✓
Optional	The arrangements may include provision for any functions of the Clinical Commissioning Group to be exercised on its behalf by: • any of its members or employees; • its Governing Body; or • a committee or sub-committee of the Group	 ✓ ✓ ✓
Essential	The Constitution must specify the **procedure to be followed by the Clinical Commissioning Group in making decisions**	✓
Essential	The Constitution must specify the **arrangements made by the Clinical Commissioning Group for discharging its duties in respect of registers of interest and management of conflicts of interest** as specified under section 14O(1) to (4) of the 2006 Act, as inserted by section 25 of the 2012 Act	✓
Essential	The Constitution must also specify the **arrangements made by the Clinical Commissioning Group for securing that there is transparency about the decisions of the Group and the manner in which they are made** The provisions made above must secure that there is effective participation by each member of the Clinical Commissioning Group in the exercise of the Group's functions	✓ ✓
Essential	The Constitution must specify the **arrangements made by the Clinical Commissioning Group for the discharge of the functions of its Governing Body**	✓
Essential	The arrangements must include: • provision for the appointment of the Audit Committee and remuneration committee of the Governing Body	✓

Essential/ Optional	Content	Included
Optional	The arrangements may include: • provision for the Audit Committee (but not the remuneration committee) to include individuals who are not members of the Governing Body • provision for the appointment of other committees or sub-committees of the Governing Body. These may include provision for a committee or sub-committee to include individuals who are not members of the Governing Body but are: o members of the clinical commissioning Group, or o individuals of a description specified in the Constitution	✓
Optional	The arrangements may include provision for any functions of the Governing Body to be exercised on its behalf by: • any committee or sub-committee of the Governing Body, • a member of the Governing Body; • a member of the Clinical Commissioning Group who is an individual (but is not a member of the Governing Body); or • an individual of a description specified in the Constitution	✓
Essential	The Constitution must specify the **procedure to be followed by the Governing Body in making decisions**	✓
Essential	The Constitution must also specify the **arrangements made by the Clinical Commissioning Group for securing that there is transparency about the decisions of the Governing Body and the manner in which they are made** This provision must include provision for meetings of governing bodies to be open to the public, except where the Clinical Commissioning Group considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting	✓ ✓
Essential	In its Constitution, the Clinical Commissioning Group must describe the **arrangements** which it has made and include a statement of the principles which it will follow in implementing those arrangements, **to secure that individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved** (whether by being consulted or provided with information or in other ways): • in the planning of the commissioning arrangements by the Group; • in the development and consideration of proposals by the Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and • in decisions of the Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact	✓ ✓ ✓ ✓

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