



South Sefton
Clinical Commissioning Group

**NHS SOUTH SEFTON CLINICAL COMMISSIONING GROUP
CONSTITUTION**

Passed by the Wider Constituent Group: November 2018

NHSE Approved: February 2019

Commencement Date: 1st April 2019

DRAFT

This Constitution is the constitution of NHS South Sefton Clinical Commissioning Group, hereinafter referred to as the “Clinical Commissioning Group”.

General

The Clinical Commissioning Group is a clinically led membership organisation made up of general practices. The member practices of the CCG are responsible for determining the governing arrangements for the organisation which are set out in this Constitution. This Constitution has been developed to reflect and support the objectives and values defined by the CCG and to ensure that all business functions discharged by the CCG are discharged in an open and transparent manner this Constitution has been developed with the member practices and Localities.

This Constitution sets out the terms on which the Clinical Commissioning Group through its elected and/or appointed and/or co-opted Governing Body (the Governing Body) shall implement all statutory obligations including but not limited to commissioning of secondary health and other services in the Geographical Area. This Constitution shall also contain the main governance rules of the Clinical Commissioning Group and its Governing Body.

This Constitution, and the functions of the Clinical Commissioning Group, are subject to the Health and Social Care Act 2012.

Engaging the public and how we conduct our business

In line with the CCG Communications and Engagement Strategy¹ which will be developed with public consultation and engagement, the public voice will be able to influence decision making through:

- Patient Participation Groups
- Engagement and Patient Experience Group
- Health & Wellbeing Board (H&WBB)
- Public Involvement Network (Subcommittee of the H&WBB)
- Healthwatch
- Two Lay Members of the Governing Body.

Our Communications and Engagement strategy sets out a complementary vision for involving our residents and the principles we follow to do this.

The CCG will operate in a way which is consistent with the seven key principles of the NHS Constitution e.g., “*The NHS belongs to the people*” (*The NHS Constitution*) the Nolan Principles on Standards in Public Life (Schedule 16) and the Code of Conduct & Accountability for NHS Boards

¹ <https://www.southseftonccg.nhs.uk/get-informed/publications/>

Equality and Diversity

The CCG is committed to meeting its duties under the Equality Act (2010) by having due regard in all they do to the need to eliminate unlawful discrimination: advance equality of opportunity and to foster good relations across all protected groups.

Vision Objectives and Values

The agreed Vision Objectives Values for the CCG have been developed through a process of engagement with member practices.

Vision: By working together practices within the CCG we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Objectives: The CCG will work with the people of South Sefton to develop quality health services, fit for the future. Through clinical leadership, the CCG will:

- Achieve good health outcomes for us all within the funding and resources available to it:
- Balance the needs individuals with the needs of the whole community.

Values: “The NHS belongs to the people” (The NHS Constitution): the CCG will act at all times to ensure that this important principle is advanced and safeguarded.

Configuration and Membership of the CCG

The CCG shall function in respect of the geographical area defined as South Sefton comprising Bootle, Seaforth & Litherland, Maghull, Crosby & Hightown, and shall be made up of the Members as set out in Schedule 1 of this Constitution.

Each Member has agreed to the terms of this Constitution with the intention that by no later than April 2013 a formal statutory Clinical Commissioning Group shall have been established along similar terms of reference in accordance with, and subject to, any relevant legislation pertaining to govern and regulate the same.

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

DEFINITIONS

Accountable Officer	means an individual who is appointed by NHS England and who may be a member or employee of the Clinical Commissioning Group or of anybody who is a Member of the Clinical Commissioning Group and whose duties and responsibilities are set out in Clause 10 herein.
Advisor	means a non-voting member of the Governing Body.
Any Qualified Provider (AQP)	means the Any Qualified Provider principle to be applied by the Governing Body, when engaging in the commissioning of health care services.
Budget	means the financial resources delegated to the Governing Body for the purposes of commissioning and all relevant and related services and functions including, but not limited to, the responsibilities as set out in Clause 7 herein and any relevant legislation
Business Day	means 9.00am until 5.00pm (other than a Saturday or Sunday or a Bank or Public Holiday).
Chief Officer	another term for Accountable Officer, where the senior manager fulfils the Accountable Officer role
Clinical Commissioning Group/CCG	means the NHS South Sefton Clinical Commissioning Group formed in accordance with and approved by NHS England.
Commencement Date	means the date of commencement of this Constitution being 1 st April 2019
Conflict of Interest	means any conflict of interest as set out in Clause 24.
Constitution	means this Constitution as amended from time to time in accordance with its terms.
Delegation agreement	means the Delegation Agreement from NHS England to the CCG of certain functions relating to primary medical services under section 13Z of the NHS Act and effective from 1 April 2015 (as amended pursuant to the Delegation)
Governing Body	means the elected and/or appointed and/or co-opted members of the Clinical Commissioning Group as set out in Schedule 3 herein and having the duties and responsibilities as set out in Clause 7.

Localities	The local areas that constitute South Sefton area, notably, Bootle, Seaforth & Litherland, Crosby and Maghull
Local Authority	means the administrative offices that are officially responsible for all the public services and facilities within the Geographical Area
Local Delivery Plan	means the local delivery plan as published by the CCG on its website.
Local Medical Committee	means the Sefton Local Medical Committee as recognised by the NHS Act 1977 and currently recognised by NHS South Sefton Clinical Commissioning Group
Member	means the Members of the Clinical Commissioning Group (which may change from time to time); being a primary care services provider holding a contract for the provision of primary medical services i.e. General Medical Services, Personal Medical Services or Alternative Personal Medical Services contract.
Member Practice Lead GP	means the GP nominated by the member practice to vote in elections, also referred to as Member
NHS England	means the body corporate as identified as the NHS Commissioning Board in the Health and Social Care Act 2012.
Performers List	means a medical performers list prepared and published by NHS England Local Area Teams
Provider	means any company, partnership, voluntary organisation, social enterprise, charity or organisation which may from time to time enter or seek to enter or have entered into arrangements to provide secondary medical services or social care services or any other goods and services by virtue of being commissioned by the Clinical Commissioning Group.
Voting	Voting by the Member Practice Lead GPs in the election of the Governing Body or in meetings of the Wider Constituent Group, AGM and EGM will be on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held. Voting in meetings of the Governing Body or other Committees will be by one vote per voting member, the chairman having the additional casting vote.

Wider Constituent Group

means the assembly of all Member Practice Lead GPs with the Governing Body

DRAFT

Contents

1	INTERPRETATION	10
2	COMMENCEMENT AND DURATION.....	10
3	FUNCTIONS OF THE CLINICAL COMMISSIONING GROUP	11
4	APPLICATION FOR MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP	12
5	GOVERNANCE AND REPRESENTATION OF THE CLINICAL COMMISSIONING GROUP	12
6	STRUCTURE OF THE GOVERNING BODY	17
7	ROLE OF THE GOVERNING BODY.....	19
8	EMPLOYMENT, REMUNERATION AND EXPENSES.....	21
9	DISQUALIFICATION OF MEMBERS OF THE GOVERNING BODY	22
10	ACCOUNTABLE OFFICER.....	23
11	CHIEF FINANCE OFFICER	23
12	CHAIR OF THE GOVERNING BODY	24
13	REGISTERED NURSE.....	24
14	SECONDARY CARE DOCTOR	25
15	LAY MEMBER (GOVERNANCE).....	25
16	LAY MEMBER (PATIENT AND PUBLIC PARTICIPATION).....	26
17	DELEGATION OF FUNCTIONS OF THE GOVERNING BODY	26
18	COMMITTEES OF THE GOVERNING BODY	27
19	WIDER CONSTITUENT GROUP	29
20	LOCALITY GROUPS.....	30
21	INDEMNITY.....	30
22	OTHER COMMITTEES	30
23	JOINT WORKING ARRANGEMENTS	31
24	CONFLICT OF INTEREST	35
25	DECLARATION OF CONFLICT OF INTEREST	36
26	FAILURE TO DISCLOSE CONFLICT OF INTEREST	37
27	QUORUM.....	37
28	TERMINATION OF MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP	38
29	CONFIDENTIALITY.....	38

30	VARIATION	39
31	NOTICES	39
32	SCHEDULE 1 - List of Members of the Clinical Commissioning Group	40
33	SCHEDULE 2 - Election process to the Governing Body	46
34	SCHEDULE 3 - General Functions and Duties	47
35	SCHEDULE 4 - Proxy Form	50
36	SCHEDULE 5 - Declaration of Interests	51
37	SCHEDULE 6 - Prime Financial Policies	54
38	SCHEDULE 7 – Scheme of Reservation and Delegation	66
39	SCHEDULE 8 - The Nolan Principles	97
40	SCHEDULE 9 – Joint Working Arrangements	98
41	SCHEDULE 10 - Dispute Resolution Process	99
42	SCHEDULE 11 - Wider Group Terms of Reference	102

DRAFT

1 INTERPRETATION

In this Agreement:

- 1.1 words importing the singular include, where the context so admits, the plural and vice versa;
- 1.2 words importing the masculine include the feminine and the neuter;
- 1.3 references to any person shall include natural persons and partnerships, firms and other incorporated bodies and all other legal persons of whatever kind and however constituted and their successors, permitted assigns or transferees;
- 1.4 references to any statute, enactment, order, regulation or other similar instrument shall be construed as a reference to the statute, enactment, order, regulation or instrument as amended by any subsequent enactment, modification, order, regulation or instrument as subsequently amended or re-enacted;
- 1.5 headings are included in this Agreement for ease of reference only and shall not affect the interpretation or construction of this Agreement; and
- 1.6 reference to a Clause is a reference to the whole of that Clause unless stated otherwise and in the event and to the extent only of any conflict between the Clauses and the Schedules, the Clauses shall prevail over the Schedules.

2 COMMENCEMENT AND DURATION

- 2.1 This Constitution shall commence on the Commencement Date and shall continue in force unless otherwise terminated in accordance with the provisions of this Constitution.
- 2.2 This Constitution shall be reviewed at least every two years from the date of commencement and necessary variations tabled and voted on at a meeting of the Wider Constituent Group. Change of the Constitution requires a 75% majority.
- 2.3 The Health and Social Care Act 2012 allows for specified circumstances under which NHS England may institute variation of this Constitution. Before varying this Constitution, NHS England must consult the CCG and its member practices on any specific changes that affect the local area.

3 FUNCTIONS OF THE CLINICAL COMMISSIONING GROUP

3.1 The functions and general duties that the CCG is responsible for are set out principally in the National Health Service Act 2016, as amended by the Health and Social Care Act 2012. The group will act all times in accordance with the requirements of this legislation and any supporting regulations as set out at Schedule 3 of this constitution. The Clinical Commissioning Group is required to commission health services within the Locality for:-

- 3.1.1 all patients registered with Members who are GP Practices;
- 3.1.2 individuals who are resident within the Locality but not registered with Member Practices;
- 3.1.3 anyone present in the CCG's area requiring emergency care.

3.2 The Clinical Commissioning Group shall be required to make arrangements for:

- 3.2.1 paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the CCG's employees;
- 3.2.2 determining the remuneration and travelling or other allowances of members of its Governing Body, locality groups and wider constituent group. (The Group will publish, in relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify a band of £5,000 into which the salary falls), or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act; and (b) any recommendation of the remuneration committee in relation to any such determination
- 3.2.3 the CCG is a statutory body therefore it will discharge in addition to the above a range of functions, powers and duties which are set out in legislation and guidance:
 - Statutory duties which must be carried out by law.
 - Statutory powers which enable the organisation to undertake particular courses of action. These include powers to delegate functions.
 - Non-statutory functions which NHS organisations are tasked with delivering. These are not set in statute, but organisations are required to deliver them as part of fulfilling their role as local commissioners of the NHS.

3.3 Primary Care Quality

- 3.3.1 There is an explicit Duty on the CCG to support NHS England (NHSCB) in continuously improving the quality of primary care medical services.
- 3.3.2 The Governing Body shall agree annually the format of performance monitoring and reviews but will adhere to the following principles:
- 3.3.3 The system of performance management will be supportive in nature and based on the principles of peer review and shared learning

- 3.3.4 The performance of practices will be monitored by means of regular meetings and data returns based at a locality level.
- 3.3.5 Any disagreement over issues arising as part of the performance management process will be dealt with in accordance with the CCG's Dispute Resolution Process (Schedule 10).

4 APPLICATION FOR MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP

- 4.1 A body which is a provider of primary care services (holding a General Medical Services, Personal Medical Services or Alternative Personal Medical Services Contract) in the Locality shall apply to become a Member of the Clinical Commissioning Group under the following conditions:
 - a) if the provider holds a contract for the provision of primary medical services;
 - b) it is a primary care services provider in the relevant Locality (as illustrated in the map on page 2 of this Constitution); and
 - c) it has duly submitted an application to NHS England for Membership to the Clinical Commissioning Group in the relevant Locality, such Membership having been approved.
- 4.2 Upon receiving a valid application, the Clinical Commissioning Group may apply to NHS England, on behalf of the proposed new Member, for permission to amend the Constitution in order to admit the proposed new Member.

5 GOVERNANCE AND REPRESENTATION OF THE CLINICAL COMMISSIONING GROUP

- 5.1 The Clinical Commissioning Group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:
 - 5.1.1 any of its members
 - 5.1.2 its governing body
 - 5.1.3 employees
 - 5.1.4 a committee or sub-committee of the group.
- 5.2 The extent of the authority to act of the respective bodies and individuals depends on powers delegated to them by the group as expressed through the group's scheme of reservation and delegation and, for committees, their terms of reference
- 5.3 The group's scheme of reservation and delegation sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of its governing body (and its committees), the group's committees and sub committees, individual members and employees.
- 5.4 The CCG remains accountable for all of its functions including those that is has delegated.

- 5.5 In discharging functions of the group that have been delegated to its governing body and its committees, sub committees, joint committees and individuals must comply with the groups principles of good governance, operate in accordance with the group's scheme of reservation and delegation, comply with the groups standing orders, comply with the groups arrangements for discharging its statutory duties and where appropriate ensure that the members practices have had the opportunity to contribute to the group's decision making process.
- 5.6 When discharging their delegated functions committees, sub committees, joint committees and individuals must also operate in accordance with their approved terms of reference.
- 5.7 Each Member as set out in Schedule 1 shall be eligible to vote to elect a Clinical Commissioning Group Governing Body. Elections shall be conducted by the Local Medical Committee in accordance with the procedures as set out in Schedule 2 attached. Individuals elected, nominated or co-opted to the Governing Body shall be eligible in accordance with the following criteria:
- a) they shall be an active Partner, a Sessional GP or Locum, of the practice or primary care services provider;
 - b) an individual shall not be eligible if they are, or subsequently are, retired from the practice or primary care services provider, suspended by either the General Medical Council or the Primary Care Trust or any other such successor body;
 - c) if the individual is a Sessional GP, he shall not be eligible in the event that he is suspended from his employment or subject to grievance or disciplinary proceedings; and
 - d) for those individuals (including those stated at (c) above) who are not party to direct contractual arrangements for the provision of primary medical services, they must be on a Performers List.
- 5.8 The Governing Body shall consist of a maximum of 13 voting members of whom at least 3 shall be non-clinical members to achieve the correct balance, representation and expertise. The Governing Body shall comprise of a Chair, Deputy Chair (the Lay Member with responsibility for Governance if a GP is operating as Chair), Lay Member (for Patient and Public Involvement), Clinical Vice Chair (who deputises in the absence of the GP Chair to provide clinical input), Registered Nurse, Secondary Care Doctor, Chief Finance Officer, Accountable Officer together with a maximum of a further 8 voting members and as Advisors a LMC Representative and a Practice Manager representative. At all times the number of the voting members of the Governing Body shall be no fewer than 11.
- 5.9 The Chair and Clinical Vice Chair shall serve on the Governing Body for a period of 3 years after which the position shall be subject to election. No Chair or Vice Chair shall serve on the Governing Body for a term exceeding 3 terms without a break of at least 2 years.

- 5.10 Other elected members shall hold office for a period of 3 years, after which their positions shall be subject to election, subject to section 6.5.
- 5.11 The Governing Body may meet together for the dispatch of such business as it is entitled to transact and may adjourn and otherwise regulate its meetings as it thinks fit. The quorum necessary for the transaction of business shall be a simple majority of voting members. The Governing Body will seek to make decision by consensus and agreement of its members; however, on the occasions when there is no consensus decisions will be made by a simple majority according to the voting arrangements set out in section 5.2. In the case of equality of votes, the Chair will have an additional casting vote.
- 5.12 The Governing Body may from time to time appoint a member of the Governing Body to fill a casual vacancy where the Governing Body numbers fail to make up a quorum. Any Governing Body member so appointed shall only retain his position on the Governing Body for as long as the member who has been replaced would have held office if that office had not been so vacated, subject to confirmation by majority vote at the next quarterly wider constituent group meeting.
- 5.13 In the event that the quorum for the Governing Body cannot be met for any casual appointment the Governing Body shall have full authority to appoint new members of the Governing Body to fill such vacancies, subject to confirmation by majority vote at the next quarterly wider constituent group meeting.
- 5.14 Any quorum shall exclude any member of the Governing Body or a sub-committee affected by a Conflict of Interest under Clause 24. If this Clause has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.
- 5.15 Every term of office shall commence on announcement of the outcome of any vote/ballot which shall take place at the outset of the meeting of the AGM of the Wider Constituent Group. Any term of office shall also subsequently cease after the announcement of the new Officers.
- 5.16 The Governing Body shall have the authority to engage, employ or appoint any consultant, employee or private contractor in order to facilitate the performance of its duties. Such individuals may be present at any Governing Body meetings at the discretion of the Governing Body but shall not be entitled to any voting rights.
- 5.17 The Governing Body shall have the authority to delegate any of its activities to a sub-committee. Such sub-committee shall be made up of either members of the Governing Body, any consultants and/or employees approved by the Governing Body.
- 5.18 Any elected member of the Governing Body shall be entitled to nominate a proxy to vote on his behalf in the event that he cannot attend a meeting of the Governing Body. In those circumstances the Chair (or acting Chair), should be informed 1 week prior to the meeting of the non-attendance and shall receive a duly completed and authorised proxy form in the format as set out in Schedule 4.

- 5.19 No meeting of the Governing Body shall be held without either the Chair or Deputy Chair being present. If a Chair or Deputy Chair is not present, the meeting can proceed if a temporary Chair is elected from the remaining Governing Body members.
- 5.20 The Governing Body shall meet as often as is necessary to conduct its business. Every Governing Body member shall be given at least 10 business days' notice to attend.
- 5.21 The Governing Body shall meet in public at least five times per year. Every Governing Body member shall be given at least 10 business days' notice to attend. Meetings will be held in public except where the Governing Body considers that it would not be in the public interest to permit members of the public to attend a meeting or part of the meeting.
- 5.22 The date, time and venue of all Governing Body meetings will be made public with at least 7 business working days' notice on the Clinical Commissioning Group website. The notice shall include the agenda and papers related to the agenda.
- 5.23 All members of the Governing Body, whether elected or appointed or co-opted members, shall be permitted to carry a vote on any decision of the Governing Body. For the avoidance of doubt no Advisor shall carry a vote.
- 5.24 In the case of an equality of votes, the Chair shall carry the additional casting vote.
- 5.25 The Governing Body shall keep records and proper minutes of all resolutions and business conducted. Minutes of all formal meetings will be a matter of public record.
- 5.26 The Clinical Commissioning Group shall hold quarterly meetings of the Wider Constituent Group including an AGM once in each year provided that not more than 15 months shall elapse between the date of one Annual General Meeting and that of the next.
- 5.27 The Wider Constituent Group ordinary meeting or AGM shall be held in publicly accessible premises within the geographical area of the Clinical Commissioning Group.
- 5.28 The Governing Body shall give at least twenty-eight days' notice in writing of every Wider Constituent Group meeting or AGM, specifying the place, day and the hour of the meeting.
- 5.29 No business shall be transacted at any Wider Constituent Group meeting or AGM unless a quorum is present when the meeting proceeds to business. A simple majority of Members' (weighted) votes personally represented shall constitute a quorum. Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.

- 5.30 Members attending a Wider Constituent Group meeting, or an AGM shall be entitled to vote on any question either personally or by proxy or as proxy for another Member. Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.
- 5.31 The instrument appointing a proxy shall be in writing and signed by the appointer (the Member unable to attend the AGM) and delivered to the Clinical Commissioning Group not less than forty-eight hours before the date of the AGM.
- 5.32 The Governing Body shall publish all relevant financial reports (including those from the Audit and Remuneration Committees) and a consultation report at the AGM setting out in detail all the consultations it has undertaken and the findings and actions resulting, and a report setting out in details the commissioning plans for the coming year, where known.
- 5.33 The Governing Body shall publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.
- 5.34 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 at www.southseftonccg.org.uk
- 5.35 An EGM can be called by constituent practices having at least one quarter of the (weighted) vote, by writing to the Accountable Officer and requesting a meeting within 28 days of which the constituent practices will be given 21 days' notice or by a majority vote of the Governing Body proposed by the Chair or any Governing Body member. Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.

6 STRUCTURE OF THE GOVERNING BODY

6.1 The membership of the Governing Body is in line with the requirements of the Health and Social Care Act 2012 and supporting regulations. Following consultation with member practices the agreed composition of the Governing Body is as described hereafter.

The Governing Body shall consist of a maximum of 13 voting positions:

- 6.1.1 The Chair
- 6.1.2 The Accountable Officer
- 6.1.3 The Chief Finance Officer
- 6.1.4 The Clinical Vice Chair (If the GP Chair is unavailable, the Deputy Chair will defer matters relating to clinical issues to the Clinical Vice Chair)
- 6.1.5 7 GP representatives of Member Practices (which include the Chair and / or Clinical Vice Chair if so elected)
- 6.1.6 The Deputy Chair (if a GP Chair is elected, this role would be filled by the lay member lead for governance)
- 6.1.7 A registered nurse;
- 6.1.8 2 lay members
 - one to lead on audit, governance, remuneration and conflict of interest matters
 - one to lead on patient and public participation matters;
- 6.1.9 A secondary care doctor;
- 6.1.10 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.

The Governing Body shall invite the following individuals to attend all of its meetings and participate in the way described in paragraph 6.1.10:

- a Local Medical Committee representative
- a Practice Manager representative
- Healthwatch Sefton representative
- Sefton Council representative

6.2 The Chair, Clinical Vice Chair and the GP representatives of Member Practices shall be elected positions. The positions of Chair, Accountable Officer and Chief Finance Officer, Registered Nurse, Secondary Care Doctor, Lay Member (Governance) and

Lay Member (Patient and Public Participation) are subject to national eligibility criteria. The Governing Body will ratify the appointment of the Chair in its first meeting following the declaration of the outcome of the election process.

- 6.3 The positions as stated in Clause 6.1.2, 6.1.3 and 6.1.6 - 6.1.9 shall be nominated or appointed by the Governing Body.
- 6.4 The Lay Members, Registered Nurse and Secondary Care Specialist Doctor will be appointed through an open selection process. This will comprise of wide advertisement followed by selection through interview. The interview panel will include Clinical Leaders from the CCG supported by individuals with relevant experience to ensure that specific competencies required to carry out duties are assessed.
- 6.5 The Governing Body shall hold elections for the positions as set out in Clause 6.2 above, every 3 years in accordance with the principles as set out in Schedule 2.
- 6.6 In order to maintain fairness and equality during the electoral process the elections shall be conducted by the Local Medical Committee.
- 6.7 Any individual wishing to stand for election to the Governing Body, in respect of the positions as set out in Clause 6.2 above, shall do so in accordance with the criteria as set out in Schedule 2. The Local Medical Committee shall announce 3 months before the Governing Body elections the positions available to be filled and shall thereafter be open to receive nominations from appropriate candidates.
- 6.8 Though the Accountable Officer and Chief Finance Officer are permanent appointments it is important that they retain the confidence of the member practices. If member practices feel that this is not the case they should raise it at a Wider Constituent Meeting or call an EGM. If there is a 75% majority in a vote of no confidence then the ability of the Accountable Officer / Chief Finance Officer to continue in post would be reviewed by the Chair of the Governing Body. This proviso also extends to all other appointed positions on the Governing Body.
- 6.9 All elected positions on the Governing Body including the position of Chair can be terminated by a vote of no confidence with a 75% majority at a Wider Constituent Meeting or EGM.
- 6.10 Should there be less than 7 GP members on the Governing body either by resignation or disqualification of an elected member or by a lack of candidates being elected at the regular elections, the Governing body shall have the right to fill this casual vacancy with an eligible GP by appointment subject to ratification at the subsequent wider group meeting. This GP member shall serve the remainder of the term of the vacant post and have full voting rights.

7 ROLE OF THE GOVERNING BODY

The Governing Body shall:-

- 7.1 Ensure that all providers of primary medical services in the Locality are Members of the Clinical Commissioning Group, and shall keep up to date registers of the same.
- 7.2 Recognise where a Member who is a provider of primary medical services is a party to more than one contract for primary medical services, then that Member is to be treated as a separate provider in respect of each contract.
- 7.3 Commit to the principles of devolved responsibility for commissioning decisions across the health community in the relevant Locality.
- 7.4 Support a variety and diverse approach to commissioning, particularly for practices to work proactively to improve efficiency and value.
- 7.5 Encourage innovation by enabling and supporting practices and clinicians in creating changes.
- 7.6 Engage in a collaborative approach with the local NHS in securing new services for patients fully responsive to local health needs.
- 7.7 Ensure that there are robust plans and responsibilities assigned to manage staff engagement, external relationships and communications.
- 7.8 Facilitate the delivery of the required management cost savings whilst ensuring sustainable functions.
- 7.9 Facilitate the delivery and implementation of any guidance or standards issued by any relevant regulatory body including but not limited to the Care Quality Commission (CQC) or any successor bodies or their authorised assignees.
- 7.10 Work with all local stakeholders to achieve delivery of the targets, policies and standards.
- 7.11 Work with and/or have any joint arrangements with any organisation or third party which are involved at any relevant time, in commissioning or provision of primary and secondary care services.
- 7.12 Work collaboratively to deliver the outcomes and milestones set out in any Business Plan.
- 7.13 Ensure effective liaison with and reporting to Members of the Clinical Commissioning Group, and NHS England (as appropriate).

- 7.14 Develop and keep under review robust governance arrangements that shall be complied with by all Members within the Clinical Commissioning Group.
- 7.15 Comply with all relevant procurement law and policy and adhere to the obligations placed on the Governing Body and Clinical Commissioning Group with regard to all Providers applying the following principles of:
- a) transparency and openness
 - b) support and assistance and training so as to permit compliance with the procurement law, competition law and any relevant policies
 - c) application of guidance “procurement guide for commissioners of NHS funded services” and the “principles and rules for co-operation and competition”.
 - d) equality of treatment
 - e) application of the principle of ‘Any Qualified Provider’.
- 7.16 Ensure that all decisions made in relation to commissioning are fully recorded and auditable.
- 7.17 Be engaged in the day to day management and application of commissioning and related activity in the Local and Geographical Area and shall operate in good faith using all due skill and diligence.
- 7.18 Provide full reports of all activity including financial activity at all meetings. The reports shall be available to all Members prior to the Governing Body’s quarterly meetings and form part of the main agenda.
- 7.19 Ensure that all the Clinical Commissioning Group’s policies and procedures with regard to the involvement and consultation of patients and other relevant bodies are fully complied with at all times.
- 7.20 Fairly and equitably advertise any specific salaried posts.
- 7.21 Ensure that members of the Governing Body are informed in writing or covering email 10 business days before any meeting of the Governing Body. A monthly update report will be compiled and will include reporting of performance, activities, actions, forward planning and risks.
- 7.22 Ensure that the Governing Body approves any relevant business case and that any business case is duly considered by the Governing Body for approval before implementation. Stakeholder Members who are also members of the Governing Body or the Governing Body shall be identified and policies with regard to conflict or potential conflict shall be applied as set out in Clause 24.
- 7.23 Adhere to any other obligations as set out in statute, regulation and/or direction.
- 7.24 Implement all processes required to comply with any regulation, direction or internal governance where relevant.

7.25 Keep an up-to-date list of all committees, sub-committees and joint working arrangements.

8 EMPLOYMENT, REMUNERATION AND EXPENSES

- 8.1 The Governing Body shall be permitted to employ or engage the services of any individual if it reasonably believes that the employment or engagement of such an individual shall be of benefit to the Clinical Commissioning Group as a whole.
- 8.2 Any employment or engagement of any individual shall include but not be limited to attendance at meetings of the Governing Body and/or the Wider Constituent Group; the preparation and delivering of any relevant professional advice as so instructed by the Governing Body and/or the Wider Constituent Group; the discharge of their responsibilities as indicated by the Governing Body and/or the Wider Constituent Group from time to time in relation to the Clinical Commissioning Group.
- 8.3 In the event of such employment or engagement, the Remuneration Committee shall reasonably decide and agree the remuneration with such an individual or organisation on a case by case basis.
- 8.4 The Governing Body shall engage with the Local Medical Committee in respect of its functions as these affect their constituent members and to assist, in particular in the overseeing and conducting of elections at all levels within the Clinical Commissioning Group.
- 8.5 The Governing Body shall engage with the LMC regarding the remuneration of its constituent members for carrying out CCG work and for attending meetings which shall include but not be limited to meetings of the Governing Body, any committees, Wider Constituent Group or Locality Groups.
- 8.6 The Remuneration Committee shall be permitted to reasonably decide the remuneration payable in respect of the duties undertaken by the Accountable Officer.
- 8.7 Any remuneration as above may take any mutually acceptable form and may or may not also include any arrangements in connection with the payment of a pension, allowance, or death, sickness or disability benefits to or in respect of that individual, as the Remuneration Committee thinks fit.

9 DISQUALIFICATION OF MEMBERS OF THE GOVERNING BODY

Members of the Governing Body shall vacate their office:-

- 9.1 If a receiving order is made against him or he makes any arrangement with his creditors.
- 9.2 If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) he becomes or is deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- 9.3 If he ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services (excluding lay members of the Governing Body who have been duly appointed by the Governing Body).
- 9.4 If he is suspended from providing primary medical services in which case, the removal or suspension from the Governing Body shall be at the discretion of the Governing Body. The Governing Body shall take into account the circumstances of any individual before a decision is made. In the event the Member is disqualified from the Governing Body and is subsequently reinstated onto the Performer List or reinstated with conditions, he shall be entitled to resume his position on the Governing Body.
- 9.5 If he shall for a period of 5 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body, be vacated from his office.
- 9.6 If he shall be convicted of a criminal offence whereby the sentence imposed shall be for a minimum of 6 months imprisonment (whether such sentence is held to be suspended or conditional). The Governing Body shall take into account the circumstances of the offence in relation to the individual before a decision is made.
- 9.7 If he shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Governing Body or the Clinical Commissioning Group and is likely to bring the Governing Body and/or Clinical Commissioning Group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.
- 9.8 Where he has become ineligible to stand for a position as a result of the declaration of any Conflict of Interest under Clause 24.

10 ACCOUNTABLE OFFICER

- 10.1 The Governing Body shall appoint or nominate an Accountable Officer.
- 10.2 The responsibilities of the Accountable Officer shall be primarily governed by the Health and Social Care Act 2012.
- 10.3 The primary obligations and liabilities of the Accountable Officer shall be to ensure that the Governing Body has a full commissioning policy whilst ensuring that:
- 10.3.1 all obligations of the Clinical Commissioning Group are fulfilled economically and in a transparent manner; and
 - 10.3.2 to maintain any Conflict of Interest registers of the Clinical Commissioning Group.
- 10.4 The Accountable Officer shall report directly to the Governing Body of the Clinical Commissioning Group.

11 CHIEF FINANCE OFFICER

- 11.1 The Governing Body shall appoint or nominate a Chief Finance Officer.
- 11.2 The responsibilities of the Chief Finance Officer shall be primarily governed by the Health and Social Care Act 2012.
- 11.3 The obligations and liabilities of the Chief Finance Officer are set out below:
- 11.3.1 to be responsible for all financial strategy, financial management, governance and regulation of the Clinical Commissioning Group, including maintaining adequate recording, invoicing and receipt of money and the review of any fees or charges made;
 - 11.3.2 to maintain and regulate relevant budgetary controls, in particular with regard to any directions issued by NHS England;
 - 11.3.3 to produce, when required, any reports and/or reconciliations of any expenditure made in relation to the performance of any of the functions under this Constitution; and
 - 11.3.4 to ensure compliance with any other relevant regulations, directions and/or guidance.
- 11.4 The Chief Finance Officer shall report directly to the Governing Body of the Clinical Commissioning Group.
- 11.5 The Chief Finance Officer will also act as Deputy Accountable Officer for the CCG.

12 CHAIR OF THE GOVERNING BODY

12.1 The Chair of the Governing Body is a GP and is responsible for:

- 12.1.1 leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
- 12.1.2 building and developing the group's Governing Body and its individual members;
- 12.1.3 ensuring that the group has proper constitutional and governance arrangements in place;
- 12.1.4 ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- 12.1.5 supporting the Chief Officer in discharging the responsibilities of the organisation;
- 12.1.6 contributing to building a shared vision of the aims, values and culture of the organisation;
- 12.1.7 leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;
- 12.1.8 overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- 12.1.9 ensuring that public and patients' views are heard, and their expectations understood and, where appropriate as far as possible, met;
- 12.1.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England
- 12.1.11 ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

12.2 The Deputy Chair of the Governing Body

The Deputy 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. The Deputy Chair of the Governing Body is also the Lay Member for Governance.

13 REGISTERED NURSE

13.1 As well as sharing responsibility with the other members for all aspects of the CCG governing body business, as a registered nurse on the governing body, this person 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.

13.2 This role has been summarised in a national document as an individual that;

- 13.2.1 has a high level of professional expertise and knowledge

- 13.2.2 is competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- 13.2.3 is 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;
- 13.2.4 is able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;
- 13.2.5 is 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
- 13.2.6 is able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

14 SECONDARY CARE DOCTOR

14.1 As well as sharing responsibility with the other members for all aspects of the CCG governing body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the governing body an understanding of patient care in the secondary care setting.

14.2 This role has been summarised in a national document² as an individual that;

- 14.2.1 is a doctor that 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;
- 14.2.2 is competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- 14.2.3 is 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;
- 14.2.4 is 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;
- 14.2.5 is 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
- 14.2.6 provides 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.

15 LAY MEMBER (GOVERNANCE)

15.1 This role has been summarised in a national document

15.2 The role of this lay member is to bring specific expertise and experience to the work of the governing body. Their focus is strategic and impartial, providing an external view of

² See the latest version of NHS England Authority's Clinical commissioning group Governing Body members: Role outlines, attributes and skills

the work of the CCG that is removed from the day-to-day running of the organisation. Their role is to oversee key elements of governance including audit, remuneration and managing conflicts of interest.

- 15.3 This member is also the Chair of the Audit Committee. This member has a lead role in ensuring that the governing body and the wider CCG behaves with the utmost probity at all times. This person is responsible for ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.
- 15.4 This member is authorised to provide additional capacity to NHS Southport and Formby CCG in respect of conflicts of interest.

16 LAY MEMBER (PATIENT AND PUBLIC PARTICIPATION)

- 16.1 This role has been summarised in a national document³
- 16.2 As well as sharing responsibility with the other members for all aspects of the CCG governing body business, as a lay member on the CCG's governing body this lay member knowledge of the local community and is integral to the work of the governing body. Their focus is strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.
- 16.3 This 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. In particular, they are responsible for ensuring that:
- 16.3.1 public and patients' views are heard and their expectations understood and met as appropriate;
 - 16.3.2 the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and
 - 16.3.3 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.

17 DELEGATION OF FUNCTIONS OF THE GOVERNING BODY

- 17.1 The Governing Body has the authority to delegate any of its functions to either a properly constituted committee or sub-committee, in so far as the creation of those committees complies with the arrangements as set out in this Constitution.
- 17.2 Any committee and/or sub-committee shall operate in accordance with formal terms of reference as agreed by the Governing Body.
-

17.3 Such terms of reference as referred to in Clause 12.2 above, shall in particular:

- 17.3.1 identify any budget allocated to that committee including any management of the same;
- 17.3.2 set out how reports shall be submitted to the Governing Body including frequency of submission;
- 17.3.3 have a robust procedure to manage and resolve disputes and any termination procedures with regard to the dissolution of the relevant committee; and
- 17.3.4 expressly set out any authority to any committee in respect of the establishment of any sub committees. Any terms of reference in relation to any sub-committee shall be in the same or similar format as the terms of reference of the main committee.

18 COMMITTEES OF THE GOVERNING BODY

- 18.1 **Audit Committee** – the audit committee, which is accountable to the CCG's Governing Body, provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee.
- 18.2 **Remuneration Committee** – the remuneration committee, which is accountable to the CCG's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. The 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.
- 18.3 **Joint Quality Committee** – which is accountable to the CCG's Governing Body, will monitor the quality of commissioned services, consider information from governance, risk management and internal control systems relating to quality and; provide corporate focus, strategic direction and momentum for clinical governance. The committee also has responsibility for overseeing safeguarding arrangements and discharging duties relating to SEND (Special Educational Needs and Disabilities). The Governing Body has approved and keeps under review the terms of reference for the Quality Committee which includes information on the membership of the Quality Committee.
- 18.4 **Finance and Resource Committee** - which is accountable to the CCG's Governing Body, will oversee and monitor financial and workforce development strategies; monitor the annual revenue budget and planned savings; develop and deliver capital investment; financial and workforce risk registers; financial, workforce and contracting performance. The Governing Body has approved and keeps under review the terms of

reference for the Finance and Resource Committee which includes information on the membership of the Finance and Resource Committee.

- 18.5 **Approvals Committee** - which is accountable to the group's governing body and is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgment where there is any doubt about how to apply them to individual or group cases involving commissioning clinical services. The role of the Committee will be to provide neutrality in the evaluation and decision-making processes. It will be made up of non-conflicted members of the Governing Body and its decisions will be noted by the Governing Body. The Governing Body has approved and keeps under review the terms of reference for the Approvals Committee which includes information on the membership.
- 18.6 **Joint Quality Improvement Productivity and Prevention (QIPP) Committee** - which is a joint committee of NHS South Sefton CCG and NHS Southport and Formby CCG, is accountable to the Governing Body is established to enable thorough and open discussion about all QIPP priorities, quality issues and innovation. It will provide a forum for clinical leads and CCG officers to identify potential areas of improvement and support plans and proposals for implementation. The QIPP Committee is responsible for monitoring implementation and delivery of the CCGs QIPP plan.

Primary Care Commissioning Committee – This is a formal committee of the CCG that will meet as a Committees in Common with NHS Southport and Formby CCG. This committee has been established in response to the responsibilities delegated to the CCGs by NHS England in respect of primary medical services and as set out in the "Delegation Agreement" signed by each party. The responsibilities delegated to the committee are:

- decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - *decisions in relation to Enhanced Services;*
 - *decisions in relation to Local Incentive Schemes (including the design of such schemes);*
 - *decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;*
 - *decisions about 'discretionary' payments;*
 - *decisions about commissioning urgent care (including home visits as required) for out of area registered patients;*
- the approval of practice mergers;
- planning primary medical care services in the Area, including carrying out needs assessments;
- undertaking reviews of primary medical care services in the area
- decisions in relation to the management of poorly performing GP practices and

including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

- management of the Delegated Funds in the Area;
- Premises Costs Directions Functions;
- coordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

18.7 North Mersey Joint Commissioning Committee – this committee has been established as a joint committee of NHS South Sefton CCG, NHS Southport and Formby CCG, NHS Liverpool CCG and NHS Knowsley CCG. The committee's specific work plan has been authorised by the governing bodies and membership of the respective CCGs. The committee has delegated authority to:

- establish a single service for adult orthopaedics surgery for the North Mersey population
- oversee the review and outcomes of Women's and Neonatal Services provided by Liverpool Women's Hospital

18.8 The Governing Body may appoint such other committees as it considers may be appropriate.

19 WIDER CONSTITUENT GROUP

19.1 The Wider Constituent Group shall be comprised of the Lead GPs of all member practices of the Group. It will act as a forum in order to hold to account the Governing Body for the decisions made on behalf of the constituent practices.

19.2 Subject to the provisions of the 2006 Act, the Wider Constituent Group shall exercise all those functions of the Group that have not been delegated to the Governing Body under this Constitution or otherwise.

19.3 The Wider Constituent Group shall adopt the Terms of Reference set out at Schedule 11.

19.4 The Governing Body is directly responsible to the Wider Constituent Group and is directed to seek the member's views and approval regarding its activities at these meetings.

19.5 Only Member Practice Lead GPs have voting rights at the meetings of the Wider Constituent Group. Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.

19.6 Decisions reached at the meetings of the Wider Constituent Group including the AGM are binding on the Governing Body.

19.7 Attendance at meetings of the Wider Constituent Group is remunerated as determined by the CCG from time to time.

20 LOCALITY GROUPS

20.1 All practices are required to be part of a Locality and the agreed membership is detailed in Schedule 1. If a practice operates in more than one locality, it may agree with the Governing Body which of the locality groups it shall be a member of.

20.2 Attendance at meetings of the Locality Groups is remunerated as determined by the CCG from time to time.

20.3 There are four locality groups; Bootle, Crosby, Maghull and Seaforth & Litherland, or as determined by the Governing Body. Their role is as determined by the Governing Body. The Lead GPs of the locality groups report to the Wider Constituent Group and the QIPP Committee.

21 INDEMNITY

21.1 The NHS SSCCG, as a statutory body established under the Health and Social Care Act 2012, is a separate legal person from its member practices, and all property, assets and liabilities of the CCG are distinct and separate from those of member practices. Any rights, assets and liabilities of member practices, in their capacity as general practices, are distinct from those of the CCG. This provision is without prejudice to any statutory obligations of the CCG and the member practices.

21.2 The CCG indemnifies its Officers, employees and members from having to meet out of their personal resources any civil liability which is incurred in the execution or purported execution of their functions, provided they have acted bona fide, which has been defined as acting honestly and in good faith on behalf of the CCG, unless they have acted recklessly.

22 OTHER COMMITTEES

22.1 The establishment of any other committees or sub-committees by the Governing Body shall be authorised and approved by the Governing Body and shall be reflected in separate standing orders or terms of reference which shall include (but not be limited to), the following: -

- a clear mandate, summarising the responsibilities of the committee;
- processes with regard to internal governance and decision making identifying individual roles and responsibilities of the committee or sub-committee;
- details of how the committee or sub-committee shall be held to account;
- a summary of membership of the committee; and any termination provisions.

23 JOINT WORKING ARRANGEMENTS

- 23.1 The Governing Body may collaborate or enter into any joint working arrangements with any other Clinical Commissioning Group or Local Authority, third sector and community voluntary organisations.
- 23.2 Any joint arrangement in respect of Clause 18.1 above shall be evidenced by a formal agreement approved by the Governing Body and signed by both parties.
- 23.3 Any functions of the Clinical Commissioning Group as delegated to any committee, sub-committee, joint working arrangement and/or engagement of any person or organisation shall remain the responsibility of the Clinical Commissioning Group and its Governing Body.
- 23.4 Joint commissioning arrangements with other Clinical Commissioning Groups
- 23.4.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.
- 23.4.2 The CCG may make arrangements with one or more CCG in respect of:
- (a) delegating any of the CCG's commissioning functions to another CCG;
 - (b) exercising any of the commissioning functions of another CCG; or
 - (c) exercising jointly the commissioning functions of the CCG and another CCG
- 23.4.3 For the purposes of the arrangements described at paragraph [23.4.2], the CCG may:
- (a) make payments to another CCG;
 - (b) receive payments from another CCG;
 - (c) make the services of its employees or any other resources available to another CCG; or
 - (d) receive the services of the employees or the resources available to another CCG.
- 23.4.4 Where the CCG makes arrangements, which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 23.4.5 For the purposes of the arrangements described at paragraph [23.4.2] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs 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.

- 23.4.6 Where the CCG makes arrangements with another CCG as described at paragraph [23.4.2], the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- (a) How the parties will work together to carry out their commissioning functions;
 - (b) The duties and responsibilities of the parties;
 - (c) How risk will be managed and apportioned between the parties;
 - (d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - (e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 23.4.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [23.4.2] above.
- 23.4.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 23.4.9 The governing body of the CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives
- 23.4.10 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
- 23.5 Joint commissioning arrangements with NHS England for the exercise of CCG functions
- 23.5.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 23.5.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 23.5.3 The arrangements referred to in paragraph [23.5.2] above may include other CCGs.
- 23.5.4 Where joint commissioning arrangements pursuant to [23.5.2] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

- 23.5.5 Arrangements made pursuant to [23.5.2] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 23.5.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [23.5.2] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- (a) How the parties will work together to carry out their commissioning functions;
 - (b) The duties and responsibilities of the parties;
 - (c) How risk will be managed and apportioned between the parties;
 - (d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - (e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 23.5.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [23.5.2] above.
- 23.5.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 23.5.9 The governing body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 23.5.10 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.
- 23.6 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions
- 23.6.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- 23.6.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- (a) Exercise such functions as specified by NHS England under delegated arrangements;
 - (b) Jointly exercise such functions as specified with NHS England.

- 23.6.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 23.6.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 23.6.5 For the purposes of the arrangements described at paragraph [23.6.2] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 23.6.6 Where the CCG enters into arrangements with NHS England as described at paragraph [23.6.2] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- (a) How the parties will work together to carry out their commissioning functions;
 - (b) The duties and responsibilities of the parties;
 - (c) How risk will be managed and apportioned between the parties
 - (d) Financial arrangements, including payments towards a pooled fund and management of that fund
 - (e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 23.6.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph [23.6.2] above.
- 23.6.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 23.6.9 The governing body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 23.6.10 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.
- 23.6.11 A list of joint arrangements is available at Schedule 9.

24 CONFLICT OF INTEREST

24.1 The Chair of the meeting, supported by the Lay member with the lead role for overseeing financial management and audit, has the responsibility for deciding whether there is a conflict of interest and the course of action to take. All decisions will be considered in accordance with the CCG's Policy on Managing Conflicts of Interest approved from time to time by the CCG and recorded in the minutes of the meeting.

24.2 A Conflict of Interest may include but shall not be limited to:

- 24.2.1 a member of the Governing Body or any of its sub-committees holding partnership in, employment in, directorship or trusteeship of or majority or controlling shareholdings in or other significant associations with any Provider. For the purposes of this clause, "significant associations" may include, but shall not be limited to, a family member/partner holding partnership in, employment in, directorship or trusteeship of or majority or controlling shareholdings in or other significant associations with any Provider;
- 24.2.2 a member of the Governing Body or its sub committees holding simultaneous office in both a Local Medical Committee and the Clinical Commissioning Group on completion of the transition stage of development / after April 2013;
- 24.2.3 any interest the member or its sub-committees if registered with the General Medical Council (GMC) would be required to declare in accordance with paragraph 55 of the GMC's publication "Management for Doctors or any successor code" including the referral of any patient by a member to a Provider or the Governing Body or its sub-committees in which the member has a Conflict of Interest; and
- 24.2.4 any interest that the member of the Governing Body or its sub-committees if registered with the Nursing and Midwifery Council (NMC) would be required to declare in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor code including the referral of any patient by a member to a Provider in which the member has a Conflict of Interest.
- 24.2.5 any duty whatsoever imposed on any member of the Governing Body or its sub-committees Clinicians or any other codes of conduct to which the member is subject;
- 24.2.6 any other interest whatsoever that should be dutifully declared under The Health and Social Care Act 2012 and guidance issued by Department of Health from time to time;
- 24.2.7 any interest which may or will result in a member of the Governing Body obtaining a monetary benefit; and

24.2.8 any interest which may or will result in a member of the Governing Body obtaining a non-monetary benefit.

24.2.9 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.

24.2.10 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 interest 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.

25 DECLARATION OF CONFLICT OF INTEREST

25.1 The Accountable Officer of the Clinical Commissioning Group shall maintain a register of interests of all members of the Governing Body or its sub-committees recording all declarations of Conflicts of Interest in the forms set out in Schedule 5.

25.2 The Accountable Officer shall include and update any Conflicts of Interest in the register of interests together with any conditions the Governing Body, its Committees or sub-committees, may impose on the member or any relevant Contract.

25.3 The register of interests shall be kept by the Governing Body and shall be made available on written request.

25.4 Any member of the Governing Body, its sub-committees or wider membership subject to a Conflict of Interest or to any change in circumstances which may bring to light a potential future Conflict of Interest or any previous or current Conflict of Interest shall:

- (i) declare the nature and extent of any Conflicts of Interest (including any benefit already or expected to be received) to the Accountable Officer for inclusion on the register, in the form set out in Schedule 5 prior to any relevant discussion regarding any specification for or award of the goods or services to which the Conflict of Interest relates; within 28 days of appointment or as soon as such Conflict of Interest becomes apparent- whichever is the sooner;
- (ii) declare the nature and extent of any Conflict of Interest at the beginning of any meeting in which relevant discussion regarding any specification for or award of the goods or services to which the Conflict of Interest relates;
- (iii) if the member of the Governing Body or its sub-committees seeks to refer a patient to a Provider must in addition to Clauses 20.4.1 and 20.4.2 declare the nature of any Conflict of Interest to the patient and note the nature of the Conflict of Interest related to any referral on the patient's medical record as suggested by Paragraph 76 of GMC's Good Medical Practice code; and

(iv) be refrained from discussing or voting on any matters related to such Conflict of Interest.

25.5 All invitations to tender or contract issued by the Clinical Commissioning Group shall require any tendered or potential contractor to declare any Conflicts of Interest within 28 days in the form set out in Schedule 5.

25.6 Where the declaration of a Conflict of Interest results in an inquorate Governing Body, the responsibility shall rest with the Chair/acting Chair as to whether:

25.6.1 the meeting can proceed; or

25.6.2 the meeting should be postponed and reconvened at such time when new temporary members may be appointed to take the place of the conflicted members.

25.7 The Governing Body shall ensure that all decisions and processes undertaken in managing a particular conflict are open, transparent and recorded.

26 FAILURE TO DISCLOSE CONFLICT OF INTEREST

26.1 Failure to disclose any Conflict of Interest by any member of the Governing Body may result in the disqualification of that member by special resolution of the Governing Body under the disqualification provisions detailed in Clause 9.

26.2 Failure to disclose any Conflict of Interest by any member of the Governing Body regarding a bid from a potential Provider, will not necessarily render any decision made by the Governing Body or its properly constituted sub committees as invalid. Although the Governing Body shall reserve the right to declare any such contract invalid or impose such requirements or conditions upon that member or any contract to which the Conflict of Interest pertains, as it sees fit.

27 QUORUM

27.1 Any quorum of the Wider Constituent Group, the Governing Body, its Committees or its sub-committees shall exclude any member affected by a Conflict of Interest under Clause 24. If this Clause has the effect of rendering the meeting inquorate, then the Chair shall decide whether to adjourn the meeting to permit the appointment or co-option of additional members.

27.2 The conflicted member may make representations to the Governing Body, its Committees or sub-committees regarding the manner in which any Conflict of Interest is dealt with or in relation to any issues relevant to that Conflict of Interest, provided always that any requirement as to the quorum at the meeting at which the Conflict of Interest is considered shall except the conflicted member.

28 TERMINATION OF MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP

- 28.1 The only ground on which the CCG would terminate the membership of an individual practice is when the practice ceases to hold a contract for the provision of primary medical services as referred in Clause 4.
- 28.2 In the event of a practice wishing to leave the CCG will apply to NHS England to amend its Constitution

29 CONFIDENTIALITY

- 29.1 The expression “Confidential Information” as used in this Constitution means any information which any Member may have or acquired in relation to the Clinical Commissioning Group or another Member and is in addition to any statutory, professional or other duty of confidence to which the Member is subject including but not limited to the NHS Code of Confidentiality, the Data Protection Act 1988, Caldicott and Safe Havens, the Access to Health Records Act 1990, the Human Rights Act 1998 and the Computer Misuse Act 1990; General Medical Council (2000) Confidentiality: Protecting and Providing Information; and the BMA (1999) Confidentiality and Disclosure of Health Information guidance.
- 29.2 Confidential Information excludes information that was not provided when subject to any duty of confidence and which has become public knowledge other than as a direct or indirect result of a breach of this confidentiality provision.
- 29.3 Each Member shall at all times use best endeavours to keep confidential any Confidential Information and shall not use or disclose Confidential Information except as required by law or regulation.
- 29.4 No Member of the Governing Body or any authorised Committee of the Governing Body shall make or permit or authorise the making of any press release or other public statement or disclosure concerning any commissioning aspect of the Clinical Commissioning Group or any Members without the prior written consent of the Governing Body. For the avoidance of doubt, this clause is not intended to override any NHS policy in respect of ‘whistleblowing’ and individual Members must comply with any current applicable GMC guidance.
- 29.5 The group further 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.

30 VARIATION

- 30.1 This Constitution may be extended or varied by the agreement or consent of at least 75% of its current Membership vote as set out in Schedule 1.
- 30.2 The Health and Social Care Act 2012 allows for specified circumstances under which NHS England may institute variation of this Constitution. Before varying this Constitution, NHS England must consult the CCG and its member practices on any specific changes that affect the local area.
- 30.3 Any change to this Constitution will be subject to an application to NHS England in June and November in any given year.

31 NOTICES

- 31.1 Any notice or other communication required to be given to the Clinical Commissioning Group shall be in writing and shall be delivered by hand or sent by pre-paid first-class post or other next working day delivery service at its principal place of business, or sent by fax to the Clinical Commissioning Group's main fax number.
- 31.2 Any notice or communication shall be deemed to have been received if delivered by hand, on signature of a delivery receipt, or if sent by fax, at 9.00 am on the next Business Day after transmission, or otherwise at 9.00 am on the second Business Day after posting or at the time recorded by the delivery service.

32 SCHEDULE 1 - List of Members of the Clinical Commissioning Group

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
N84001	DR BERNIE & PARTNERS	42 Kingsway Waterloo L22 4RQ Tel: 0151 928 2415	Gustavo.Berni@gp-n84001.nhs.uk	CROSBY	9735
N84002	SAPRE S.S	1B Aintree Road Bootle L20 9DN Tel: 0151 922 1768	Jakub.Krecichwost@gp-n84010.nhs.uk	BOOTLE	2577
N84003	THOMSON & PARTNERS	High Pastures Surgery 138 Liverpool Road North, Maghull L31 2HW Tel: 0151 526 2161	Phil.Weston@gp-n84003.nhs.uk	MAGHULL	10568
N84004	GOLDSTEIN & PARTNERS	Glovers Lane Surgery Magdalen Square Netherton L30 5TA Tel: 0151 524 2444	Chavi.Bhatnagar@gp-n84004.nhs.uk	SEAFORTH/ LITHERLAND	7593
N84007	MISRA & BIRD	131 Liverpool Road Crosby L23 5TE Tel: 0151 931 3197	grahambird@nhs.net	CROSBY	5457

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
N84010	SAPRE S.S	Maghull Family Surgery Maghull Health Centre Westway L31 0DJ Tel: 0151 520 2487	Jakub.Krecichwost@gp-n84010.nhs.uk	MAGHULL	4536
N84011	HUGHES & PTNRS	Eastview Surgery 81 Crosby Road Waterloo L22 4QD Tel: 0151 928 8849	andrew.mimnagh@gp-n84011.nhs.uk andrew.mimnagh@nhs.net	CROSBY	6666
N84015	STEPHENSON & PARTNERS	Bootle Village Surgery 204 Stanley Road Bootle L20 3EW Tel: 0151 922 5719	catherine.aspden@nhs.net	BOOTLE	6086
N84016	ROBERTS & PTNRS	Moore Street Medical Centre 77 Moore Street Bootle L20 4SE Tel: 0151 944 1066	Tony.Roberts@gp-n84016.nhs.uk	BOOTLE	6537
N84019	TCG MEDICAL - DR ALAM	North Park Health Centre 290 Knowsley Road Bootle L20 5DQ	None identified	BOOTLE	6177

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
		Tel: 0151 922 3841			
N84020	TONG & GILLESPIE	Blundellsands Surgery 1 Warren Road Blundellsands L23 6TZ Tel: 0151 924 6464	craig.gillespie@nhs.net	CROSBY	10458
N84023	VICKERS & PARTNERS	Bridge Road Medical Centre 66/68 Bridge Road Litherland L21 6PH Tel: 0151 949 0249	Emma.McDonnell@gp-n84023.nhs.uk	SEAFORTH/ LITHERLAND	7304
N84025	DR KILLOUGH & PARTNERS	Westway Medical Centre, Maghull L31 0DJ Tel: 0151 526 1121	ruari.killough@nhs.net	MAGHULL	8217
N84026	CROSBY - UC24	3 Little Crosby Road L23 2TE Tel: 0151 924 2233	None identified	CROSBY	3096
N84028	OLIVER& PTNRS	The Strand Medical Centre 272 Marsh Lane Bootle L20 5BW	Anna.Ferguson@gp-n84028.nhs.uk	BOOTLE	7473

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
		Tel: 0151 922 1600			
N84029	FRASER & PTNRS	Ford Medical Practice 91/93 Gorse Lane Litherland L21 0DF Tel:0151 949 2000	sophiereck@nhs.net	SEAFORTH/ LITHERLAND	6080
N84034	STANLEY & PTNRS	Park Street Surgery Park Street Bootle L20 3RF Tel: 0151 922 3577	Kong.Chung@gp-n84034.nhs.uk	BOOTLE	5708
N84035	MC ELROY & PTNRS	15 Sefton Road Litherland L21 9HA Tel: 0151 928 4820	Colette.McElroy@gp-n84035.nhs.uk	SEAFORTH/ LITHERLAND	4524
N84038	DR GOLDBERG	Concept House 17 Merton Road, Bootle L20 3BC Tel: 0151 476 7962	David.Goldberg@gp-n84038.nhs.uk	BOOTLE	5538
N84041	MCDONAGH	30 Kingsway Waterloo L22 4RQ Tel: 0151 928 8668	Colette.McDonagh@gp-n84041.nhs.uk	CROSBY	4671

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
N84043	SEAFORTH - UC24	20 Seaforth Road L21 4LF Tel: 0151 949 1717	None identified	SEAFORTH/ LITHERLAND	2039
N84605	LITHERLAND - UC24	Litherland Town Hall, Hatton Hill Road L21 9JN Tel: 0151 475 4831	adam.grey@nhs.net	SEAFORTH/ LITHERLAND	3316
N84615	SEAFORTH - UC24	Rawson Road Medical Centre 136 - 138 Rawson Road Seaforth L21 1HP Tel: 0151 928 7576	adam.grey@nhs.net	SEAFORTH/ LITHERLAND	2599
N84621	THORNTON – UC24	Thornton PCTMS Bretlands Road L23 1TQ Tel: 0151 247 6365	rebecca.marsden4@nhs.net	CROSBY	2824
N84624	SAPRE S & SAPRE	Maghull Health Centre Westway Maghull L31 0DJ Tel: 0151 526 5453	Jakub.Krecichwost@gp-n84010.nhs.uk	MAGHULL	1009
N84626	HIGHTOWN CHAPEL LANE HAS CONTRACT	1 St. Georges Road L21 9JN Tel: 0151 929 3603	None identified	CROSBY	2004

PRACTICE CODE	PRACTICE NAME	PRACTICE ADDRESS	LOCALITY LEAD GP	LOCALITY	PRACTICE LIST SIZE 01.10.18
N84627	CROSSWAYS - UC24	168 Liverpool Road l23 0QB Tel: 0151 293 0800	hannah.mckay@nhs.net	CROSBY	2735
N84630	NETHERTON - UC24	Magdalen Square L30 5SP Tel: 0151 247 6098	r.naweed@doctors.org.uk	SEAFORTH/ LITHERLAND	2653
Y00446	MAGHULL UC24	Maghull Health Centre L31 0DJ Tel: 0151 283 0400	None identified	MAGHULL	3304
TOTALS					155589

33 SCHEDULE 2 - Election process to the Governing Body

- 1** The election for the 7 GP Member Practice Representatives will be conducted by secret ballot under the supervision of the LMC.
- 2** Nominations will be sought 3 months prior to the end of term of office of the existing member(s) or as soon as practical in the event of a resignation. Each candidate must be nominated by two GP Member Practice Leads and indicate if he is willing and eligible to stand for the position of GP chair.
- 3** Each Member Practice casts one (weighted) vote for each of the 7 positions and additionally one (weighted) vote to choose between the candidates that have declared their intention and eligibility for the position of GP Chair.
- 4** Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.

DRAFT

34 SCHEDULE 3 - General Functions and Duties

34.1 Functions

34.1.1 The functions that the group is responsible for exercising are set out in the Health and Social Care Act 2012:

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

34.2 In discharging its functions, the group will:

- (a) promote a comprehensive health service⁴
- (b) meet the Public-Sector Equality Duty⁵ :
- (c) work in partnership with its local authority to develop joint strategic needs assessments⁶ and joint health and wellbeing strategies⁷

34.3 General Duties - 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 arrangements⁸
- (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 Constitution⁹
- (c) Act effectively, efficiently and economically¹⁰
- (d) Act with a view to securing continuous improvement to the quality of services¹¹

⁴ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

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

⁶ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

⁷ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

⁸ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

⁹ 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)

¹⁰ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

¹¹ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

- (e) Assist and support NHS England in relation to the NHS England's duty to improve the quality of primary medical services¹²
- (f) Have regard to the need to reduce inequalities¹³
- (g) Promote the involvement of patients, their carers and representatives in decisions about their healthcare¹⁴
- (h) Act with a view to enabling patients to make choices¹⁵
- (i) Obtain appropriate advice¹⁶ from persons who, taken together, have a broad range of professional expertise in healthcare and public health.
- (j) Promote innovation¹⁷
- (k) Promote research and the use of research¹⁸
- (l) Have regard to the need to promote education and training¹⁹ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty²⁰.
- (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 inequalities²¹.

34.4 General Financial Duties – the group will perform its functions so as to:

- (a) Ensure its expenditure does not exceed the aggregate of its allotments for the financial year²²
- (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 year²³
- (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 ²⁴
- (d) Publish an explanation of how the group spent any payment in respect of quality made to it by NHS England²⁵

34.5 Other Relevant Regulations, Directions and Documents – the group will

¹² See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

¹³ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

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

¹⁵ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

¹⁶ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

¹⁷ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

¹⁸ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

¹⁹ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

²⁰ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

²¹ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

²² See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

²³ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

²⁴ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

²⁵ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

- (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.

DRAFT

PROXY FORM

I, nominated Lead GP for

Name of Practice:

Hereby appoint

As my proxy for

To be entitled to represent me and vote on my behalf.

Date: Signature:

DRAFT

36 SCHEDULE 5 - Declaration of Interests

DECLARATION OF INTERESTS

36.1 Declaration of interests for CCG members and employees

Name:				
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
Type of Interest* *See reverse of form for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

Type of Description Interest

	<p>in or connection with a voluntary sector organisation;</p> <ul style="list-style-type: none"> • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

DRAFT

37 SCHEDULE 6 - Prime Financial Policies

1. INTRODUCTION

1.1. General

1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's Constitution.

1.1.2. The prime financial policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Schedule 15.

1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the Chief Financial Officer, known as *detailed financial policies*. The group refers to these prime and detailed financial policies together as the clinical commissioning CCG'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 Chief Finance Officer is responsible for approving all detailed financial policies.

1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website at www.southseftonccg.org.uk/.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Financial Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's Constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

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

any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and Delegation

1.3.1. The roles and responsibilities of CCG's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committee and sub-committee (if any) and persons working on behalf of the 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 CCG's scheme of reservation and delegation (see Schedule 14).

1.4. Contractors and their Employees

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 Accountable Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the CCG's Constitution, any amendment will not come into force until the 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

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

2.3. The Chief Finance Officer will ensure that:

a) prime financial policies are considered for review and updated when 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 Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the group to be responsible for internal audit and the external **auditor** will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, the chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Finance Officer will ensure that:
 - a) the 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.
- 4.3. The Governing Body shall ensure that its members and, as far as reasonably practicable the CCG as a whole, conduct all business with due consideration of general duties and obligations arising from the Bribery Act 2010.

5. EXPENDITURE CONTROL

- 5.1. The group is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the 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 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

The CCG's Chief Finance Officer will:

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan 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 Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.5. The Accountable Officer will approve consultation arrangements for the CCG's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

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

8.1. The Chief Finance Officer will ensure the group:

- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
- b) prepares the accounts according to the timetable approved by the Governing Body;
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the CCG's website at www.southseftonccg.org.uk.

9. INFORMATION TECHNOLOGY

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

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

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance 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) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
- b) manage the CCG'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 Chief Finance Officer shall approve the 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
- ensure its power to make grants and loans is used to discharge its functions effectively

12.1. The Chief Finance Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by 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 Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the CCG's finance and remuneration committee

13.2. Contracts may only be negotiated on behalf of the group by those committees or individuals authorised to do so in the CCG's scheme of reservations 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 CCG's Constitution;
- 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 Accountable 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 CCG's detailed scheme of reservation and delegation which will be published on the CCG's website www.southseftonccg.org.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 Accountable Officer will establish arrangements to ensure that regular reports are provided to the Finance and Resources committee detailing actual and forecast expenditure and activity for each contract. The Accountable Officer will also ensure that the CCG's Wider Constituent Group is kept informed of the CCG's expenditure against contracts in accordance with arrangements for reporting agreed with the Wider Constituent Group.

14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY – the 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 CCG's Accountable Officer will ensure that the group has a robust and effective risk management policy, which has been approved by the CCG's Governing Body. This will include;
- a) a procedure for identifying and qualifying risks and potential liabilities throughout the group;
 - b) suitable management procedures to mitigate all significant risks and potential liabilities; and;
 - c) arrangements to review risk management procedures periodically.
- 15.2. The CCG's Accountable Officer will ensure that a report will be presented to the Governing Body's Audit Committee at least bi-annually on the key risks and the procedures for managing them. The Chief Finance Officer will undertake to present this report on behalf of the Accountable Officer.
- 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 Officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition, the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

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

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

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

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

and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

POLICY – the 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

The Accountable Officer shall:

- 19.1. 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;
- 19.2. ensure that arrangements are in place for effective responses to Freedom of Information requests;
- 19.3. 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

The Chief Finance 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.

38 SCHEDULE 7 – Scheme of Reservation and Delegation

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

- 38.1.1 The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated into the CCG's Constitution.
- 38.1.2 Nothing in the scheme of reservation and delegation should impair the discharge of the direct accountability to the Wider Constituent Group or Governing Body of the Chief Finance Officer (CFO). Outside of these requirements the Chief Finance Officer shall be accountable to the CCG's Accountable Officer.
- 38.1.3 The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.
- 38.1.4 Unless stated in the CCG's Constitution or in its Scheme of Reservation and Delegation, the CCG's Accountable Officer has responsibility for the operational management of the Group.

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1 Regulation and Control						
1.1. Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	Wider Constituent Meeting			Chair		Chief Officer
1.2. Consideration and approval of applications to NHS England on matters concerning changes to the CCG's Constitution including proposed changes to the appendices (NB the Governing Body is able to approve changes to Committee Terms of Reference)	Wider Constituent Meeting				Governing Body	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1.3. Exercise or delegation of those functions of the Clinical Commissioning Group which have not been retained as reserved by the Group or delegated to the Governing Body or to a committee or sub-committee of the Group or to one of its members.				Accountable Officer		Accountable Officer
1.4. Approval of the CCG's overarching scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Group and that are reserved to the membership and those delegated to the: <ul style="list-style-type: none"> • Governing Body • Committees, sub committees • Its members or employees. 	Wider Constituent Meeting				Governing Body	Accountable Officer
1.5. Final authority on interpretation of the CCG's Constitution and supporting appendices (i.e. standing orders, prime financial policies and scheme of reservation and delegation).				Chair		Accountable Officer
1.6. Prepare the Scheme of Reservation and Delegation, which sets out those decisions that are in statute, and are the responsibility of the Governing Body, those reserved to the Governing Body and those delegated to the <ul style="list-style-type: none"> • Governing Body • Committees, sub committees • Its members or employees. 		Governing Body			Accountable Officer	Accountable Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1.7. Disclosure of non-compliance with the CCG's Constitution (incorporating the standing orders, prime financial policies and scheme of reservation and Delegation).				All Staff All Members		Accountable Officer
1.8. Suspension of provisions within the Constitution (incorporating the standing orders, prime financial policies and Scheme of Reservation and Delegation) due to extreme cause or emergency.				Chair and either Accountable Officer or CFO together	Accountable Officer	Accountable Officer
1.9. Review of any such suspensions of the Constitution.			Audit Committee		Head of Internal Audit	Head of Internal Audit
1.10. Approval of the CCG's operational scheme of delegation that underpins the CCG's Scheme of Reservation and Delegation within the Constitution.		Governing Body			Accountable Officer	Accountable Officer
1.11. Approval of the CCG's detailed financial policies that are underpinned by the Prime Financial Policies within the Constitution including <ul style="list-style-type: none"> • thresholds above which quotations or formal tenders must be obtained • arrangements for seeking professional advice regarding the supply of goods and services • delegated limits for the certification of invoices • raising of orders. 		Governing Body	Audit Committee		CFO	CFO

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1.12. Executing a document by signature or use of the CCG's seal.				Chair or CFO or Accountable Officer		Accountable Officer
2 Practice Member Representatives & Members of the Governing Body						
2.1. Approve the arrangements for identifying practice representatives for the Wider Constituent Meeting	Wider Constituent Meeting				Chair	Accountable Officer
2.2. Approve the arrangements for appointing clinical leaders to the CCG's Governing Body.	Wider Constituent Meeting				Chair	Accountable Officer
2.3. Approve the arrangements for appointing the non-GP members to the CCG's Governing Body (other than Accountable Officer).	Wider Constituent Meeting				Chair	Accountable Officer
2.4. Approve arrangements for recruiting the CCG's Accountable Officer.	Wider Constituent Meeting				Chair	Chair
3 Strategy and Planning						
3.1. Approve the CCG's vision, values and overall strategic direction.	Wider Constituent Meeting				Chair	Accountable Officer
3.2. Approve the CCG's Operating Structure.		Governing Body			Accountable Officer	Accountable Officer
3.3. Approve the CCG's Commissioning Plan.	Wider Constituent Meeting				Accountable Officer	Accountable Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
3.4. Approve the CCG's Financial Strategy and Annual Budget which meet the financial duties of the Group.		Governing Body			CFO	CFO
3.5. Approve the CCG's arrangements for engaging the public and key stakeholders in the CCG's planning and commissioning arrangements.		Governing Body			Accountable Officer	Accountable Officer
3.6. Approve variations to the approved budgets where variation would impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its strategic aims.		Governing Body			CFO	CFO
3.7. Approve a recovery plan where the CCG is faced with a deficit in excess of 1% or poor performance puts the CCG's continued authorisation in doubt.		Governing Body			Accountable Officer and CFO	Accountable Officer and CFO
4 Annual Reports and Accounts						
4.1. Approval of the CCG's Annual Accounts.			Audit Committee		CFO	CFO
4.2. Approval of the CCG's Annual Report.			Audit Committee		Accountable Officer	Accountable Officer
4.3. Approval of appointment of auditors and their annual audit plans.			Audit Committee		CFO	CFO
4.4. Approval of arrangements for discharging the CCG's statutory financial duties.			Audit Committee		Accountable Officer	CFO
5 Human Resources and Organisational Development						

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
5.1. Approve the terms and conditions, remuneration and travelling or other allowances for Accountable Officer and Chief Finance Officer including pensions and gratuities following recommendation by the Remuneration Committee		Governing Body	Remuneration Committee (to recommend proposals to governing body)		Director of Corporate Services	Director of Corporate Services
5.2. Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members.		Governing Body	Remuneration Committee (to recommend proposals to governing body)		Accountable Officer (exc. own post)	Accountable Officer (exc. own post)
5.3. Approve other terms and conditions of service for all employees of the Group including pensions, remuneration, fees and travelling or other allowances payable to employees, and to other persons providing services to the Group.		Governing Body	Remuneration Committee (to recommend proposals to the Governing body)		Accountable Officer	Accountable Officer
5.4. Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.			Remuneration Committee		Accountable Officer / Chair (if Accountable Officer)	Accountable Officer / Chair (if Accountable Officer)

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
5.5. Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.			Remuneration Committee		Accountable Officer	Accountable Officer
5.6. Approve the CCG's succession planning for elected members on the Governing Body.	Wider Constituent Meeting				Accountable Officer	Accountable Officer
5.7. Approve the arrangements for discharging the CCG's statutory duties as an employer.		Governing Body			Accountable Officer	Accountable Officer
5.8. Approve Organisational Development Plans.		Governing Body			Accountable Officer	Accountable Officer
5.9. Approve HR policies.			Finance and Resources Committee		Accountable Officer	Accountable Officer
6 Quality and Safety						
6.1. Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			Quality Committee		Accountable Officer	Chief Nurse
6.2. Approve the arrangements for handling complaints.			Quality Committee		Chief Nurse	Chief Nurse
6.3. Approve arrangements for safeguarding children and adults.			Quality Committee		Chief Nurse	Chief Nurse
6.4. Approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare.			Quality Committee		Chief Nurse	Chief Nurse

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
6.5. Approve arrangements for supporting the NHSCB in discharging its responsibilities to secure continuous improvement in the quality of general medical services.			Quality Committee (to work with Joint NHSE committee)		Accountable Officer	Chief Nurse
7 Operational and Risk Management						
7.1. Approve counter fraud and security management arrangements.			Audit Committee		CFO	CFO
7.2. Approve risk management arrangements			Audit Committee		Chief Nurse	Chief Nurse
7.3. Approve arrangements for risk sharing and or risk pooling with other organisations including Section 75 agreements.		Governing Body			Accountable Officer	Accountable Officer
7.4. Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the Group.			Audit Committee		Accountable Officer	CFO
7.5. Approve the thresholds above which quotations or formal tenders must be obtained.		Governing Body			CFO	CFO
7.6. Approve the arrangements for seeking professional advice regarding the supply of goods and services.		Governing Body			CFO	CFO
7.7. Approve proposals for action on litigation against or on behalf of the Group.				Accountable Officer and CFO together	Accountable Officer	Accountable Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
7.8. Approve arrangements for emergency planning and business continuity.			Finance & Resources Committee		Accountable Officer	Accountable Officer
7.9. Approve banking arrangements.			Finance & Resource Committee		CFO	CFO
7.10. Approve the arrangements for the proper safekeeping of records in accordance with NHS procedures and information governance requirements including Freedom of Information Requests.			Quality Committee		Chief Nurse	Chief Nurse
8 Partnership, Joint and Collaborative Working						
8.1. Approve the arrangements governing joint or collaborative working between the Group and other statutory bodies where those arrangements incorporate decision making responsibilities.		Governing Body			Accountable Officer	Accountable Officer
8.2. Approve the delegated decision making responsibilities of individuals who represent the Group in joint or collaborative arrangements with other statutory bodies.		Governing Body			Accountable Officer	Accountable Officer
8.3. Review the minutes of meetings of, or reports from, joint or collaborative arrangements with other statutory bodies.		Governing Body			Accountable Officer	Accountable Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
8.4. Authorise an individual to act on behalf of the Group in discharging the CCG's duty in respect of statutory and local joint working arrangements within the financial limits determined under sections 9 and 10 of this scheme of reservation and delegation.		Governing Body			Accountable Officer	Accountable Officer
9 Tendering						
9.1. Approve the CCG's tendering arrangements for any commissioned or corporate support service in excess of £500,000 per annum.		Governing Body			CFO	CFO
9.2. Approve the CCG's tendering arrangements for any commissioned or corporate support service with a value below £500,000 per annum.				Accountable Officer and Chair together	CFO	CFO
9.3. Approve the award of tender for any service or contract in excess of £500,000 per annum.		Governing Body			CFO	CFO
9.4. Approve the award of tender for any service or contract less than £500,000 per annum.				Accountable Officer and Chair together	CFO	CFO
10 Commissioning and Contracting for Clinical Services						

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
10.1. Approve arrangements (including individual authority to act, where appropriate) for discharging the CCG's statutory responsibilities for commissioning clinical services including collaborative arrangements with <ul style="list-style-type: none"> • other CCGs • NHS England • Local Authorities. 		Governing Body			Accountable Officer	Accountable Officer
10.2. Sign off annual contract renewals for clinical services with health care providers.				Chair or CFO or Accountable Officer	CFO	CFO
10.3. Determine arrangements for handling requests for exceptional or "novel" individual patient treatments including individual funding requests.			Finance & Resources Committee		Accountable Officer	CFO
10.4. Approval of business cases or proposals for service improvements (up to £200k)			Finance & Resources Committee			
10.5. Approval of business cases or proposals for service improvements (in excess of £200k)		Governing Body				
11 Commissioning and Contracting for Non-Clinical Services						

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
11.1. Approve arrangements (including individual authority to act, where appropriate) for discharging the CCG's statutory responsibilities for commissioning clinical services including collaborative arrangements with <ul style="list-style-type: none"> • other CCGs • NHS England • Local Authorities. 		Governing Body			Accountable Officer	Accountable Officer
11.2. Sign off annual contract renewals for non-clinical services with providers.				Chair or CFO or Accountable Officer	CFO	CFO
12 Communications						
12.1. Approve arrangements and policies for communication including <ul style="list-style-type: none"> • handling Freedom of Information requests • public engagement on commissioning decisions • press enquiries. 		Governing Body			Accountable Officer	Accountable Officer

38.2 Delegated authority

38.2.1 If the Accountable Officer is absent powers delegated to them may be exercised by the nominated officer(s) acting in their absence after taking appropriate financial advice, two from the following list will be required to ratify any decisions within the Accountable Officers thresholds – The Chief Finance Officer, The Chair, The Chief Nurse.

38.2.2 Table A - Delegated Authority

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Audit Arrangements		
a) Advise the Governing Body on Internal and External Audit Services.	Audit Committee	Chief Finance Officer
b) Monitor and review the effectiveness of the internal audit function.	Audit Committee	Chief Finance Officer
c) Review, appraise and report in accordance with Government Internal Audit Standards (GIAS) and best practice.	Audit Committee	Head of Internal Audit
d) Provide an independent and objective view on internal control and probity.	Audit Committee	Internal Audit / External Audit
e) Ensure cost-effective audit service	Audit Committee	Chief Finance Officer
f) Implement recommendations	Accountable Officer	Relevant Officers
2. Bank/GBS Accounts/Cash (Excluding Charitable Fund (Funds Held on Trust) Accounts)		
a) Operation:		
<ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts (Governing Body approves arrangements) 	Chief Finance Officer	Finance Manager, Midland and Lancs Commissioning Support Unit
<ul style="list-style-type: none"> Opening bank accounts 	Chief Finance Officer	Chief Finance Officer
<ul style="list-style-type: none"> Authorisation of transfers between CCG bank accounts 	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures. Finance Manager,
<ul style="list-style-type: none"> Approve and apply arrangements for the electronic transfer of funds 	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures Finance Manager,
<ul style="list-style-type: none"> Authorisation of: <ul style="list-style-type: none"> GBS schedules BACS schedules Automated cheque schedules 	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures Finance Manager,

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>- Manual cheques</p> <p>b) Petty Cash</p>	<p>Chief Finance Officer</p>	<p>Refer to Table B Delegated Limits (Section D)</p>
<p>3. Capital Investment – subject to CCG Delegated Limits</p>		
<p>a) Programme:</p> <ul style="list-style-type: none"> • Ensure that there is an adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans / Service development Strategy • Preparation of Capital Investment Programme • Preparation of a business case • Financial monitoring and reporting on all capital scheme expenditure including variations to contract • Authorisation of capital requisitions • Assessing the requirements for the operation of the construction industry taxation deduction scheme. • Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost. • Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences. • Issue procedures to support: <ul style="list-style-type: none"> - capital investment - Staged payments • Issue procedures governing 	<p>Heads of Development</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Head of Development</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Finance Officer)</p> <p>Refer to Table B Delegated Limits</p> <p>Chief Accountant</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.</p> <ul style="list-style-type: none"> • Issuing the capital scheme project manager with specific authority to commit capital, proceed / accept tenders in accordance with the SO's and SFI's <p>b) Private Finance:</p> <ul style="list-style-type: none"> • Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector. Proposal to use PFI must be specifically agreed by the Governing Body. <p>c) Leases (property and equipment)</p> <ul style="list-style-type: none"> • Granting and termination of leases with Annual rent < £100k • Granting and termination of leases of > £100k should be reported to the Governing Body. 	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Governing Body</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Chief Officer/ Chief Finance Officer.</p>
<p>4. Commercial Sponsorship</p> <ul style="list-style-type: none"> • Agreement to proposal 	<p>Chief Officer</p>	<p>Approval and registration in line with South Sefton CCG Standards of Business Conduct and relevant policy.</p>
<p>5. Commissioning and Service Agreements</p>		
<p>a) Commissioning of Acute and Community Services from both NHS and non NHS providers, having regard for quality, cost effectiveness, and CCG strategic commissioning plan.</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>b) Commissioning of Mental Health, Learning Disability and Continuing / Intermediate care services from both NHS and non NHS providers, having regard for quality, cost effectiveness, and CCG strategic commissioning plans</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>c) Negotiation of all other contracts</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
d) Signing of Contracts	Chief Officer	Refer to Table B Delegated Limits
e) Quantifying and monitoring of Non Contracted Activity	Chief Officer	Contract Accountant
f) Costing SLA Contract and Non Commercial Contracts	Chief Officer Finance	Head of Strategic and Financial Planning
g) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding	Chief Officer Finance	Head of Strategic and Financial Planning
h) Sound system of financial monitoring to ensure effective accounting of expenditure under the contract/ SLA. Including suitable audit trail but maintaining patient confidentiality.	Chief Officer Finance	Head of Strategic and Financial Planning
Complaints		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Officer	Chief Nurse
b) Responsibility for ensuring complaints are investigated thoroughly.	Chief Officer	Chief Nurse
c) Medico - Legal Complaints Coordination of their management.	Chief Officer	Head of Corporate Delivery
7. Confidential Information		
<ul style="list-style-type: none"> Review of the PCT's compliance with the Caldicott report on protecting patients' confidentiality in the NHS 	Chief Officer	Calidicott Guardian (Chief Nurse)
<ul style="list-style-type: none"> Freedom of Information Act compliance code Responses to letters from MP's, PQ and Treat Officials 	Chief Officer	Chief Officer
8. Data Protection Act		
<ul style="list-style-type: none"> Review of CCG compliance Undertake duties and responsibilities of Senior Information Risk Officer 	Chief Officer Chief Officer	Head of Client Operations (MCSU) Chief Finance Officer (SIRO)
9. Declaration of Interest		
a) Maintaining a register of interests	Chief Officer	Chief Finance Officer
b) Declaring relevant and material interest	Chief Officer	All Staff

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
10. Disposal and Condemnations <ul style="list-style-type: none"> • Items obsolete, redundant, irreparable or cannot be repaired cost effectively • Develop arrangements for the sale of assets 	Chief Officer	Chief accountant in accordance with agreed policy Refer to Table B Delegated Limits
11. Environmental Regulations <p>Review of compliance with environmental regulations, for example those relating to clean air and waste disposal</p>	Chief Officer	Chief Finance Officer
12. Financial Planning / Budgetary Responsibility <p>a) Setting:</p> <ul style="list-style-type: none"> • Submit budgets to the Governing Body • Submit to Governing Body financial estimates and forecasts • Compile and submit to the Governing Body a business plan which takes into account financial targets and forecast limits of available resources. • The Business Plan will contain: <ul style="list-style-type: none"> - a statement of the significant assumptions on which the plan is based; - details of major changes in workload, delivery of services or resources required to achieve the plan. <p>b) Monitoring:</p> <ul style="list-style-type: none"> • Devise and maintain systems of budgetary control. • Monitor performance against budget • Delegate budgets to budget holders • Ensuring adequate training is delivered to budget holders to facilitate their management of the 	<p>Chief Officer Finance</p> <p>Chief Officer Finance</p> <p>Chief Officer</p> <p>Chief Officer Finance</p> <p>Chief Officer Finance</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>Head of Financial Management and Planning.</p> <p>Head of Financial Management and Planning.</p> <p>Chief Finance Officer</p> <p>Head of Financial Management and Planning.</p> <p>Head of Financial Management and Planning.</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>allocated budget.</p> <ul style="list-style-type: none"> • Submit in accordance with NHS England's requirements for financial monitoring returns • Identify and implement cost improvements and QIPP activities in line with the Business Plan <p>c) Preparation of:</p> <ul style="list-style-type: none"> • Annual Accounts • Annual Report <p>d) Budget Responsibilities</p> <p>Ensure that</p> <ul style="list-style-type: none"> • no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Governing Body; • approved budget is not used for any other than specified purpose subject to rules of virement; • no permanent employees are appointed without the approval of the Chief Officer other than those provided for within available resources and manpower establishment. <p>e) Authorisation of Virement: It is not possible for any officer to vire from non-recurring headings to recurring budgets or from capital to revenue / revenue to capital. Virement between different budget holders requires the agreement of both parties.</p>	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Chief Officer</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>Director of Corporate Services</p> <p>All budget holders</p> <p>Refer to Table B Delegated Limits</p>
<p>13. Financial Procedures and Systems</p> <p>a) Maintenance & Update on CCG Financial Procedures</p> <p>b) Responsibilities:-</p> <ul style="list-style-type: none"> • Implement CCG financial policies and co-ordinate corrective action. • Ensure that adequate records are maintained to explain CCG transactions and financial position. • Providing financial advice to members of the Governing Body and staff. 	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p>	<p>Chief Accountant</p> <p>Chief Accountant</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Ensure that appropriate statutory records are maintained. Designing and maintaining compliance with all financial systems 		
<p>14. Fire precautions</p> <ul style="list-style-type: none"> Ensure that the Fire Precautions and prevention policies and procedures are adequate, and that fire safety and integrity of the estate is intact. 	Chief Officer	Business Manager
<p>15. Fixed Assets</p> <p>a) Maintenance of asset register including asset identification and monitoring</p> <p>b) Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.</p> <p>c) Calculate and pay capital charges in accordance with the requirements if the</p> <p>d) Responsibility for security of CCG's assets including notifying discrepancies to the Chief Finance Officer and reporting losses in accordance with NHS South Sefton CCG's procedures</p>	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>All staff</p>
<p>16. Fraud (See also 26, 36)</p> <p>a) Monitor and ensure compliance with Secretary of State Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.</p> <p>b) Notify NHS Protect and External Audit of all suspected Frauds</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p>	<p>Local Counter Fraud Specialist.</p> <p>Local Counter Fraud Specialist.</p>
<p>17. Funds Held on Trust (Charitable and Non Charitable Funds)</p> <p>NHS South Sefton Clinical Commissioning Group does not plan to hold any funds on trust. The Constitution makes provision for the introduction of a Charitable Funds Committee if this situation changes.</p>		
<p>a) Management:</p> <ul style="list-style-type: none"> Funds held on trust are managed appropriately. <p>b) Maintenance of authorised signatory list of nominated fund holders.</p>	<p>Governing Body</p> <p>Chief Officer</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Expenditure Limits	Chief Finance Officer	Refer to Table B Delegated Limits
d) Developing systems for receiving donations	Chief Finance Officer	Chief Accountant
e) Dealing with legacies	Chief Finance Officer	Chief Accountant
f) Fundraising Appeals	Chief Finance Officer	Chief Accountant
g) Preparation and monitoring of budget	Chief Finance Officer	Chief Accountant
h) Reporting progress and performance against budget.	Chief Finance Officer	Chief Accountant
i) Operation of Bank Accounts:	Chief Officer	Chief Finance Officer
• Managing banking arrangements and operation of bank accounts		
• Opening bank accounts	Chief Officer	Chief Finance Officer
j) Investments:	Charitable Trustees Committee	Chief Finance Officer
• Nominating deposit taker		
• Placing transactions	Chief Officer	Chief Finance Officer
k) Regulation of funds with Charities Commission	Chief Officer	Chief Finance Officer
18. Health and Safety		
Review of all statutory compliance with legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Officer	Head of Corporate Delivery
19. Hospitality/Gifts		
a) Keeping of hospitality register	Chief Officer	Business Manager
b) Applies to both individual and collective hospitality receipt items.		Refer to Table B Delegated Limits All Staff
20. Infectious Diseases & Notifiable Outbreaks	Chief Officer	Chief Nurse
21. Information Management & Technology		
Finance & Information Systems	Chief Officer	Chief Finance Officer
• Developing systems in accordance with the CCG'S IM&T Strategy.		
• Implementing new systems ensure they are developed in a controlled manner and thoroughly tested.		
• Seeking third party assurances regarding financial systems		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>operated externally.</p> <ul style="list-style-type: none"> • Ensure that contracts for computer services for financial applications define responsibility re security, privacy, accuracy, completeness and timeliness of data during processing and storage. 		
<p>Information Governance</p> <ul style="list-style-type: none"> • Ensure that risks to the CCG from use of IT are identified and considered and that disaster recovery plans are in place. • Undertake duties and responsibilities of Senior Information Risk Officer 	<p>Chief Officer</p> <p>Chief Officer</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p>
<ul style="list-style-type: none"> • Ensure compliance with Information Governance requirements and annual completion of IT toolkit 	<p>Chief Finance Officer</p>	<p>Information Governance Manager, Cheshire & Merseyside CSU.</p>
<p>22. Legal Proceedings</p>		
<p>a) Engagement of CCG's Solicitors / Legal Advisors</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>b) Approve and sign all documents which will be necessary in legal proceedings, i.e. executed as a deed.</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>c) Sign on behalf of the CCG any agreement or document not requested to be executed as a deed.</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>23. Losses, Write-off & Compensation</p>		
<p>a) Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing NHS Protect of frauds</p>	<p>Chief Officer</p>	<p>Chief Finance Officer</p>
<p>Losses</p> <ul style="list-style-type: none"> • Losses of cash due to theft, fraud, overpayment & others. • Fruitless payments (including abandoned Capital Schemes) • Bad debts and claims abandoned • Damage to buildings, fittings, 	<p>Chief Officer</p>	<p>Refer to Table B Delegated Limits</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
furniture and equipment and loss of equipment and property in stores and in use due to culpable causes (e.g. fraud, theft, arson).		
Special Payments Compensation payments by Court Order	Chief Officer	Refer to Table B Delegated Limits
Ex-gratia Payments:- <ul style="list-style-type: none"> To patients/staff for loss of personal effects For clinical negligence after legal advice For personal injury after legal advice Other clinical negligence and personal injury Other ex-gratia payments 		Refer to Table B Delegated Limits
b) Reviewing appropriate requirement for insurance claims	Chief Officer	Chief Finance Officer
c) A register of all of the payments should be maintained by the Chief Finance Officer and made available for inspection	Chief Officer	Chief Accountant
d) A report of all of the above payments should be presented to the Audit Committee	Chief Officer	Chief Accountant
24. Meetings		
a) Calling meetings of the Governing Body	CCG Chair	Business Manager
b) Chair all Governing Body meetings and associated responsibilities	CCG Chair	Vice Chair
25. Medical Governance		
• Clinical arrangements	Governing Body	Chief Officer
• Medical Leadership	Chair	Chief Officer
• Programmes of education	Chair	Chief Officer
• Medical Research	Chair	Chief Officer
26. Nursing and Allied Health Professionals		
a) Compliance with statutory and regulatory arrangements relating to professional nursing / midwifery practice	Chief Officer	Chief Nurse
b) Compliance with statutory and regulatory	Chief Officer	Chief Nurse

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
arrangements relating to allied health professionals practice		
27. Safeguarding – Adults a) Discharge the duties of the Lead Director of Safeguarding Adults b) Ensure compliance with statutory requirements and policies and procedures for Safeguarding Adults c) Comply with statutory requirements and policies for Safeguarding Adults	Chief Officer Chief Officer Chief Officer	Chief Nurse/Lead Nurse for Safeguarding
28. Safeguarding – Children a) Discharge the duties of the Lead Director of Safeguarding Children b) Review and develop the Strategy for Safeguarding Children	Chief Officer Chief Officer	Chief Nurse/Lead Nurse for Safeguarding,
c) Review and develop the policies and procedures to Safeguarding Children d) Ensure compliance with statutory requirements and policies and procedures for Safeguarding Children e) Comply with statutory requirements and policies for Safeguarding Children	Chief Officer Chief Officer Chief Officer	Chief Nurse/Lead Nurse for Safeguarding, Chief Nurse/Lead Nurse for Safeguarding Chief Nurse/Lead Nurse for Safeguarding
29. Non-Pay Expenditure a) Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B – Delegated Limits b) Obtain the best value for money when requisitioning goods / services c) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a)) d) Develop systems for the payment of accounts e) Prompt payment of accounts f) Financial Limits for ordering / requisitioning goods and services g) Approve prepayment arrangements	Chief Officer Chief Officer Chief Officer Chief Officer Chief Officer Chief Officer	Chief Finance Officer All Staff Chief Finance Officer Chief Accountant Chief Accountant Refer to Table B Delegated Limits Chief Accountant
30. Personnel & Pay		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Nomination of officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts	Chief Officer	Chief Finance Officer
b) Develop Human resource policies and strategies for approval by the Governing Body including training, industrial relations.	Chief Officer	HR Manager, CSU.
c) Authority to fill funded post on the establishment with permanent staff.	Chief Officer	Chief Finance Officer
d) The granting of additional increments to staff within budget	Chief Officer	Chief Finance Officer
e) All requests for re-grading shall be dealt with in accordance with CCG's procedures.	Chief Officer	Chief Finance Officer
f) Establishments <ul style="list-style-type: none"> • Additional staff to the agreed establishment with specifically allocated finance. 	Chief Finance Officer	Head of Financial Management and Planning
<ul style="list-style-type: none"> • Additional staff to the agreed establishment without specifically allocated finance. 	Chief Officer	Chief Finance Officer
<ul style="list-style-type: none"> • Self financing changes to an establishment 	Chief Officer	Chief Finance Officer
g) Pay <ul style="list-style-type: none"> • Presentation of proposals to the Governing Body for the setting of remuneration and conditions of service for those staff not covered by the Remuneration Committee. 	Chief Officer	Chief Finance Officer
<ul style="list-style-type: none"> • Authority to complete standing data forms effecting pay, new starters, variations and leavers 	Chief Officer	Director of Corporate Services
<ul style="list-style-type: none"> • Authority to complete and authorise positive reporting forms (SAR's) 	Chief Officer	Director of Corporate Services
<ul style="list-style-type: none"> • Authority to authorise overtime 	Chief Officer	Chief Finance Officer/Deputy CFO
<ul style="list-style-type: none"> • Authority to authorise travel & subsistence expenses 	Chief Officer	Chief Officer, Chief Finance Officer, all directors and all senior managers with line management responsibilities
h) Leave Annual Leave		Refer to Annual Leave Policy
<ul style="list-style-type: none"> • Approval of annual leave 	Chief Officer	Chief Finance Officer/Director Corporate Services

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Annual leave - approval of carry forward (up to maximum of 5 days) Annual leave – approval of carry forward over 5 days (to occur in exceptional circumstances only) 	Chief Officer	Chief Finance Officer/ Director of Corporate Services
	Chief Officer	Chief Finance Officer
<p>Special Leave</p> <ul style="list-style-type: none"> Compassionate leave Special leave arrangements for domestic/personal/family reasons paternity leave <ul style="list-style-type: none"> carers leave adoption leave 	Chief Officer	Director of Corporate Services
(to be applied in accordance with CCG Policy)		
<ul style="list-style-type: none"> Special Leave – this includes Jury Service, Armed Services, School Governor (to be applied in accordance with CCG Policy) 	Chief Officer	Director of Corporate Services
<ul style="list-style-type: none"> Leave without pay Time off in lieu Maternity Leave - paid and unpaid 	Chief Officer	Director of Corporate Services
Sick Leave	Chief Officer	Director of Corporate Services
<ul style="list-style-type: none"> Extension of sick leave on pay 	Chief Officer	Chief Finance Officer
<ul style="list-style-type: none"> Return to work part-time on full pay to assist recovery 	Chief Officer	Chief Finance Officer
<u>Study Leave</u>		
<ul style="list-style-type: none"> Study leave outside the UK 	Chief Officer	
<ul style="list-style-type: none"> All other study leave (UK) 	Chief Officer	Chief Finance Officer/ Director of Corporate Services
i) Removal Expenses, Excess Rent and House Purchases	Chief Officer	Chief Finance Officer
All staff above Band 5 (agreed at interview) Maximum £8,000		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Chief Officer	Refer to Table B Delegated Limits
j) Grievance Procedure	Chief Officer	As per procedure
k) Authorised - Car Users		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> • Leased car • Regular user allowance l) Mobile Phone Users / Mobile Devices	Chief Officer Chief Officer Chief Finance Officer	Chief Finance Officer Chief Finance Officer Business Manager
m) Renewal of Fixed Term Contract	Chief Officer	Chief Finance Officer
n) Staff Retirement Policy <ul style="list-style-type: none"> • Authorisation of return to work in part time capacity under the flexible retirement scheme. 	Chief Officer	Chief Finance Officer
o) Redundancy	Chief Officer	Chief Finance Officer
p) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department.	Chief Officer	Chief Finance Officer
q) Disciplinary Procedure (excluding Executive Directors)	Chief Officer	To be applied in accordance with the CCG's Disciplinary Procedure
r) Ensure that all employees are issued with a Contract of employment in a form approved by the Governing Body and which complies with employment legislation.	Chief Officer	Director of Corporate Services
s) Engagement of staff not on the establishment <ul style="list-style-type: none"> • Management Consultants 	Chief Officer	Refer to Table B – Delegated Limits
31. Quotation, Tendering & Contract Procedures		
a) Services: <ul style="list-style-type: none"> • Best value for money is demonstrated for all services provided under contract or in-house • Nominate officers to oversee and manage the contract on behalf of the CCG. 	Chief Officer Chief Officer	Chief Finance Officer Chief Finance Officer
b) Competitive Tenders: <ul style="list-style-type: none"> • Authorisation Limits • Maintain a register to show each set of competitive tender invitations despatched. • Receipt and custody of tenders prior to opening • Opening Tenders • Decide if late tenders should be 	Chief Officer Chief Officer Chief Officer Chief Officer Chief Officer	Refer to Table B Delegated Limits Chief Finance Officer Chief Finance Officer Two officers from the approved list as authorised by the Governing Body Chief Finance Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>considered</p> <ul style="list-style-type: none"> • Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote. <p>c) Quotations</p> <p>d) Waiving the requirement to request</p> <ul style="list-style-type: none"> • tenders - subject to Constitution Schedule 15 (reporting to the Audit Committee) • quotes - subject to SOs 	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>Chief Finance Officer</p> <p>Refer to Table B Delegated Limits</p> <p>Refer to Table B Delegated Limits</p> <p>Chief Finance Officer</p>
<p>32. Records</p> <p>a) Review CCG's compliance with the Records Management Code of Practice</p> <p>b) Ensuring the form and adequacy of the financial records of all departments</p>	<p>Chief Officer</p> <p>Chief Officer</p>	<p>Head of Corporate Delivery</p> <p>Chief Finance Officer</p>
<p>33. Reporting of Incidents to the Police</p> <p>a) Where a criminal offence is suspected</p> <ul style="list-style-type: none"> • criminal offence of a violent nature • arson or theft • other 	<p>Chief Officer</p>	<p>All Staff – Informing Manager On-call</p>
<p>b) Where a fraud is involved (reporting to the Directorate of Counter Fraud Services)</p> <p>c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.</p>	<p>Chief Officer</p> <p>Chief Officer</p>	<p>Director of Internal Audit Services/ Local Counter Fraud Specialist</p> <p>Chief Finance Officer</p>
<p>34. Risk Management</p> <ul style="list-style-type: none"> • Ensuring the CCG has a Risk Management Strategy and a programme of risk management • Developing systems for the management of risk. • Developing incident and accident reporting systems • Compliance with the reporting of incidents and accidents 	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>Director of Corporate Services</p> <p>Director of Corporate Services</p> <p>Director of Corporate Services Development</p> <p>All staff</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
35. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Officer	Business Manager
b) Attestation of seal in accordance with Standing Orders	Chief Officer	Director of Corporate Services
c) Property transactions and any other legal requirement for the use of the seal.	Chief Officer	Chief Finance Officer
36. Security Management		
Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.	Chief Officer	Chief Finance Officer/ Local Security Management Specialist
37. Setting of Fees and Charges (Income)		
a) Non patient care income	Chief Finance Officer	Chief Accountant
b) Informing the Accountable Officer of monies due to the CCG.	Chief Finance Officer	All Staff
c) Recovery of debt	Chief Finance Officer	Chief Accountant
d) Security of cash and other negotiable instruments	Chief Finance Officer	Chief Accountant
38. Stores and Receipt of Goods		
a) Responsibility for systems of control over stores and receipt of goods issues and returns.	Chief Finance Officer	Business Manager

38.2.3 TABLE B – Operational Limits

	Description	Governing Body	Chair	Chief Officer	Chief Finance Officer	Other CCG Officer (See attached signatory list.)
A	GIFTS & HOSPITALITY Director of Corporate Services to maintain a register of declared gifts and hospitality received.	In line with NHS South Sefton CCG Policy for the Management of Conflicts of Interest and Gifts and Hospitality				
B	LITIGATION CLAIMS Medical negligence and other litigation payments made on the advice of NHSLA	Over £1,000,000		£100,001 up to £1,000,000	Up to £100,000	£20,000
C	LOSSES & SPECIAL PAYMENTS Chief Finance Officer to maintain a register of losses and special payments. All to be reported to the Audit Committee.	Over £250,000		£100,001 up to £250,000	£20,000 up to £100,000	£20,000
D	PETTY CASH				Up to £250 (float)	
E	REQUISITIONING GOODS & SERVICES: NON-HEALTHCARE Services including IT, consultancy, maintenance and support services – over lifetime of contract.	Over £250,000		Up to £250,000	Up to £100,000	Up to £20,000
F	RELOCATION EXPENSES Require approval by Remuneration Committee			Over £8,000	Up to £8,000	
G	SIGNING OF HEALTHCARE CONTRACTS			Over £150,000,000	Up to £150,000,000	Up to £250,000
H	APPROVAL OF MONTHLY HEALTHCARE CONTRACT PAYMENTS All healthcare contract payments must be supported by			Over £15,000,000	Up to £15,000,000	£250,000

	Description	Governing Body	Chair	Chief Officer	Chief Finance Officer	Other CCG Officer (See attached signatory list.)
	signed contract (see G).					
I	APPROVAL OF AD-HOC HEALTHCARE PAYMENTS See authorised signatory list for approval limits for other CCG officers.			£200,001 to £600,000 (Plus signature from Chief Finance Officer).	£200,001 to £600,000 (Plus signature from Chief Officer).	
				Over £100,000 up to £200,000	Over £20,000 up to £200,000	Up to £20,000
J	QUOTATIONS AND TENDERS: ALSO REFER TO SECTION 10/SORD. Over lifetime of contract. Please refer to Tendering and Procurement Procedure, section 14 of Prime Financial Policies.					
J1	Minimum of 3 written competitive tenders: In compliance with EC procurement directive.			£118,133 and above		
J2	Minimum of 3 written quotes			£15,000 to £90,318		
J3	No requirement to obtain quotes: Although no formal requirement, it is deemed to be best practice and demonstrates value for money.			Up to £15,000		
K	VIREMENT In accordance with the virement policy, a virement form must be completed and signed by both parties.	Over £500,000		Up to £500,000	Up to £250,000	
L	DISPOSALS AND CONDEMNATION All assets disposed at market value.			Over £1,000 per item	Up to £1,000 per item	

	Description	Governing Body	Chair	Chief Officer	Chief Finance Officer	Other CCG Officer (See attached signatory list.)
M	CHARITABLE FUNDS If charitable funds received in the future a Charitable Funds committee will be established.					
N	VISA/PURCHASE CARDS			Up to £50,000	Up to £20,000	Up to £1,000
O	BUSINESS CASES FOR SERVICE IMPROVEMENT OR REDESIGN	Over £500k -		Up to £2000K	Up to £200K	Up to £499.99K to Joint QIPP and Financial Recovery Committee

DRAFT

39 SCHEDULE 8 - The Nolan Principles

The Seven Principles of Public Life, known as the Nolan Principles, were defined by the Committee for Standards in Public Life. They are:

1. **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.
2. **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.
3. **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.
4. **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.
5. **Openness** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
6. **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.
7. **Leadership** Holders of public office should promote and support these principles by leadership and example.

40 SCHEDULE 9 – Joint Working Arrangements

- 1 The group has entered into joint arrangements with the following clinical commissioning groups:
- 2 South Sefton CCG has entered into a joint arrangement with respect to a shared management team, under the terms of a memorandum of understanding with Southport and Formby CCG.
- 3 The group has established a Primary Care Commissioning Committee with NHS Southport and Formby for the purposes of having responsibility for the arrangements delegated to it by NHS England and as set out in the Delegation Agreement
- 4 The group has established a North Mersey Joint Commissioning Committee with NHS Southport and Formby CCG, NHS Liverpool CCG and NHS Knowsley CCG to commission a single adult orthopaedic service in North Mersey and oversee the review and outcome of the Liverpool Women' service including neonatal services.
- 5 The Merseyside CCG network has been established consisting of the following CCGs:
 - 5.1.1 Halton CCG
 - 5.1.2 Knowsley CCG
 - 5.1.3 Liverpool CCG
 - 5.1.4 Southport & Formby CCG
 - 5.1.5 South Sefton CCG
 - 5.1.6 St Helens CCG
 - 5.1.7 Warrington CCG
 - 5.1.8 West Lancashire CCG.

The Merseyside CCG network will act as an advisory committee to each of the named CCGs.

- 6 The group has joint committees with the following local authority(ies): Health and Wellbeing Board, Sefton Metropolitan Borough Council, Strategic Integrated Commissioning Group.

41 SCHEDULE 10 - Dispute Resolution Process

1 Purpose

This paper outlines the approach South Sefton Clinical Commissioning Group (CCG) will adopt to address concerns/disputes raised by member practices in either of the following areas:

- The CCG's approach to delivery of its commissioning responsibilities
- The CCG's approach to delivery of its duty to support NHS England in continuously improving the quality of primary care medical services as it materially affects a member practice(s).

2 Background

It is expected that dispute will be the route of last resort. The CCG, Localities and practices will make all efforts to resolve issues locally in conjunction with the LMC (as appropriate), and demonstrate effective processes have been engaged at all levels in the CCG. This may include the following:

- Escalating the seniority of the review process, for example by involving the Locality Lead GP during the review process
- Involving third parties to ensure that acceptable standards are met, who could also act as advisors, conciliators or arbitrators.
- Externalising all or part of the review process, and using by mutual agreement members of another CCG.

Where agreement cannot be reached using informal resolution processes it will be necessary to invoke the local CCG resolution process outlined below.

3 Local Resolution Process

3.1 Stage 1 Informal Process:

Individual member practice concerns should be raised in the first instance with the Locality Lead GP. This should be in writing clearly stating the basis of the dispute, including where applicable the concerns and the rationale behind the dispute.

The Locality Lead GP should endeavour to find an informal resolution to the problem through discussion and mediation, involving others (for example, the LMC) as necessary. The Locality Lead GP will review concerns/evidence relative to the dispute and will try to find a resolution within 14 days.

The member practice may submit evidence in support of the dispute or the CCG may request further evidence/clarification from them.

If no resolution is found within 14 days, the matter is to be referred by either party for consideration by the Local Dispute Resolution Panel see below.

At this stage the formal process will commence.

3.2 Stage 2 The Formal Local Process:

If a member practice is not satisfied that their issues have been satisfactorily addressed through the informal process they may lodge a request for "Formal Local Dispute Resolution" in writing, including the grounds for the request, to the Medical Chair of the CCG. Under these circumstances the CCG will set up a Local Dispute Resolution Panel (LDRP) to hear the dispute and resolve the dispute where possible.

The local dispute panel should consist of:

- Governing Body lay member (Chair)
- Locality Lead GP from a different locality from the practice
- Chief Financial Officer OR Director of Partnerships and Development OR Director of Quality and Innovation
- LMC Representative not having been involved in any prior informal resolution process

Should any members of the LDRP find it necessary to declare an interest in a dispute that is being considered, the Chair will seek to approach another CCG/LMC representative to nominate alternative panel members.

If a member practice requests a formal dispute resolution, the CCG shall acknowledge receipt of the request in writing within 2 working days. The acknowledgement will explain the procedure to be carried out by the CCG.

The Hearing

The Chair of the LDRP, on being satisfied that all attempts at local resolution have been exhausted will arrange a meeting of the LDRP to hear the dispute as soon is practically possible. All parties shall be notified of the date and time of the LDRP meeting. The hearing shall be held within 25 working days of the request being lodged (where possible) by the member practice to the CCG. The Chair of the LDRP will ensure that at least 10 working days' notice of the date of the hearing will be given to all participants.

Documentation

All the relevant documentation, including the request for Formal Local Dispute Resolution will be passed to the chair and then to panel members before the hearing. The Chair will, where necessary seek relevant documentation from the parties involved at least 5 working days before the hearing. Documentation that is received late will not be considered. Any documentation will be shared with all relevant panel members.

Procedure at LDRP Meeting

The Discussions of the panel shall remain confidential

- The Chair of the panel will ensure written record/minutes are kept of the meeting
- All written and verbal evidence will be considered.
- The member practice may attend the LDRP to present their case and may call witnesses. Members of the panel will be given the opportunity to ask any questions relevant to the case.
- Following the presentation of their case, the member practice shall withdraw, and the panel will deliberate.
- The panel will reach a decision on the case before them and notify the member practice in writing, including any recommendations within 7 working days of the hearing.
- Where appropriate the decision will be reported to a meeting of the CCG Governing Body for information.

3.3 Stage 3 Appeal Panel

The Appeals panel will be convened when necessary to consider appeals against LDRP decisions. The Appeals panel should consist of the following (none of whom should have been previously involved in the case)

- Chair of CCG Governing Body (or Lay member as nominated deputy)
- Accountable Officer (or nominated deputy)
- A Clinical member of the Governing Body (Clarify that not been involved in process to date)

Process

- The member practice wishing to appeal against a LDRP decision must notify the CCG Accountable Officer of their intention, in writing, within one month of their receipt of the decision.
- The Appeals Panel will consider whether the original decision of the LDRP followed due process.
- The Appeals Panel will only consider written evidence.
- The Appeals Panel will consider if:
 - i. The CCG correctly followed its own procedures (all received documentation was available and considered within a reasonable timescale) and/or
 - ii. All important facts were taken into account when the decision was made
- If these criteria are met the Panel will dismiss the appeal
- If the criteria are not met then the following actions are available:
 - i. If the Panel finds that some aspect of the procedure was not followed, they will assess the significance of the procedural breach and decide on the appropriate action
 - ii. If the Panel finds that important facts were not taken into account, they shall refer the case back to the original LDRP for re-consideration.
- If the case is referred back to the LDRP following re-consideration of the case, the LDRP decision will then be final.
- The Chair of the Appeal Panel will write to the member practice within five working days of the hearing setting out the Appeal Panel's decision.

April 2019 – to be reviewed April 2023

42 SCHEDULE 11 - Wider Group Terms of Reference

1. Scope

It will act as a forum in order to hold to account the Governing Body for the decisions made on behalf of the constituent practices.

Subject to the provisions of the 2006 Act, the Wider Constituent Group shall exercise all those functions of the Group that have not been delegated to the Governing Body

2. Membership

The Wider Constituent Group shall be comprised of the Lead GPs of all member practices of the Group

VITTY & PTNRS
SAPRE S.S
THOMSON & PARTNERS
GOLDSTEIN & PARTNERS
MISRA & BIRD
DORAN C L
SAPRE S.S
HUGHES & PTNRS
STEPHENSON & PARTNERS
ROBERTS & PTNRS
SRIVASTAVA & PARTNERS
TONG & GILLESPIE
VICKERS & PARTNERS
WRAY & PTNRS
CROSBY - SSP HEALTH LTD
SSP HEALTH LTD
MORRIS & PTNRS
WILLIAMS & PTNRS
STANLEY & PTNRS
MC ELROY & PTNRS
DR GOLDBERG
SHAW & MCDONAGH
SEAFORTH - SSP HEALTH LTD
LITHERLAND - SSP HEALTH LTD
SEAFORTH - SSP HEALTH LTD
THORNTON - SSP HEALTH LTD
THOMAS B & PJ
SAPRE S & SAPRE

3. Responsibilities of the Wider Group

Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.

Consideration and approval of applications to NHS England on matters concerning changes to the CCG's Constitution, including proposed changes to the appendices to the Constitution.

Approval of the CCG's overarching scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Group and that are reserved to the membership and those delegated to the:

- Governing Body
- Committees, sub committees
- Its members or employees.

Approve the arrangements for appointing clinical leaders to the CCG's Governing Body.

Approve the arrangements for identifying practice representatives for the Wider Constituent Meeting

Approve the arrangements for appointing the non-GP members to the CCG's Governing Body (other than Accountable Officer).

Approve arrangements for recruiting the CCG's Accountable Officer.

Approve the CCG's vision, values and overall strategic direction.

Approve the CCG's Commissioning Plan.

Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members and including pensions and gratuities.

Approve the CCG's succession planning for elected members on the Governing Body.

4. Duties and Functions of the Wider Group

Functions

The functions that the group is responsible for exercising are set out in the Health and Social Care Act 2012:

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

5. In discharging its functions, the group will:

- a) *promote* a comprehensive health service²⁶
- b) *meet* the Public Sector Equality Duty²⁷ :

²⁶ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

²⁷ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- c) work in partnership with its local authority to develop joint strategic needs *assessments*²⁸ and joint health and wellbeing strategies²⁹

6. General Duties - 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 arrangements³⁰
- 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 Constitution³¹
- c) Act effectively, efficiently and economically³²
- d) Act with a view to securing continuous improvement to the quality of services³³
- e) Assist and support NHS England in relation to the NHS England's duty to improve the quality of primary medical services³⁴
- f) Have regard to the need to reduce inequalities³⁵
- g) Promote the involvement of patients, their carers and representatives in decisions about their healthcare³⁶
- h) Act with a view to enabling patients to make choices³⁷
- i) *Obtain appropriate advice*³⁸ from persons who, taken together, have a broad range of professional expertise in healthcare and public health.
- j) Promote innovation³⁹
- k) Promote research and the use of research⁴⁰
- l) Have regard to the need to **promote education and training**⁴¹ for persons who are employed, or who are considering becoming employed, in an activity which *involves* or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty⁴².
- 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 inequalities⁴³.

²⁸ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²⁹ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

³⁰ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

³¹ 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)

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

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

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

³⁵ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

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

³⁷ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

³⁸ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

³⁹ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁰ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

⁴¹ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

⁴² See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

⁴³ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

7. General Financial Duties – the group will perform its functions so as to:
- Ensure its expenditure does not exceed the aggregate of its allotments for the financial year⁴⁴
 - 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 year⁴⁵
 - 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 England⁴⁶
 - Publish* an explanation of how the group spent any payment in respect of quality made to it by NHS England⁴⁷
8. Other Relevant Regulations, Directions and Documents – the group will
- comply with all relevant regulations;
 - comply with directions issued by the Secretary of State for Health or NHS England; and
 - take account, as appropriate, of documents issued by NHS England.

9. Voting and quorum

A simple majority of Members' (weighted) votes personally represented shall constitute a quorum. Only Member Practice Lead GPs have voting rights at the meetings of the Wider Constituent Group. Voting will be by the nominated Member Practice Lead GP on the basis of one vote per 100 patients registered with the practice on the first day of the quarter in which the vote is being held.

10. Administration

The Wider Group will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Wider Group's business.

The agenda for the meetings will be agreed by the Chair of the Wider Group and papers will be distributed one week in advance of the meeting.

The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

11. Conduct

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the Wider Group should notify the Group chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

⁴⁴ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

⁴⁵ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

⁴⁶ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

⁴⁷ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

Audit Committee

Terms of Reference

12. Authority

- 12.1. The Audit Committee shall be established as a Committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 12.2. The principal functions of the Committee are as follows:
- a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives;
 - b) To review and approve the arrangements for discharging the Group's statutory financial duties;
 - c) To review and approve arrangements for the CCG's standards of Business Conduct including:
 - i. Conflicts of Interest (Col);
 - ii. Register of Interests (RoI), and
 - iii. Codes of Conduct.
 - d) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies.

13. Membership

- 13.1. The following will be members of the Committee:
- Lay Member (Governance) (Chair);
 - Lay Member (Patient Experience and Engagement);
 - Secondary Care Doctor, and
 - Practice Manager Governing Body Member.
- 13.2. A Vice Chair will be selected by the Committee from within its membership.
- 13.3. Other officers required to be in attendance at the Committee are as follows:
- Internal Audit Representative;
 - External Audit Representative;
 - Anti-Fraud Representative;
 - Chief Finance Officer;
 - Deputy CFO, and
 - Chief Accountant.
- 13.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and an understanding of the Committee's operations.
- 13.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.
- 13.6. At least once a year the Committee should meet privately with the external and internal auditors. Regardless of attendance, external audit, internal audit, Anti-Fraud Specialist and security management providers will have full and unrestricted rights of access to the Audit Committee.

- 13.7. Members are expected to personally attend a minimum of 75% of meetings held.
- 13.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority team may also be invited to attend dependent upon agenda items.

14. Responsibilities of the Committee

The Audit Committee is responsible for:

- 14.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks.
- 14.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group.
- 14.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work.
- 14.4. reviewing policies and procedures for all work relating to fraud, bribery and corruption as set out by the Secretary of State Directions and as required by the NHS Counter Fraud Authority.
- 14.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS Resolution [formerly NHS Litigation Authority], Care Quality Commission etc.).
- 14.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance.
- 14.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance).
- 14.8. monitoring and review of the CCG Governing Body Assurance Framework (GBAF) to support the CCG's integrated governance agenda.

15. Duties of the Committee

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone):

- 15.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 15.2. Approve Risk Management arrangements.
- 15.3. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 15.4. To review and approve the annual accounts.
- 15.5. To review and approve the Group's annual report on behalf of the Governing Body.

- 15.6. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.
- 15.7. To review and approve the arrangements for discharging the Group's statutory financial duties.
- 15.8. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 15.9. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.
- 15.10. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

16. Administration

- 16.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 16.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 16.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

17. Quorum

- 17.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.
- 17.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS South Sefton CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

18. Frequency and notice of meetings.

The Audit Committee shall meet on at least four occasions during the financial year. Internal audit and external audit may request an additional meeting if they consider that one is necessary.

19. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

20. Conduct

20.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

20.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

21. Date and Review

Date: **April 2018**

Version Number: 1

Future Review dates April 2019
April 2020

Remuneration Committee Terms of Reference

Authority

The Committee is established as a committee of NHS South Sefton CCG.

The principal function of the Committee is to make determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

The committee will make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officer to the Governing Body for approval.

Only members of the Governing Body can be members of the Remuneration Committee.

Principal Duties

The principal duties of the Committee are as follows:

- To make determinations about the conditions of service, fees and other allowances for CCG employees and clinicians and for people who provide services to the CCG, including determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.
- To make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officers to the Governing Body.
- To make recommendations in respect of remuneration of all staff to the governing body.
- To approve compromise agreements and severance arrangements, non-contractual payments, secondments and ad hoc pension arrangements; taking into account relevant national pay frameworks or any other guidance as appropriate, so as to ensure that each individual is fairly rewarded for their individual contribution to the CCG, while having proper regard to the CCG's circumstances and performance, affordability and the public interest
- To include in determinations all aspects of salary (including any performance related elements/bonuses), provision for other benefits and any other contractual terms.
- To oversee appropriate contractual arrangements for such staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as appropriate.
- To approve the design of, and determine targets for, any performance related pay schemes operated by the CCG; and to approve the total annual payments made under any such schemes.
- To review plans prepared by the Chief Officer and /or the Chair of the Governing Body for team and individual managerial development of the senior team, taking into account the challenges and opportunities facing the CCG.
- To review plans produced by the Chief Officer and/or Chair relating to talent management and succession planning of posts within the senior team, taking into account the challenges and

opportunities facing the CCG, and what skills and expertise are therefore needed on the Governing Body in the future.

- To ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.
- To ensure that remuneration and terms and conditions of engagement of all staff are set out in writing in a contract of employment.
- The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- The Committee is further authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference within a limit determined by the Chief Finance Officer.

Membership

The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-

Lay Member (governance) – Chair
Lay Member (PPI)
Secondary Care Doctor
GP Governing Body Member

Only members of the CCG Governing Body may be members of the remuneration committee.

The Chair of the CCG's Governing Body shall not be a member of the Committee.

Only members of the committee have the right to attend the Committee meetings.

Other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

Quorum

The quorum will be the Remuneration Committee Chair or Vice Chair plus 1 other member of the Remuneration Committee membership

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

Secretarial arrangements

The Corporate Business Manager shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

The agenda for the meetings will be drawn up with the Chair of the Committee.

The agenda and papers for meetings will be distributed one week in advance of the meeting.

The minutes of the meeting will be produced within 10 working days

Policy and Best Practice

The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will:- comply with current disclosure requirements for remuneration on occasion seek independent advice about remuneration for individuals ensure that decisions are based on clear and transparent criteria.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

Conduct of the Committee

The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.

The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

Review

Date: November 2018
Version 9
Future Review: November 2019

DRAFT

Primary Care Commissioning Committee

Terms of Reference

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to NHS South Sefton CCG. The delegation is set out in Schedule 1 of the NHS Act.

The CCG has established the NHS South Sefton CCG Primary Care Commissioning Committee (the “committee”). The committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The committee is established in accordance with NHS South Sefton CCG’s constitution, standing orders and schemes of reservation and delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

The committee will oversee the effective commissioning of primary medical services and will provide assurances to the governing bodies on the arrangements in place and the outcomes achieved as a result.

It is a committee comprising representatives of the following organisations:

- NHS South Sefton CCG
- NHS England
- GPs/Primary Care
- HealthWatch
- Local Medical Committee (LMC)

This committee along with the Primary Care Commissioning Committee of NHS Southport and Formby CCG will meet as committees in common.

Statutory Framework

NHS England has delegated to the CCG, authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as agreed within the Delegation Agreement.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCGs acknowledge that in exercising its functions (including those delegated to them), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 140);

- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The committee will also exercise the NHS England duties set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

The committee is established as a committee of the governing body of NHS South Sefton CCG in accordance with Schedule 1A of the NHS Act and in accordance with the relevant provisions as set out in the CCG's constitution.

The committee members acknowledge that the committee is subject to any directions made by NHS England or by the Secretary of state.

Role of the committee

NHS South Sefton CCG Primary Care Commissioning Committee (PCCC) will meet at the same time, in the same place with a shared agenda with NHS Southport and Formby CCG Primary Care Commissioning Committee (PCCC) and discharge the business under a "committees in common" arrangement. However, each respective PCCC remains accountable for decisions pertaining to their relevant CCG. The terms of reference, roles and responsibilities of each of the CCG's PCCC are aligned to ensure that "committees in common" meeting forum is able to function optimally.

The role of the NHS South Sefton CCG PCCC is set out below:

The NHS South Sefton PCCC has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in South Sefton under delegated authority from NHS England.

In performing its role the committee will exercise its management of the functions in accordance with the delegation agreement entered into between NHS England and NHS South Sefton CCG.

The functions of the committee are undertaken in the context of a desire increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract)
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of the Local Quality Contract
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).

The CCGs will also carry out the following activities:

- To plan, including needs assessment, primary [medical] care services in South Sefton.
- To undertake reviews of primary [medical] care services in South Sefton.
- To co-ordinate a common approach to the commissioning of primary care services generally
- To manage the budget for commissioning of primary [medical] care services in South Sefton accordance with the schemes of reservation and delegation.

Membership

- 1 x lay member Chair
- 1 x lay member Vice chair
- Chief Officer or nominated deputy
- Director of Commissioning and Re-design or nominated deputy
- Programme Lead for Primary Care
- Chief Nurse and Quality Officer or nominated deputy
- Chief Finance Officer or nominated deputy
- NHSE representative

The Chair of the committee shall be agreed by the governing body and will be elected from its lay membership. Where one CCG lay member holds the committee Chair position, the vice chair position will be occupied by an additional lay member.

To support the “committees in common” meeting arrangement the Chair of South Sefton CCG PCCC and NHS Southport and Formby CCG PCCC will act as “facilitator” on a six monthly rotational basis and preside over the running and conduct of the “committees in common” meeting.

In all cases the substantive decision making, as and when required, will remain with the relevant CCG's PCCC and voting undertaken by the respective members only.

The following will be included on the committee as non-voting attendees:

- 1 GP clinical lead – South Sefton
- LMC representative
- Healthwatch Representative
- Health and Wellbeing representative
- Other relevant officers and external advisors will be invited to attend to ensure and enable the delivery of the functions of the committee.

Meetings and Voting

The committee will operate in accordance with the CCG's standing orders.

The secretary, who shall be the secretary to support the committees in common arrangements, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than seven (7) working days before the date of the meeting.

When the Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. If the matter is relevant to both CCGs, then a "committees in common" arrangement shall apply. In the event the matter is relevant to a single CCG then it will not be necessary to convene a "committees in common arrangement".

Each member of the NHS South Sefton CCG PCCC shall have one vote. The Committee shall reach decisions by a simple majority of members present, The aim of the committee will be to achieve consensus decision-making wherever possible.

In the event that a vote is required the Chair shall have the casting vote.

As this meeting is held in public there will at times be a need to complete some of the business of the committee in private and this part of the meeting and its agenda items will be closed to the public. NHS South Sefton CCG is open and transparent in its decision making and aims to ensure that all appropriate information is in the public domain. Unfortunately some of the business transacted can be commercial and in confidence and this work will form the private business of the committee.

Quorum

The Chair or Vice Chair of the committee must be present and three other members, at least one of which must be a member of the CCG Leadership Team of the CCG and one must be a clinician.

Frequency of meetings

The Committee shall meet bi-monthly and will meet as part of a "committees in common" arrangement with NHS Southport and Formby CCG PCCC.

Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Additionally members will be expected to:

- Attend meetings, having read all papers beforehand
- Act as 'champions', disseminating information and good practice as appropriate
- Identify agenda items to the Secretary of the committees in common at least fifteen working days before the meeting
- Submit papers at least ten (10) working days before the meeting
- Make open and honest declarations of their interests at the commencement of each meeting notifying the committee Chair of any agreed management arrangements, or to notify the committee Chair of any actual, potential or perceived conflict in advance of the meeting
- Uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements

The Committee may delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. In all circumstances the South Sefton PCCC will endeavour to seek agreement with NHS Southport and Formby PCCC of any such delegations to support consistency of approach and continued alignment of ways of working.

Members of the committee shall respect confidentiality requirements as set out in the CCG's Standards of Business Conduct.

The committee will present its minutes to Cheshire and Merseyside sub regional teams of NHS England and the governing bodies of NHS South Sefton CCG each month or after each committee for information, including the minutes of any sub-groups to which responsibilities are delegated.

The CCGs will also comply with any reporting requirements set out in its constitution. These terms of reference will be reviewed on an annual basis.

Accountability of the committee

Budget and resource accountability arrangements and the decision-making scope of the committee have been agreed and are laid out with the scheme of reservation and delegation that have been approved by the CCG.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation Agreement, the committee Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the members, the Delegation Agreement shall prevail.

The committee will publish, in line with national requirements all committee procurement decisions onto NHS South Sefton CCG Website.

The committee shall ensure that the CCGs engage and consult with the public and its members in the delivery of its functions.

Procurement of Agreed Services

The detailed arrangements regarding procurement are set out in the Delegation Agreement.

The South Sefton CCG Primary Care Commissioning Committee will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

In discharging its responsibilities set out in Performance of the Delegated Functions, of the Delegation Agreement and paragraph 1 of Schedule 2 (Delegated Functions), the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG shall have regard to any relevant guidance, particularly Monitor's guidance Substantive guidance on the Procurement, Patient Choice and Competition Regulations

Decisions

The Committee will make decisions within the bounds of its remit. The decisions of the committee shall be binding on NHS England and NHS South Sefton CCG.

The Committee will produce an executive summary report which will be presented to NHS England North (Cheshire and Merseyside) and the governing bodies of NHS South Sefton CCG each month/after each committees in common meeting for information.

The Committee shall publish its commissioning decisions on the CCGs websites in line with the requirements of transparency and management of conflicts.

Administrative Arrangements

The committees in common will be supported by an appropriate Secretary that will be responsible for supporting the Chair that is in occupying the "facilitation role" in the management of the committee's business. The existing roles and responsibilities of the substantive Chair of the respective CCG's PCCC remain extant and are unchanged regardless of which Chair is occupying the committees in common "facilitation role".

The Secretary to the committees in common will ensure:

- Correct minutes are taken and once agreed by the Chair of each CCG's PCCC, distributing minutes to the members within five working days of the meeting taking place
- A Key Issues report is produced following the meeting and submitted to the next meeting of the governing body
- An Action Log is produced following each meeting and any outstanding actions are carried forward until complete
- The agenda and accompanying papers are distributed to members at least five working days in advance of the meeting date

- They provide appropriate support to the Chair and Committee members
- The papers of the committee are filed in accordance with NHS South Sefton CCG policies and procedures
- The meetings of this Committee will be held in public to enable transparency of decision making. The guidance and arrangement for this is in Appendix 1
- The Work Plan will be agreed at the start of each financial year and will be approved by the Governing Body. The focus of the work programme will be in line with the strategic objectives of the CCG.

Version 1: January 2019

Review Date: March 2020.

DRAFT