MEETING DATE:	10 January 2013	North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.8	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Karen Rhodes Senior Officer Quality & Assurance/Lead Nurse	

NL CCG CONSTITUTION

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The NL CCG Constitution was approved by the Council of Members at an Extraordinary meeting held on 7th November 201. Prior to which it was reviewed and commented upon by the Local Medical Committee and Hempsons Solicitors.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

It is a statutory requirement of the Health and Social Care Act that CCGs must have an approved Constitution. Additionally CCGs will not be authorised without a Constitution that is based upon the NHS Model Constitution that has been approved by the Council of Members.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**X**
Reduce unwarranted variations in services	**X**
Deliver the best outcomes for every patient	**X**
Improve patient experience	**X**
Reduce the inequalities gap in North Lincolnshire	**X**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	**X**	**No**	

The constitution sets out the roles and responsibilities of the CCG and how it may be held to account.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		**No**	**X**

5. LEGAL IMPLICATIONS:

Yes	X	No	

The Constitution is a key 'legal' document and sets out individual role and responsibilities as well as corporate responsibilities.

6. RESOURCE IMPLICATIONS:

Yes		No	X

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	X

An impact assessment will be done prior to April 2013.

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X

The constitution will be placed on the CCG Internet

9. RECOMMENDATIONS:

The CCG is asked to: -

- Receive and note the attached Constitution

North Lincolnshire
Clinical Commissioning Group

NHS NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP CONSTITUTION

Effective Date: To Be Notified (Date Currently shown in the footer to each page is the COM approval date for the Constitution).

Version: 1.0.

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FOREWORD

NHS North Lincolnshire Clinical Commissioning Group (North Lincolnshire CCG) has been established in accordance with the Health & Social Care Act 2012 and is made up of 21 local GP practices serving a population of 167,895 (as at 31 March 2012) across North Lincolnshire and the surrounding area.

The Mission of NHS North Lincolnshire Clinical Commissioning Group (CCG) is:

> "To achieve the best health and well-being that is possible, for the residents of North Lincolnshire, within the resources available to the CCG".

The Values that lie at the heart of the CCG's work are to:

- Preserve and uphold the values set out in the NHS Constitution
- Treat colleagues, patients, and carers, with dignity and respect
- Value the input of patients and their carers into the design and delivery of services we commission
- Value individuality and diversity and promote equality of access to services based on need
- Work with all our Partners for the benefit of North Lincolnshire residents
- Encourage innovation and promote "a can do attitude" by all, to solve health challenges

The Aims of North Lincolnshire CCG are to:

- Continue to improve the quality of services
- Reduce unwarranted variations in services
- Deliver the best outcomes for every patient
- Improve patient experience
- Reduce the inequalities gap in North Lincolnshire

This Constitution formally sets out in the Department of Health's prescribed manner, the responsibilities of North Lincolnshire CCG in commissioning care for its patients. It describes our governing principles, rules and procedures that we have established to ensure probity and accountability in the day to day running of our organisation. We will ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to our goals.

The constitution includes:

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

The constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- the group's member practices
- the group's employees
- individuals working on behalf of the group; and
- anyone who is a member of the group's Governing Body (including the Governing Body's audit and remuneration committees)
- anyone who is a member of any other committee(s) or sub-committees established by the group or its Governing Body

In short, the Constitution applies to all of our Member Practices, our organisation's employees, individuals working on behalf of our organisations and to anyone who is a member of the Council of Members, Governing Body, and any other Committees established by our organisation.

Dr Margaret Sanderson

GP Chair

NHS North Lincolnshire Clinical Commissioning Group

1 INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this Clinical Commissioning Group is NHS North Lincolnshire Clinical Commissioning Group (hereafter referred to as North Lincolnshire CCG).

1.2 Statutory Framework

1.2.1 Clinical Commissioning Groups are established under the Health and Social Care Act 2012 ("the 2012 Act"). They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act"). The duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.

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

1.2.3 Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisation, which they are required to set out in a Constitution.

1.3 Status of this Constitution

This Constitution is made between the members of NHS North Lincolnshire Clinical Commissioning Group and has effect from day of [insert month] 20[insert year], when the NHS Commissioning Board established the Group. The Constitution is published on the Group's website at http://www.northlincolnshireccg.nhs.uk/ and is also available for inspection at or by post from North Lincolnshire CCG's headquarters:

NHS North Lincolnshire Clinical Commissioning Group
Health Place
Wrawby Road
BRIGG
North Lincolnshire
DN20 8GS

1.4 Amendment and Variation of this Constitution

1.4.1 This Constitution can only be varied in two circumstances:

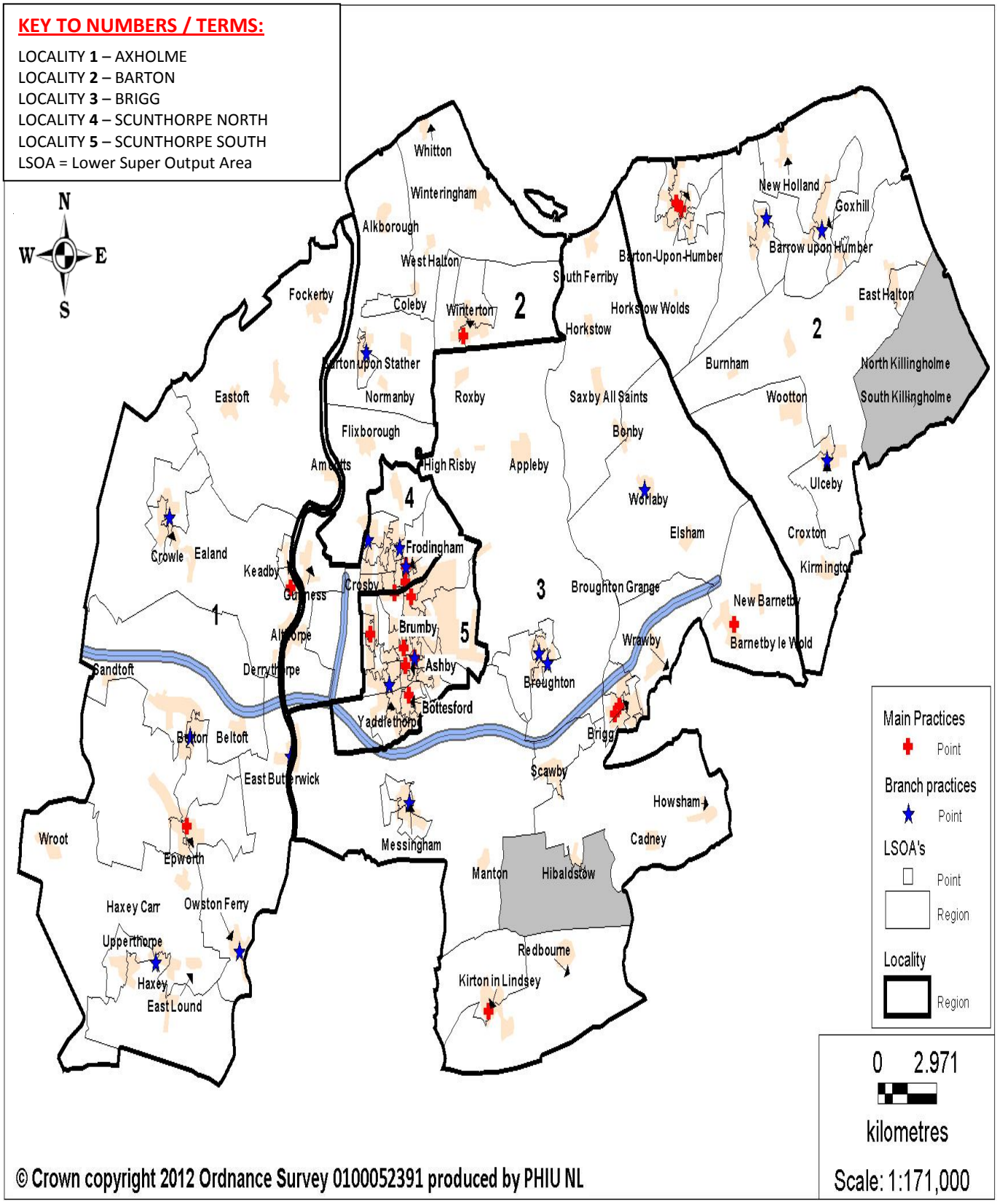
a Where the Group applies to the NHS Commissioning Board and that application is granted

b Where in the circumstances set out in legislation the NHS Commissioning Board varies the Group's Constitution other than on application by the Group

2 AREA COVERED

The geographical area covered by North Lincolnshire CCG which is coterminous with North Lincolnshire Council as shown below in Figure 1

Figure 1



3. MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

NHS North Lincolnshire CCG comprises 21 member practices as follows:

Practice Name	Address
Ashby Turn Primary Care Centre	The Link, Scunthorpe
Dr Balasanthiran	Ashby Clinic & Childrens Centre, Collum Lane, Scunthorpe
The Birches Medical Practice	Ironstone Centre, West Street, Scunthorpe
Riverside Surgery	Barnard Avenue, Brigg
Cedar Medical Practice	275 Ashby Road, Scunthorpe
West Common Lane Teaching Practice	Dorchester Road, Scunthorpe
Central Surgery	King Street, Barton on Humber
Dr Kennedy & Partners	291 Ashby Road, Scunthorpe
Cambridge Ave Medical Practice	Cambridge Ave, Bottesford, Scunthorpe
Market Hill	Ironstone Centre, West Street, Scunthorpe
Church Lane Medical Centre	Orchid Rise, Scunthorpe
West Town Surgery	80 High Street, Barton
Dr Padley & Partners	Traingate, Kirton In Lindsey
The Oswald Road Medical Centre	78 Oswald Road, Scunthorpe
Cauvery Medical Centre	58e Cottage Beck Road, Scunthorpe
South Axholme Practice	The Surgery, High Street, Epworth
Trent View Medical Practice	45 Trent View, Keadby
Dr Vora	The Medical Centre, Victoria Road, Barnetby
Dr Webster & Partners	The Surgery, Manlake Avenue, Winterton
Dr Whitaker & Partners	53 Bridge Street, Brigg
Dr Bhorchi	The Surgery, Town Street, South Killingholme

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

3.2 Eligibility

a Providers of primary medical services as defined in Regulation 2 of the National Health Service (Clinical Commissioning Groups Regulations 2012) to a registered list of patients within the coterminous administrative boundaries of North Lincolnshire (i.e. coterminous with North Lincolnshire Council).

b Practices who wish to join North Lincolnshire CCG will need to apply, in writing, to the Governing Body and acceptance will be subject to the agreement of the Governing Body and the NHS Commissioning Board.

c Any members wishing to leave North Lincolnshire CCG will need to give 12 months' notice, in writing, to the Governing Body, and will be subject to the agreement of the NHS Commissioning Board.

4 PRINCIPLES OF GOOD GOVERNANCE AND ACCOUNTABILITY

4.1 Mission

4.1.1 The Mission of NHS North Lincolnshire Clinical Commissioning Group (CCG) is:

"To achieve the best health and well-being that is possible, for the residents of North Lincolnshire, within the resources available to the CCG".

4.1.2 The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2 Values

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

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

a Preserve and uphold the values set out in the NHS Constitution
b Treat colleagues, patients, and carers, with dignity and respect
c Value the input of patients and their carers into the design and delivery of services we commission
d Value individuality and diversity and promote equality of access to services based on need
e Work with all our Partners for the benefit of North Lincolnshire residents
f Encourage innovation and promote "a can do attitude" by all, to solve health challenges

4.3 Aims

4.3.1 The aims of North Lincolnshire CCG are to:

a Continue to improve the quality of services
b Reduce unwarranted variations in services
c Deliver the best outcomes for every patient
d Improve patient experience
e Reduce the inequalities gap in North Lincolnshire

4.4 Principle of Good Governance

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

a The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
b The Good Governance Standard for Public Services
c The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the Nolan Principles (see Appendix F)
d The seven key principles set out in the NHS Constitution (see Appendix G)
e The Equality Act 2010
f Standards for Members of NHS Boards and Governing Bodies in England

4.5 Accountability

4.5.1 The Group will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

a Publishing its Constitution

b Appointing independent Lay Members and non GP clinicians to its Governing Body, in accordance with the Regulations (as amended from time to time)

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

d Publishing annually a Commissioning Plan

e Complying with Local Authority Health Overview and Scrutiny requirements

f Meeting annually in public to publish and present its Annual Report (a mandatory duty)

g Producing Annual Accounts in respect of each financial year which must be externally audited

h Having a published and clear complaints process

i Complying with the Freedom of Information Act 2000

j Providing information to the NHS Commissioning Board as required

k The member practices will be accountable to each other as set out in the inter-practice agreement currently being developed

4.5.2 In addition to these statutory requirements, the group will demonstrate its accountability by:

a Publishing its Commissioning Plan

b Implementing its Communications and Engagement plans

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

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

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

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

i) All people registered with member GP practices, and
ii) People who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group

b Commissioning emergency care for anyone present in the Group's area
c Paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees
d Determining the remuneration and travelling or other allowances of members of its Governing Body
e Determining the remuneration and travelling or other allowances for any other sessional roles for clinical leads/other advisers

5.1.2 In discharging its functions the Group will:

a Act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to **promote a comprehensive health service** and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year by:

i) Delegating responsibility to the Governing Body who will discharge this function either directly or through its committee structure, paying due regard to latest legislation, regulations, guidance and best practice
ii) Monitoring progress made through performance reports including those made by all committees, sub-committees and working Groups
iii) Using qualitative and quantitative data to inform progress of delivery
iv) Developing, agreeing and overseeing implementation of improvement plans

b **Will have due regard to the need to:**

i) Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act
ii) Advance equality of opportunity between people who share a protected characteristic and those who do not
iii) Foster good relations between people who share a protected characteristic and those who do not

c. **Meet the public sector equality duty** by:

i) Delegating responsibility to the Governing Body who will discharge this function either directly through its committee structure, paying due regard to latest legislation, regulations, guidance and best practice
ii) Working to improve access and outcomes for all patients within the North Lincolnshire area
iii) Monitoring progress made through performance reports including those made by all committees, sub-committees and working Groups
iv) Using qualitative and quantitative data to inform progress of delivery
v) Publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all their functions
vi) Preparing and publishing specific and measurable equality objectives, revising these at least every 4 years
vii) Developing, agreeing and overseeing implementation of improvement plans
viii) Use the Equality Delivery Tool Kit to monitor compliance with equality act 2010 duties

d Working in partnership with our local authority to develop **joint strategic needs assessments and joint health and wellbeing strategies** by:

i) The Chair and Accountable Officer (or their designated deputies) being full and active members of the North Lincolnshire Health and Wellbeing Board
ii) Actively engaging with the local Health and Wellbeing Board in order to achieve cohesive, integrated and accountable commissioning of local services, aligned to the priorities identified in the Joint Strategic Needs Assessment and in support of the joint health and wellbeing strategy for North Lincolnshire
iii) Developing, agreeing and overseeing implementation of improvement plans
iv) Using qualitative and quantitative data to inform progress of delivery
v) Securing value for money

5.2 General Duties - In discharging its functions the Group will:

5.2.1 Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a Delegating responsibility to the Governing Body who will discharge this function either directly or through the Quality Group, which is a committee of the Governing Body
b Paying due regard to legislation, regulations, guidance and best practice
c Upholding North Lincolnshire CCG's principles in securing public involvement
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Developing, agreeing and overseeing implementation of improvement plans
g Publishing and implementing a Communications and Engagement Strategy plus an operational work plan
h Work closely with local Health Watch

Statement of Principles – North Lincolnshire CCG will:

a Ensure the appropriate engagement and formal consultation with patients, carers and the public in their commissioning decisions and the development of care pathways
b Work effectively with statutory and voluntary organisations and networks to facilitate patient and public involvement in North Lincolnshire CCG's area
c Develop and effectively use local Engagement Groups for patients, carers and the public
d Develop and promote Experience Led Commissioning
e Develop, agree and oversee implementation of improvement plans
f Use plain language appropriate for all audiences

North Lincolnshire CCG will deliver these principles by:

a Working in partnership with patients and the local community to secure the best, most effective and safe care for them
b Adapting engagement activities to meet the specific needs of the different patient groups and communities
c Publishing information about health services and their quality, on North Lincolnshire CCG's website and through other media
d Encouraging and acting on feedback
e Engaging with the Local Authority's Health Overview and Scrutiny committee where it is intended to change services
f Using qualitative and quantitative data to inform progress of delivery
g Developing, agreeing and overseeing implementation of improvement plans

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

a Delegating responsibility to the Governing Body who will discharge this function either directly or through its committee structure, pay due regard to latest legislation, regulations, guidance and best practice
b Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
c Using qualitative and quantitative data to inform compliance with the NHS Constitution
d Developing, agreeing and overseeing implementation of improvement plans with respect to the NHS Constitution

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

a Delegating responsibility to the Governing Body who will discharge this function through the Engine Room, paying due regard to latest legislation, regulations, guidance and best practice. With independent assurance from the Audit Group.
b By working with appointed internal auditors and working with allocated external auditors
c Working to the Group's Standing Orders and Instructions
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Developing, agreeing and overseeing implementation of improvement plans

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

a Delegating responsibility to the Governing Body who will discharge this function either directly or through the Quality Group which is a committee of the Governing Body
b Paying due regard to quality assurance and the improvement of services
c Paying due regard to latest legislation, regulations, guidance and best practice, and building on contractual quality assurance requirements
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Developing, agreeing and overseeing implementation of improvement plans
g Ensuring compliance with child and adult safeguarding policies and procedures

5.2.5. Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services** by:

a Delegating responsibility to the Governing Body either directly or through the Quality Group which is a committee of the Governing Body
b Paying due regard to latest legislation, regulations, guidance and best practice
c Working closely with practices, providing data that is useful and challenging so ensuring effective clinical engagement
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Developing, agreeing and overseeing implementation of improvement plans
g Promoting the use of data and information tools to provide clinicians with the knowledge to identify and prioritise areas for quality improvement
h The creation of opportunities for the CCG's member practices, key stakeholders (including the North Yorkshire and Humber Commissioning Support Unit (CSU)) and patients, to be involved in the development of excellent primary care and health services

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

a Delegating responsibility to the Governing Body who will discharge this function either directly or through the Quality Group which is a committee of the Governing Body
b The Chair and Accountable Officer (or their designated deputies) being full and active members of the North Lincolnshire Health and Wellbeing Board
c Paying due regard to legislation, regulations, guidance and best practice
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Publishing an Annual Report
g Developing, agreeing and overseeing implementation of improvement plans
h Obtaining appropriate public health advice, advice for health improvement and addressing health inequalities in its commissioning plans or for any matters relating to health protection. This would normally be through its local Director of Public Health.

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

a Delegating responsibility to the Governing Body who will discharge this function either directly or through its committee structure paying due regard to current legislation, regulations, guidance and best practice
b Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
c Using qualitative and quantitative data to inform progress of the implementation of the communications and engagement strategy
d Developing, agreeing and overseeing implementation of improvement plans

5.2.8. Act with a view to **enabling patients to make choices** by:

a) Delegating responsibility to the Governing Body who will discharge this function either directly or through its committee structure, paying due regard to latest legislation, regulations, guidance and best practice
b) Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
c) Using qualitative and quantitative data to inform progress of delivery
d) Developing, agreeing and overseeing implementation of improvement plans

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

a Delegating responsibility to the Governing Body as a multi-disciplinary Board
b The Chair and Accountable Officer (or their designated deputies) acting as members of the North Lincolnshire Health and Wellbeing Board
c Having a Service Level Agreement in place for Public Health support and advice
d Using qualitative and quantitative data to inform progress of delivery
e Developing, agreeing and overseeing implementation of improvement plans
f Working collaboratively with the clinical networks as they become established

5.2.10. **Promote innovation** by:

a Delegating responsibility to the Governing Body either directly or through its committee structure who will discharge this function
b Paying due regard to latest legislation, regulations, guidance and best practice
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
d Using qualitative and quantitative data to inform progress of delivery
e Developing, agreeing and overseeing implementation of improvement plans

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

a Delegating responsibility to the Governing Body either directly or through its committee structure who will discharge this function
b Paying due regard to legislation, regulations, guidance and best practice
c Work collaboratively with the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network to promote research activity and ensure compliance with research governance requirements
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery against national research accrual data

f Developing, agreeing and overseeing implementation of improvement plans

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

a Delegating responsibility to the Governing Body either directly or through its committee structure who will discharge this function
b Paying due regard to legislation, regulations, guidance and best practice
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
d Using qualitative and quantitative data to inform progress of delivery of training and education plans
e Developing, agreeing and overseeing implementation of improvement plans
f Working with Local Education and Training Boards

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

a Delegating responsibility to the Governing Body who will discharge this function either directly or through its committee structure, paying due regard to current legislation, regulations, guidance and best practice
b The Chair and Accountable Officer (or their designated deputies) acting as members of the North Lincolnshire Health and Wellbeing Board
c Involving the Governing Body, Secondary Care Doctor and Registered Nurse and other professionals engaging with clinical networks as a means to promote integration with health services
d Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
e Using qualitative and quantitative data to inform progress of delivery
f Developing, agreeing and overseeing implementation of improvement plans
g Supporting Northern Lincolnshire Sustainable Services Review

5.3. General Financial Duties – The Group will perform its functions so as to:

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

a Delegating responsibility to the Governing Body who will discharge this function through the Engine Room which is a formal Committee of the CCG, paying due regard to latest legislation, regulations, guidance and best practice, with independent assurance through the Audit Group.
b Appointing a suitably accredited and appropriately qualified Chief Finance Officer
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
d Developing, agreeing and overseeing implementation of improvement plans
e Having a Service Level Agreement with North Yorkshire and Humber Commissioning Support Unit

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

a Delegating responsibility to the Governing Body who will discharge this function through the Engine Room paying due regard to legislation, regulations, guidance and best practice. With independent assurance from the Audit Group
b Appointing a suitably accredited and appropriately qualified Chief Finance Officer
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
d Developing, agreeing and overseeing implementation of improvement plans

5.3.3. **Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board** by:

a Delegating responsibility to the Governing Body who will discharge this function to the Engine Room paying due regard to legislation, regulations, guidance and best practice, with independent assurance from the Audit Group
b Appointing a suitably accredited and appropriately qualified Chief Finance Officer
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working groups
d Developing, agreeing and overseeing implementation of improvement plans
e Having a service level agreement with North Yorkshire and Humber Commissioning Support Unit
f Linking into Northern Lincolnshire Sustainable Service Review

5.3.4. **Publish an explanation of how the Group spent any payment in respect of quality** made to it by the NHS Commissioning Board by:

a Delegating responsibility to the Governing Body who will discharge this function either directly or through its Quality Group, paying due regard to latest legislation, regulations, guidance and best practice
b Appointing a suitably accredited and appropriately qualified Chief Finance Officer
c Monitoring progress made through performance reports including those made by all committees, sub-committees and working Groups
d Publishing annual accounts
e Developing, agreeing and overseeing implementation of improvement plans

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The Group will:

a Comply with all relevant regulations
b Comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and
c Take account, as appropriate, of documents issued by the NHS Commissioning Board

5.4.2. The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this Constitution, its Scheme of Reservation and Delegation and other relevant Group policies and procedures.

6. DECISION MAKING; THE GOVERNING STRUCTURE

6.1. Authority to Act

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

a Any of its members
b Its Governing Body
c Employees
d A committee or sub-committee of the Group

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

a The Group's Scheme of Reservation and Delegation; and
b For committees, their Terms of Reference

6.2. Scheme of Reservation and Delegation

6.2.1. The Group's Scheme of Reservation and Delegation (see Appendix D) sets out:

a Those decisions that are reserved for the membership as a whole
b Those decisions that are the responsibilities of its Governing Body (and its committees), the Group's committees and sub-committees, individual members and employees

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

6.3. General

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

a Comply with the Group's Principles of Good Governance
b Operate in accordance with the Group's Scheme of Reservation and Delegation
c Comply with the Group's Standing Orders
d Comply with the Group's arrangements for discharging its statutory duties
e Where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process

6.3.2. When discharging their delegated functions, to committees and sub-committees, they must also operate in accordance with their approved Terms of Reference.

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

a Identify the roles and responsibilities of those Clinical Commissioning Groups who are working together
b Identify any pooled budgets and how these will be managed and reported in annual accounts
c Specify under which Clinical Commissioning Group's Scheme of Reservation and Delegation and supporting policies the collaborative working arrangements will operate;
d Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties
e Identify how disputes will be resolved and the steps required to terminate the working arrangements
f Specify how decisions are communicated to the collaborative partners

6.3.4 Members of the Governing Body and other Committees will be provided with appropriate training and guidance in respect of legislation and policy to enable members to exercise their roles in an informed manner.

6.4. Joint Arrangements

6.4.1. The CCG may enter into joint or collaborative arrangements with Clinical Commissioning Groups.

6.4.2 The CCG may grant delegated authority to:

a Any of its members
b Its Governing Body
c Employees; or;
d A Committee or Sub Committee of the CCG

when participating in joint arrangements to make decisions on behalf of the CCG (but with the CCG retaining liability for the decision).

6.5. Committees of the CCG

6.5.1 North Lincolnshire CCG has established two committees to represent it, namely the Council of Members (CoM) and Governing Body (currently otherwise known as the Clinical Commissioning Group Committee [CCG-C]. The following committees have then been established as committees of the CCG Governing Body:

a Audit Group
b Remuneration Group
c Quality Group
d Engine Room
e Individual Funding Request Panel (IFR)
f IFR Appeals Panel

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

6.6. The Council of Members (CoM)

6.6.1 Membership, Decision Making Process, and Terms of Reference

The Council of Members is made up of representatives from the 21 practices who each signed a mandate detailing who would be attending from within their practice. Voting will be on the basis of "1 vote per member practice" therefore each nominated practice representative has "1 vote" regardless of practice list size.

The Council of Members has approved and keeps under review its: membership, terms of reference, and functions.

6.6.2 Main Committee Functions

The CoM's main responsibilities are as follows:

a Decide the constitution of the CCG organisation as it effects its member practices

b Agree the inter-practice agreement that has to be signed by all members

c Consider and endorse the organisation's strategic direction and key objectives

d Propose service strategies and significant service or contract changes

e Advise on issues relating to clinical governance and service standards

f Decide what the priorities for contract negotiations and the Commissioning for Quality and Innovation (CQUIN) payments should be

g Consider Medium Term Business and Sustainable Services plans

6.7. The Governing Body

6.7.1 The Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in this constitution. The Governing Body may also have functions of the clinical commissioning group delegated to it by the group.

It also has responsibility for:

a Ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function)

b Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act

c Leading the setting of vision and strategy

d Approving commissioning plans developed in conjunction with member practices

e Monitoring performance against plans

f Providing assurance of strategic risk

g Making decisions on commissioned services, including care and support for patients where the CCG has a duty to commission health care services within available resources

6.7.2 Composition of the Governing Body – the Governing Body shall not have less than eleven members, all of whom are voting members with a single vote each, and shall comprise of:

a The GP Chair
b 5 other GPs from member practices
c One Lay member to lead on governance, finance / audit, remuneration and conflict of interest matters
d One Lay member to lead on patient and public participation matters
e One Registered Nurse
f One Secondary Care Specialist Doctor
g The Accountable Officer (Chief Officer)
h The Chief Finance Officer
i Other Governing Body members who may be appointed by the Governing Body as directed by statute, regulations or guidance, or at its discretion as required, to fulfil its stated functions

6.8. Committees of the Governing Body

6.8.1 The Governing Body has appointed the following committees:

a Audit Group
b Remuneration Group
c Quality Group
d Engine Room
e Individual Funding Request Panel (IFR)
f IFR Appeals Panel

and one sub-committee:

The Incident Monitoring Sub-Group, which reports to the Quality Group.

6.8.2 Membership & Terms of Reference

The Governing Body has approved and keeps under review the membership and terms of reference of its committees and sub committees.

6.8.3. Main Committee Functions

a **Audit Committee** (known locally as the Audit Group) – the audit committee, which is accountable to the group's Governing Body, provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance.

b **Remuneration Committee** *(*known locally as the Remuneration Group) – the remuneration committee, which is accountable to the group's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

c The **Quality Group's** main functions are to ensure that policies and procedures are in place, that relevant monitoring takes place, that lessons are learned for the areas covered within the remit of the group and provide a significant level of assurance across these areas. The remit covers the 3 key dimensions of quality – clinical effectiveness, patient safety and engagement. The aim being to co-ordinate the delivery of continuous quality improvement, systems of accountability, promotion of patient safety, and the dissemination of good practice across commissioned services. The group is also responsible for: CCG Information Governance, Research Governance, Operational Risk Management, and ensuring appropriate monitoring arrangements and assurances are in place for safeguarding adults and children.

d The **Engine Room's** main functions are to act as the focal point for the coordination and discussion of all clinical developments within the CCG. It will act as the engine room of the organisation shaping the developing strategies to meet local population needs in line with the Joint Strategic Needs Assessment and ensuring their implementation on behalf of the CCG. It also reviews the organisation's future plans and in-year performance against current plans, in respect of: finance, activity, contracting, information and the Quality, Innovation, Productivity and Prevention programme (QIPP).

e The **Individual Funding Request Panel's (IFR)** main function is to consider funding requests from NHS clinicians in respect of health care interventions for individuals where the CCG's general policy is not to fund that intervention or where there is no specific policy/national guidance.

f **The IFR Appeals Panel's** main function is to consider funding appeals submitted by NHS clinicians in respect of health care interventions for individuals following an unsuccessful IFR Panel decision / outcome.

g The **Incident Monitoring Sub Group's** main function is to ensure that all Serious Incidents and incidents relating to services commissioned on behalf of North Lincolnshire residents by North Lincolnshire CCG are effectively managed. This includes secondary care services, primary care services (this may change as the Commissioning Board is established) and independent health care providers.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. The representative of each practice is a member of The Council of Members (CoM), and they represent the views of their practice. They act on behalf of the practice in matters relating to North Lincolnshire CCG. The role of each practice representative is to:

a Represent their practice on The CoM

b Attend not less than 8 of the 12 monthly CoM meetings in any calendar year (January to December inclusive)

c Vote on behalf of their practice. Each practice is entitled to send a clinical Deputy for the nominated practice representative who shall carry the same authority as the practice representative

d The practice representative will enable the effective participation of their member practice in the work of the CCG to achieve the agreed aims and objectives, meet the group's financial responsibilities, and develop, agree, and deliver plans/initiatives such as those for QIPP and prescribing

e Act as the key contact and communications lead for their practice partners and practice staff for all CCG objectives. Representatives have a responsibility within their practice to disseminate CCG CoM business and relay back to CoM information/opinions from their practice including views of clinicians, staff and patients

f Demonstrate commitment to continuously improving outcomes and quality, tackling health inequalities and delivering the best value for money for the taxpayer

g Demonstrate commitment to clinical commissioning, North Lincolnshire CCG and to the wider interests of the health services as outlined in the Foreword of this Constitution

h Follow the principles of good governance in accordance with section 14L(2)(b) of the 2006 Act

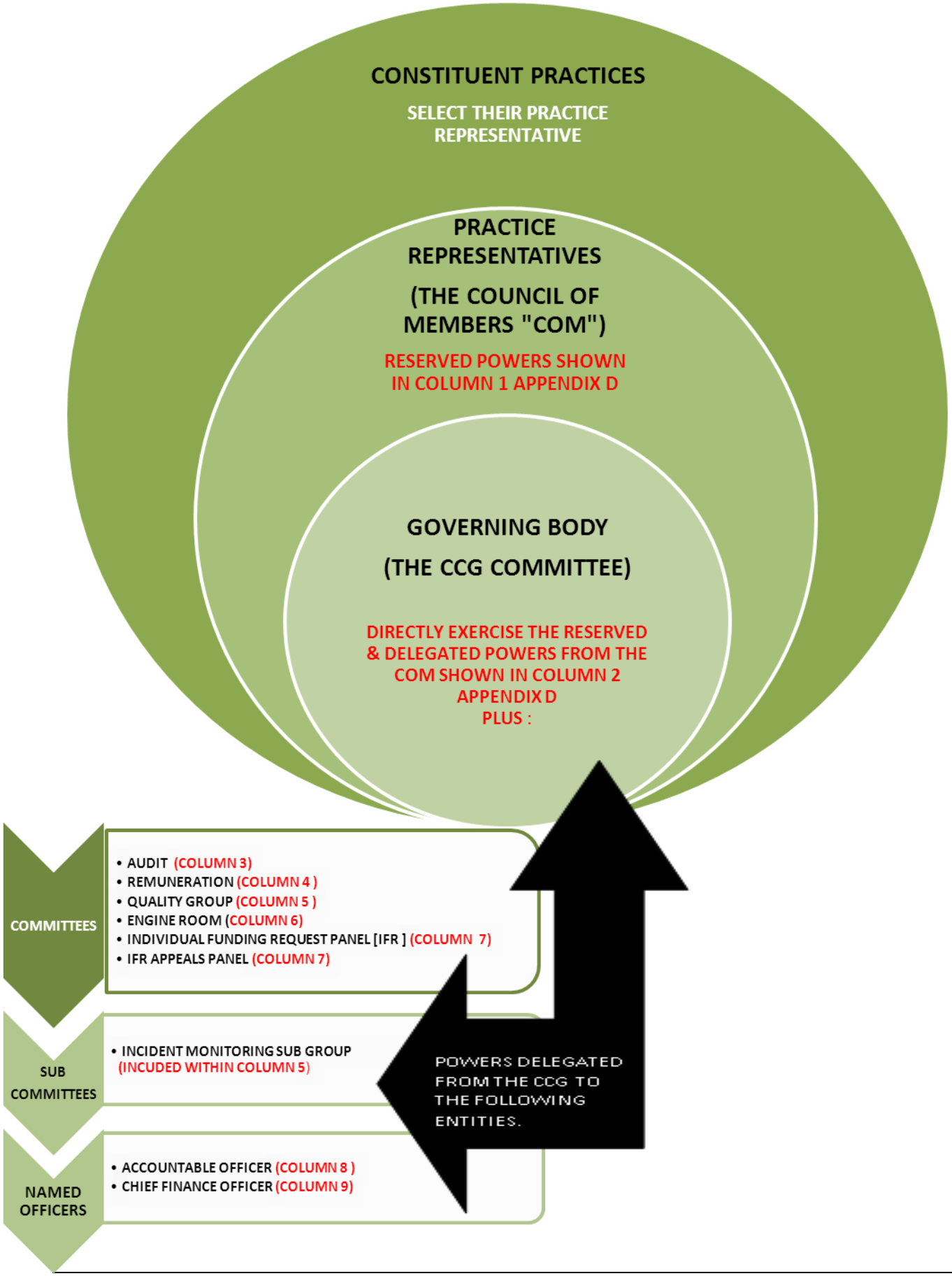
i Bring a sound understanding of, and a commitment to, upholding the NHS principles and values as set out in the NHS Constitution (Appendix G)

j Demonstrate a commitment to upholding the Nolan Principles of Public Life (Appendix F) along with an ability to reflect them in his/her leadership role and the culture of North Lincolnshire CCG. In addition, to be committed to upholding the proposed standards for members of NHS boards and Governing Bodies in England as currently being developed by the Council for Healthcare Regulatory Excellence.

k Be committed to ensuring that their Practice values diversity and promotes equality and inclusivity in all aspects of its business

l Consider social care principles and promote health and social care integration where this is in the patients' best interests

In short, North Lincolnshire CCG will effectively engage its member practices via the following model:



7.2 All Members of the Group's Governing Body

7.2.1 Guidance on the roles of members of the CCG's Governing Body is set out in a separate document (Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, NHS Commissioning Board, October 2012). In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.

7.3 The Chair of the Governing Body

7.3.1 The Chair of the Governing Body is responsible for:

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

b Building and developing the Group's Governing Body and its individual members

c Ensuring that the CCG has proper constitutional and governance arrangements in place

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

e Supporting the Accountable Officer in discharging the responsibilities of the organisation

f Contributing to building a shared vision of the aims, values and culture of the organisation

g Leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities

h Overseeing governance and particularly ensuring that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times

i Ensuring that public and patients views are heard, their expectations are understood, and where appropriate, as far as possible, met

j Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board

k Ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority (or authorities)

7.3.2 Where the Chair of the Governing Body is also the senior clinical voice of the CCG they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.4 The Deputy Chair of the Governing Body

7.4.1 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.

7.5 Role of the Accountable Officer (Chief Officer)

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

7.5.2 The role of the Accountable Officer has been summarised in a national document[1] as:

a Being responsible for ensuring that the Clinical Commissioning Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

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

c Working closely with the chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

The Accountable Officer will also perform any other duties delegated to the role by the Council of Members directly, or through the Governing Body, as set out in Appendix D.

[1] See the latest version of the NHS Commissioning Board's publication "*Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, October 2012"*

7.6 Role of the Chief Finance Officer

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

7.6.2 The role of Chief Finance Officer is:

a To be the Governing Body's professional expert on finance and ensure, through robust systems and processes, the regularity and propriety of expenditure is fully discharged

b To make appropriate arrangements to support and monitor the CCG's finances

c To oversee robust audit and governance arrangements leading to propriety in the use of the CCG's resources

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

e To produce the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board

f To prepare detailed financial policies

g Prepare and submit budgets for approval to the Engine Room / Governing Body

h Agree the time table for producing annual reports and accounts with external auditors

The Chief Finance Officer will also perform any other duties delegated to the role by the Council of Members directly, or through the Governing Body, as set out in Appendix D.

7.7 Role of Lay Member with a Lead Role in Overseeing Governance

The role of the Lay Member with a lead role in overseeing governance is to:

a To oversee governance as a member of the Governing Body and be responsible for overseeing the key elements of governance including audit, remuneration and managing conflicts of interest

b To Chair the Audit Group

c To have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times

d To confirm that appropriate and effective whistle blowing and anti-fraud systems are in place, and to assess and confirm that appropriate systems of internal control with assurance are in place for all aspects of governance, including financial and risk management

e To have an understanding of the role of audit in wider accountability frameworks

f To have an understanding of the resource allocations devolved to NHS bodies and a general knowledge of the accounting regime within which a CCG operates

g To give an independent view on possible internal conflicts of interest

h To develop an understanding of financial management and reporting in the organisation and obtain adequate assurances

7.8 Role of Lay Member with a Lead Role in Championing Patient and Public Involvement

The Lay member with a lead role in championing patient and public involvement is a member of the Governing Body and is responsible for providing an independent strategic and impartial view of the work of North Lincolnshire CCG

The role of the Lay Member with a lead in championing patient and public involvement is to express informed views about the discharge of the CCG's functions, and in particular to ensure that:

a In all aspects of North Lincolnshire CCG's business, the public voice of the local population is heard and that opportunities are created and protected

b North Lincolnshire CCG builds and maintains an effective relationship with Local Health Watch and draws on existing patient and public engagement and involvement expertise

c North Lincolnshire 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 public

7.9 Role of Registered Nurse

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

a Give an independent strategic clinical view on all aspects of CCG business

b Work as a clinical leader across more than one clinical discipline and/or specialty

c Take a balanced view of the clinical and management agenda and draw on their specialist skills to add value

d Contribute a generic view from the perspective of a registered nurse

e Bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform

7.10 Role of Secondary Care Doctor

7.10.1 This clinical member of the Governing Body will bring a broader view on health and care issues to underpin the work of North Lincolnshire CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting. The role of Secondary Care Doctor is to:

a Have a high level of understanding of how care is delivered in a secondary care setting

b Give an independent strategic clinical view on all aspects of CCG business

c Work as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working

d Take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value

e Contribute a generic view from the perspective of a secondary care doctor

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

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

8.1.1 Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (Nolan Principles). The Nolan Principles are incorporated into the Constitution (Appendix F).

They must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the CCG's website at http://www.northlincolnshireccg.nhs.uk/

8.1.2 North Lincolnshire CCG will make this document available upon request to patients and the public for inspection or by post from North Lincolnshire CCG's headquarters:

Enquiries
NHS North Lincolnshire Clinical Commissioning Group
Health Place
Wrawby Road
BRIGG
North Lincolnshire
DN20 8GS

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

8.2 Conflicts of Interest

8.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 Where an individual, i.e. an employee, CCG member, member of the Governing Body, or a member of a committee or sub-committee of the CCG 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 CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.

8.2.3 A conflict of interest will include:

a A direct pecuniary interest; where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services)

b An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision

c A non-pecuniary interest: where an individual holds a non-remunerative or not for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example where an individual is a trustee of a voluntary provider that is bidding for a contract)

d A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house)

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

8.2.4 If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

8.3 Declaring and Registering Interests

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

a Its members
b The members of its Governing Body
c The members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
d Its employees

8.3.2 The registers will be published on the Group's website http://www.northlincolnshireccg.nhs.uk/ and will also be available for inspection at or by post from North Lincolnshire CCG's headquarters:

Enquiries
NHS North Lincolnshire Clinical Commissioning Group
Health Place
Wrawby Road
BRIGG
North Lincolnshire
DN20 8GS

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

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

8.3.5 The Chief Finance Officer will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

8.4.1 Individual members of the CCG, the Governing Body, committees or sub-committees, and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.

8.4.2 The Chief Finance Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.

8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Chief Finance Officer and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interest(s) or potential conflict(s) of interests, within a week of declaration. The arrangements will confirm the following:

a When an individual should withdraw from a specified activity, on a temporary or permanent basis

b Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual

8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Chief Finance Officer.

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

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

b Has <u>previously</u> been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests

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

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

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

8.4.8 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflict of interest(s) or potential conflict of interest(s), the Chair (or Deputy) will determine whether or not the discussion can proceed.

8.4.9 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflict of interest(s) or potential conflict of interest(s), the Chair of the meeting shall consult with the Chief Finance Officer on the action to be taken.

8.4.10 This may include:

a Requiring another of the Group's committees or sub-committees which can be quorate to progress the item of business, or if this is not possible

b Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the or committee / sub-committee in question) so that the Group can progress the item of business:

i) An individual working within a member practice

ii) An individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group

iii) A member of a relevant Health and Wellbeing Board

iv) A member of another Clinical Commissioning Group

c These arrangements must be recorded in the minutes

8.4.11 In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Chief Finance Officer of the transaction.

8.4.12 The Chief Finance Officer will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.4.13 Where a member is aware that another member has an interest but has not declared it that member is obliged to bring it to the attention of the Chair of the Committee/Group.

8.5 Managing Conflicts of Interest: Contractors and People who Provide Services to the Group

8.5.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of any relevant conflict(s) / potential conflict of interest(s).

8.5.2 Anyone contracted to provide services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this Constitution in relation to managing conflict of interest(s). This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

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

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

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

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

Copies of this Procurement Strategy will be available on the Group's website at http://www.northlincolnshireccg.nhs.uk/ and is also available for inspection at or by post from North Lincolnshire CCG's headquarters:

Enquiries
NHS North Lincolnshire CCG
Health Place
Wrawby Road
BRIGG DN20 8GS

9 THE GROUP AS EMPLOYER

9.1 The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.

9.2 The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3 The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4 The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

9.5 The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

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

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

9.8 The Group will ensure that its employees have access to such expert advice and training opportunities as the Governing Body consider reasonable in order exercising their responsibilities effectively.

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

Copies of this Code of Conduct, together with the other policies and procedures outlined in this Part, will be available on the Group's website at http://www.northlincolnshireccg.nhs.uk/ and are also available for inspection at or by post from North Lincolnshire CCG's headquarters:

Enquiries
NHS North Lincolnshire CCG
Health Place
Wrawby Road
BRIGG DN20 8GS

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

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

Key communications issued by the Group, including the notices of procurements, public consultations, meeting dates, times, venues, and certain papers will be published on the Group's website at http://www.northlincolnshireccg.nhs.uk/ and are also available for inspection at or by post from North Lincolnshire CCG's headquarters:

Enquiries
NHS North Lincolnshire CCG
Health Place
Wrawby Road
BRIGG DN20 8GS

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

10.2 Standing Orders

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

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

b ***Scheme of Reservation and Delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees

c ***Prime Financial Policies (Appendix E)*** – which sets out the arrangements for managing the Group's financial affairs

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006 as amended by the 2012 Act
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

Accountable Officer	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the Group:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act)
	  ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act)
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose
	• exercises its functions in a way which provides good value for money

Area	The geographical area that the Group has responsibility for, as defined in Part 2 of this Constitution
Chair of the Governing Body	The individual appointed by the Group to act as Chair of the Governing Body
Chief Finance Officer	The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	A body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	A committee or sub-committee created and appointed by: • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • a committee / sub-committee created / appointed by the Governing Body
Financial year	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March
Group	NHS North Lincolnshire Clinical Commissioning Group, whose constitution this is

Governing Body	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it
Governing Body Member	Any member appointed to the Governing Body of the Group
Lay member	A lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	A provider of primary medical services to a registered patient list, who is a member of this Group (see tables in Part 3 and Appendix B)
Practice Representatives	An individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	Registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the Group • the members of its Governing Body • the members of its committees or sub-committees and committees or sub-committees of its Governing Body, and • its employees

APPENDIX B

SIGNED LIST OF MEMBER PRACTICES

Practice Name	Address	Practice Representative's Name	Practice Representative's Signature & Date Signed
Ashby Turn Primary Care Centre	The Link, Scunthorpe	ALAN M. LEES	7/11/2012
Dr Balasanthiran	Ashby Clinic & Childrens Centre, Collum Lane, Scunthorpe	S. BALASANTHIRAN	7/11/12
The Birches Medical Practice	Ironstone Centre, West Street, Scunthorpe	GARY ARMSTRONG	7/11/12
Riverside Surgery	Barnard Avenue, Brigg	Dr. M.S. MODAM	M.Y. Modam
Cedar Medical Practice	275 Ashby Road, Scunthorpe	PARAN	7.11.12
West Common Lane Teaching Practice	Dorchester Road, Scunthorpe	ANDREW LEE	7/11/12
Central Surgery	King Street, Barton on Humber	FERGUS MACMILLAN	7/11/12
Dr Kennedy & Partners	291 Ashby Road, Scunthorpe	JAMES TAYLOR	7/11/12
Cambridge Avenue Medical Practice	Cambridge Ave, Bottesford, Scunthorpe	JAMES MBuchan	7/11/12
Market Hill	Ironstone Centre, West Street, Scunthorpe	TAHIRA CHEEMA	7/11/12
Church Lane Medical Centre	Orchid Rise, Scunthorpe	NICK STEWART	7/11/12
West Town Surgery	80 High Street, Barton	A. MURALEE	
Dr Padley & Partners	Traingate, Kirton in Lindsey	T.E. TURNER	7/11/12
The Oswald Road Medical Centre	78 Oswald Road, Scunthorpe	DR RAJKUMAR	
Cauvery Medical Centre	58e Cottage Beck Road, Scunthorpe	Dr. SHARMA	
South Axholme Practice	The Surgery, High Street, Epworth	GARY ARMSTRONG	7/11/12
Trent View Medical Practice	45 Trent View, Keadby	JAMES OJHA	7/4/12
Dr Vora	The Medical Centre, Victoria Road, Barnetby	AJAY VORA	7-11-12
Dr Webster & Partners	The Surgery, Manlake Avenue, Winterton	ANDREW WEBSTER	7/11/12
Dr Whitaker & Partners	53 Bridge Street, Brigg	EDMUND WILLIS	12/11/12
Dr Bhorchi	The Surgery, Town Street, South Killingholme	Dr. G.R. BHORCHI	

APPENDIX C

STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the North Lincolnshire CCG so that the Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The Standing Orders, together with the Group's Scheme of Reservation and Delegation and the Group's Prime Financial Policies provide a procedural framework within which the Group discharges its business. They set out:

a The arrangements for conducting the business of the Group

b The appointment of member practice representatives

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

d The process to delegate powers

e The Declaration of Interests and Standards of Conduct

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

1.1.3 The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies have effect as if incorporated into the Group's Constitution. Group members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committees and sub-committees and persons working on behalf of the Group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of Matters Reserved to the Clinical Commissioning Group and the Scheme of Reservation and Delegation

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

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

2.1. Composition of Membership

2.1.1. Part 3 of the Group's Constitution provides details of the membership of the Group (also see Appendix B).

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

2.2. Key Roles

2.2.1. Section 6.7.2 of the Group's Constitution sets out the composition of the Group's Governing Body whilst Part 7 of the Group's Constitution identifies certain key roles and responsibilities within the Group and its Governing Body. Eligibility for all roles will be subject to compliance with regulations. These standing orders set out how the Group appoints individuals to these key roles.

2.2.2. **The Chair**, as listed in section 6.7.2 of the Group's Constitution, is subject to the following appointment process:

a **Nomination:** Eligible candidates formally notify the Accountable Officer, in accordance with the appropriate specified arrangements and deadline for appointment, of their willingness to stand for election. Their nomination must also be seconded by one current member of the Council of Members

b **Eligibility**:

i) A GP working within North Lincolnshire CCG's geographical boundaries

ii) A person that meets all the criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012, through the assessment of an independent panel of members convened by the Accountable Officer

c **Appointment Process:**

i) A formal process to determine each candidate's competency to perform the role as set out in the NHS Commissioning Board's publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

ii) All candidates that successfully meet the competency requirements set out in i) above, are then able to proceed to the final stage of the selection process, namely a confidential ballet of all the practice representatives currently sitting on the Council of Members

iii) The successful candidate will be the candidate who receives the highest number of Council of Member votes

d **Terms of Office:**

4 years – with the exception of the first term of office which will be for 6 years, in order to ensure corporate continuity during the establishment of the CCG

e **Eligibility for Re-appointment:**

The current Chair shall be deemed eligible to stand for re-election provided that they:

i) Continue to meet the eligibility criteria

ii) Have not given grounds for removal

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9. of Standing Orders

g **Notice Period:**

3 months in writing to the Accountable Officer

2.2.3 **GPs** as listed in section 6.7.2 of the Group's Constitution, are subject to the following appointment process:

a **Nomination:**

Eligible candidates formally notify the Accountable Officer, in accordance with the appropriate specified arrangements and deadline for appointment, of their willingness to stand for election. Their nomination must also be seconded by one current member of the Council of Members

b **Eligibility:**

i) A GP working within North Lincolnshire CCG's geographical boundaries

ii) A person that meets all the criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012, through the assessment of an independent panel of members convened by the Accountable Officer

c **Appointment Process:**

i) A formal process to determine each candidate's competency to perform the role as set out in the NHS Commissioning Board's publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

ii) All candidates that successfully meet the competency requirements set out in i) above, are then able to proceed to the final stage of the selection process, namely a confidential ballet of all the practice representatives currently sitting on the Council of Members

iii) The successful candidate will be the candidate who receives the highest number of Council of Member votes

d **Term of Office:**

4 years – with the exception of the first term of office which will be for between 4 and 6 years, in order to ensure corporate continuity during the establishment of the CCG

e **Eligibility for Re-appointment:**

A GP shall be deemed eligible to stand for re-election provided that they:

i) Continue to meet the eligibility criteria

ii) Have not given grounds for removal

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9 of Standing Orders

g **Notice Period:**

3 months in writing to the Accountable Officer

2.2.4 **The Lay Members** as listed in section 6.7.2 of the Group's Constitution, are subject to the following appointment process:

a **Nomination:**

By application, the nomination process is not used for these members

b **Eligibility:**

Have the relevant attributes and competencies as outlined in the NHS Commissioning Board's publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

c **Appointment Process:**

Application and Selection by an agreed panel

d **Term of Office:**

4 years, to ensure corporate continuity one lay member as agreed by the Council of Members will serve 5 years in the first instance

e **Eligibility for Re-appointment:**

The current Lay Members shall be deemed eligible to stand for re-election provided that:

i) They continue to meet the eligibility criteria

ii) Have not given grounds for removal

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9 of Standing Orders

g **Notice Period:**

3 months in writing to the Accountable Officer

2.2.5 **The Registered Nurse**, as listed in section 6.7.2 of the Group's Constitution, is subject to the following appointment process:

a **Nomination:**

Application and selection

b **Eligibility:**

i) Must have relevant experience and knowledge as outlined in the NHS Commissioning Board's publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

ii) Must not be employed within primary medical services

c **Appointment Process:**

Application and Selection by an agreed panel

d **Term of Office:**

4 years, but to ensure corporate continuity one clinician (i.e. the Registered Nurse or Secondary Care Doctor only) to be determined and agreed by the Council of Members) may serve 5 years in the first instance

e **Eligibility for Re-appointment:**

The current Registered Nurse shall be deemed eligible to stand for re-election provided that:

i) They continue to meet the eligibility criteria
ii) Have not given grounds for removal

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in 2.2.9 of Standing Orders

g **Notice Period:**

3 months in writing to the Accountable Officer

2.2.6 **The Secondary Care Specialist Doctor**, as listed in section 6.7.2 of the Group's Constitution, is subject to the following appointment process:

a **Nomination:**

Application and selection

b **Eligibility**

i) Must have relevant experience and knowledge as outlined in the NHS Commissioning Board's publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

ii) Must not be on the GMC's General Practitioner Register

c **Appointment Process:**

Application and Selection Process

d **Term of Office:**

4 years, but to ensure corporate continuity one clinician (i.e. the Registered Nurse or Secondary Care Doctor only) to be determined and agreed by the Council of Members) may serve 5 years in the first instance

e **Eligibility for Re-appointment:**

The current Secondary Care Specialist Doctor shall be deemed eligible to stand for re-election provided that:

i) They continue to meet the eligibility criteria
ii) Have not given grounds for removal

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9 of Standing Orders

g **Notice Period:**

3 months in writing to the Accountable Officer

2.2.7 **The Accountable Officer**, as listed in section 6.7.2 of the Group's Constitution, is subject to the following appointment process:

a **Nomination:**

Application and selection

b **Eligibility:**

i) Meets the minimum eligible criteria as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012

ii) Have relevant experience and knowledge as outlined in the NHS Commissioning Board publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

c **Appointment Process:**

Application and Selection

d **Term of Office:**

This is a substantive appointment

e **Eligibility for Reappointment:**

Not applicable as this is a substantive appointment

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9 of Standing Orders

g **Notice Period:**

As set out in the individual's employment contract

2.2.8 **The Chief Finance Officer**, as listed in section 6.7.2 of the Group's Constitution, is subject to the following appointment process:

a **Nomination:**

Application and selection

b **Eligibility:**

i) Meets the minimum eligible criteria as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.

ii) Have relevant experience and knowledge as outlined in the NHS Commissioning Board publication Clinical Commissioning Group Governing Body Members: Role Outlines, Attributes and Skills, (October 2012).

c **Appointment Process:**

Application and Selection

d **Term of Office:**

This is a substantive appointment

e **Eligibility for Re-appointment:**

Not applicable as this is a substantive appointment

f **Grounds for Removal and Disqualification from Office**:

These are set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to below in section 2.2.9 of Standing Orders

g **Notice Period:**

As set out in the individual's employment contract

2.2.9. The CCG's grounds for removal and disqualification from standing for, or holding membership of, the CCG's governing bodies for all the posts set out in section 6.7.2 are set out below:

Regulations provide that some individuals will not be eligible to be appointed to CCG governing bodies. Full details are included in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.

The regulations state that the following are disqualified from membership of CCG governing bodies:

a MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland)

b Members including shareholders of, or partners in, or employees of commissioning support organisations

c A person who, within the period of 5 years immediately preceding the date of the proposed appointment, has been convicted:

i) In the United Kingdom of any offence

ii) Outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

iii) A person subject to a bankruptcy restrictions order or interim order

iv) A person who within the period of 5 years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.

v) A healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted.

vi) A person disqualified from being a company director

vii) A person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement

2.2.10 The roles and responsibilities of each of these key roles are set out in either in section 6.7.2 or Part 7 of the Group's Constitution.

2.2.11 In addition, it should be noted that for the Council of Members:

a Members are self-selected by each practice, from those individuals who are eligible to stand, and have an indefinite period of service, and can only be removed in extraordinary circumstances as set out in section 3.10.1 of Standing Orders (Appendix C)

b When a member cannot attend a meeting of the Council of Members the practice may select and send a self-selected Deputy from within their practice to act on behalf of their practice

c The Deputy Chair of the Council of members will be selected by a confidential vote of members, with a simple majority vote. Their term of office will be 4 years, except in the first instance where the term will be 3 years to avoid the Chair and Deputy standing down at the same time

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

General

3.1 Meetings

3.1.1 Ordinary meetings of the Council of Members, its Governing Body, Committees and Sub-Committees shall be held at regular intervals and at such times and places as the Group may determine and as detailed in their Terms of Reference.

3.1.2 The Council of Members and CCG Governing Body will normally meet on a monthly basis, with one of the monthly meetings designated to include the Annual General Meeting.

Governing Body

3.1.3 The Governing Body will meet at least 4 times per year in public.

3.1.4 The Chair of the CCG Governing Body may call a meeting of the Governing Body at any time.

3.1.5 One-third or more members of the CCG Governing Body may requisition a meeting of the Governing Body by putting their request in writing / receipted e-mail to the Chair.

3.2. Notice of Meetings and the Business to be Transacted

3.2.1 Before each meeting of the CCG Governing Body, a written notice specifying the business proposed to be transacted shall be sent to every member of the Governing Body and every member practice of the CCG at least 6 clear days before any meeting, or in line with the Chair's discretion (if exercised) in accordance with section 3.3.1.below.

3.2.2 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.11.

3.2.3 Before each public meeting of the CCG or its Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the CCG's website at least three clear days before the meeting.

3.3. Agenda, Supporting Papers and Business to be Transacted

3.3.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the CCG Chair, at least 15 working days (or fewer days at the discretion of the Chair - i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted to the CCG's Business Manager for distribution at least 10 working days (or less at the discretion of the Chair) before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days (or less at the discretion of the Chair) before the date the meeting will take place.

3.3.2 Agendas and certain papers for the Group's Governing Body – including details about meeting dates, times and venues - will be published on the Group's website at http://www.northlincolnshireccg.nhs.uk/

3.4 Petitions

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

3.5 Chair of a Meeting

3.5.1 At any meeting of the Group or its Governing Body or of a committee or sub-committee, the Chair of the Group, Governing Body, committee or sub-committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

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

3.6 Chair's Ruling

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

3.7 Quorum

3.7.1 A meeting of North Lincolnshire CCG's Governing Body will be quorate when a minimum of 4 members are present. These 4 members must include the Chair or Deputy Chair, at least 2 General Practitioners, and either the CCG Accountable Officer or the Chief Finance Officer.

3.7.2 For all of the Governing Body's committees and sub-committees the details of the quorum arrangements and status of representatives are set out in the appropriate Terms of Reference

3.8 Decision Making

3.8.1 Part 6 of the Group's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the Group's statutory functions. Generally it is expected that at the Governing Body's meetings, decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is:

a **Eligibility:** Only voting members can participate

b **Majority necessary to confirm a decision:** All voting will be by a show of hands and decision decided by a simple majority

c **Casting vote:** In the case of an equality of votes, the Chair shall have a second or casting vote

d **Dissenting views:** Members taking a dissenting view but losing a vote will have their dissent recorded in the minutes

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

3.8.3 For all of the Governing Body's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate Terms of Reference.

3.8.4. Where powers are reserved and exercised by the Council of Members themselves, i.e. not been delegated to the Governing Body or its Committees, the decision making process for the Council of Members is set out in section 6.6.1.

Council of Members

3.9 Council of Members (CoM) Meetings

3.9.1 **Ordinary meetings** of the CoM shall be held at regular intervals, normally monthly, and at such times and places as the Members may determine.

3.9.2 An **Extraordinary meeting** of the CoM may be called by:

i) The Chair of the CoM or
ii) One-third or more members of the CoM

3.9.3 For extraordinary meetings, members of the Council who are not able to attend the meeting in person, will be able to transfer their vote to another member of the Council who they know is planning to attend the meeting and who is willing to cast the member's vote on their behalf.

3.9.4 Transfer of votes will only be allowed for extraordinary CoM meetings, due to the short notice at which such meetings are by nature called. Any member who wishes to transfer their vote to another member of the Council must:

i) Obtain the consent of a member of the Council who is planning to attend the meeting to cast their vote in addition to their own

ii) Notify via receipted e-mail or letter to the Chair of the CoM / Accountable Officer which will be received no later than 10am on the morning of the day that any meeting is scheduled

3.9.5 Before each meeting of the CoM, a written notice specifying the business proposed to be transacted shall be sent to every member of the CoM at least 6 clear days before any meeting, or in line with the Chair's discretion (if exercised).

3.9.6 No business shall be transacted at the meeting other than that specified on the Agenda, unless at the discretion of the Chair. In addition, the names of all the members present at the meeting shall be recorded in the minutes of the CoM's meetings.

3.9.7 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the CoM Chair, at least 15 working days (or fewer days at the discretion of the Chair - i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted to the CCG's Business Manager for distribution at least 10 working days (or less at the discretion of the Chair) before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days (or less at the discretion of the Chair) before the date the meeting will take place.

3.9.8 At any meeting of the CoM, the Chair of the CoM, if present, shall preside. However, if the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

3.9.9 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, a member of the CoM shall be chosen by the members present, or by a majority of them, and they shall preside for that element of the meeting or the meeting, as applicable.

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

3.9.11 A meeting of North Lincolnshire CCG's CoM will be quorate when a minimum of 60% of eligible members are in attendance. (Note as the 60% figure is based on the number of practice representatives who have the power to vote, this calculation will be adjusted to account for the number of transferrable votes for extraordinary meetings, and will be rounded up to the nearest whole number).

Governing Body and / or Council of Members

3.10 Removal of a Chair or Council of Member (CoM) Representative

3.10.1 On an individual basis, the Chair (i.e. of either the Governing Body or CoM) or individual representatives of Practices (but not Practices themselves) can be:

a Removed or disqualified from office because they have breached the grounds for removal and disqualification from office set out in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012, and also referred to above in section 2.2.9 in Standing orders (Appendix C) or

b Removed from office when they have lost the confidence of the clear majority of the Council of Members. The clear majority view will be established in the following manner:

i) When one member of the CoM with the written (or via the receipted e-mail) support of other members of the CoM, will approach the Accountable Officer in writing (or via receipted e-mail) to request a formal vote of confidence at the next appropriate meeting of the CoM.

ii) Where the Vote of Confidence relates to the Chair of the CoM, or Chair of the Governing Body, notice must be served to call an extraordinary meeting of the CoM. The Accountable Officer / Deputy Chair of the CoM or Governing Body as appropriate, will administer the requirements set out in section 3.9 of Standing Orders (Appendix C). If the required majority for the extraordinary meeting is achieved the Deputy Chair will preside over a confidential written ballet. If 75% of CoM votes are cast against the incumbent Chair, the Chair's office will be deemed to be vacant with immediate effect. Until such times as an election of a new Chair can take place, the Deputy Chair will step up to manage the CoM or Governing Body meetings, as applicable.

iii) Where the Vote of Confidence relates to any member of the CoM, other than the Chair, the Chair of the CoM will administer a vote to call an extraordinary meeting of the CoM. If the required majority for the extraordinary meeting is achieved, the Chair will preside over a confidential written ballot. If 100% of the CoM votes are cast against the specific practice representative in question (other than the member subjected to the vote of confidence), their host practice will be requested to select another practice representative to represent their practice at future CoM meetings, with immediate effect.

Governing Body

3.11 Emergency Powers and Urgent Decisions

3.11.1 Where decisions need to be taken as a matter of urgency the Chair may make decisions on behalf of North Lincolnshire CCG or any Committee of North Lincolnshire CCG after taking advice and achieving agreement with two of the following:

Group A: The Accountable Officer (Chief Officer) or the Chief Finance Officer

Group B: A Lay member or GP Member of the Governing Body (if the Chair has a conflict of interest)

The two individuals where agreement is reached, must include at least one of the Officers listed in **Group A** above.

3.11.2 Such decisions are to be recorded in writing and notified to the Accountable Officer and Chief Finance Officer as soon as possible, and reported to the next meeting of the Governing Body and any relevant Committee.

3.11.3. The arrangements to call extraordinary meetings of the Governing Body are set out in section 3.1.5 of Standing Orders (Appendix C).

3.12 Suspension of Standing Orders

3.12.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these Standing Orders may be suspended at any meeting, provided the majority of the Group members present are in agreement.

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

3.12.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Group through the Chair, for review of the reasonableness of the decision to suspend standing orders.

3.13 Record of Attendance

3.13.1 The names of all the members present at the meeting shall be recorded in the minutes of the group's meetings. In addition, the names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.14 Minutes

3.14.1 The minutes will be taken by a nominated member of the CCG staff and distributed to the Chair for confirmation of a true record of the meeting.

Once agreed the minutes will be distributed to all members of the meeting and confirmation at the next meeting will be sought to clarify that the content is a true account of the previous meeting.

3.15 Admission of Public and the Press

3.15.1 Admissions and exclusion are on grounds of confidentiality of business to be transacted.

The public and representatives of the press may attend all meetings of the Governing Body but shall be required to withdraw as follows:-

"Representatives of the press, and other members of the public, will be excluded from the remainder of a meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' – Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960".

3.15.2 General disturbances

The Chair or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that North Lincolnshire CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon North Lincolnshire CCG Governing Body resolving as follows:-

That in the interests of public order the meeting adjourn for (the period to be specified) to enable North Lincolnshire CCG Governing Body to complete its business without the presence of the public' Section 1 (8) Public Bodies (Admissions to Meetings) Act 1960.

3.15.3 Business proposed to be transacted when the press and public have been excluded from a meeting:

a Matters to be dealt with by North Lincolnshire CCG Governing Body following the exclusion of representatives of the press, and other members of the public as provided above shall be confidential to the members of the Governing Body.

b Members and Officers or any employee or advisor of North Lincolnshire CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of North Lincolnshire CCG, without the express permission of North Lincolnshire CCG. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

3.15.4 Observers at CCG Meetings – North Lincolnshire CCG will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of North Lincolnshire CCG Governing Body's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees and Sub-Committees

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

4.1.2 Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Group or Remuneration Group, the Group shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the Group.

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

4.2 Terms of Reference

4.2.1 The Terms of Reference approved by the governing body shall have effect as if incorporated into the Constitution, and kept under review.

4.3 Delegation of Powers by Committees to Sub-Committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Clinical Commissioning Group's Seal

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

a The Accountable Officer
b The Chair of the Governing Body
c The Chief Finance Officer

6.2 Execution of a Document by Signature

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

a The Accountable Officer
b The Chair of the Governing Body
c The Chief Finance Officer

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

7.1 Policy Statements: General Principles

7.1.1 The Group will from time to time agree and approve policy statements / procedures which will apply to all or specific Groups of staff employed by North Lincolnshire CCG. The decisions to approve such policies and procedures will be recorded in an appropriate Group minute and will be deemed where appropriate to be an integral part of the Group's Standing Orders.

APPENDIX D

SCHEME OF RESERVATION & DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1. The arrangements made by the Group as set out in this scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the Group's Constitution.

1.2. North Lincolnshire CCG remains accountable for all of its functions, including those that it has delegated.

			COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
			DECISIONS RESERVED TO THE COM (COUNCIL OF MEMBERS)		DECISIONS RESERVED / DELEGATED TO THE GOVERNING BODY (CCG COMMITTEE)		DECISIONS RESERVED / DELEGATED TO COMMITTEES / SUB COMMITTEES					DECISIONS RESERVED / DELEGATED TO OFFICERS	
POLICY AREA	DECISION DESCRIPTION	SD REF NUMBER	THE MEMBERS IN GENERAL	THE COM CHAIR	THE MEMBERS IN GENERAL	THE CCG CHAIR	AUDIT	REMUNERATION	QUALITY GROUP	ENGINE ROOM	INDIVIDUAL FUNDING REQUESTS (IFR)	ACCOUNTABLE OFFICER	CHIEF FINANCE OFFICER
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	1	✓										
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's governing body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	2	✓										
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the CCG, delegated to the governing body or other committee or sub committee or specified member or employee.	3										✓	
REGULATION AND CONTROL	Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions reserved to the membership and those delegated to the CCG's governing body, committees and sub committees, individuals or specified persons, for inclusion in the CCG's constitution.	4										✓	
REGULATION AND CONTROL	Approval of the CCG's overarching scheme of reservation and delegation.	5	✓										

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
		DECISIONS RESERVED TO THE COM (COUNCIL OF MEMBERS)		DECISIONS RESERVED / DELEGATED TO THE GOVERNING BODY (CCG COMMITTEE)		DECISIONS RESERVED / DELEGATED TO COMMITTEES / SUB COMMITTEES					DECISIONS RESERVED / DELEGATED TO OFFICERS	
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REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's Constitution.	6										✓	
REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's overarching scheme of reservation and delegation as set out in its constitution.	7			✓								
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCGs Prime Financial Policies.	8											✓
REGULATION AND CONTROL	Approve detailed financial policies.	9			✓								
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.	10			✓								
REGULATION AND CONTROL	Manage and monitor the approved arrangements for Independent funding Requests.	11									✓ **Initial individual funding decisions will be undertaken by the IFR Panel and Appeals by the separate IFR Appeals Panel**		
REGULATION AND CONTROL	Calling meetings of the COM / Governing Body as appropriate:												
	1) Regular meetings.	12.1.		✓		✓							
	2) Extraordinary meeting (other than for a Vote of Confidence).	12.2.		✓		✓							
	3) Extraordinary meeting (for a Vote of Confidence in the Chair).	12.3.										✓ **with the Deputy Chair**	
	4) Extraordinary meeting (for a Vote of Confidence in elected members).	12.4.	✓										
REGULATION AND CONTROL	Use of and signing to authenticate the seal.	13				✓						✓	✓

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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REGULATION AND CONTROL	Give the final ruling in questions of: order, relevancy and regularity of meetings.	14		✓		✓							
	Having a second or casting vote, when Chairing a meeting.	15		✓		✓							
	Invite declarations of interest when Chairing meetings	16		✓		✓							
	Suspension of Standing Orders.	17			✓								
	Audit Group to review every decision to suspend Standing Orders.	18					✓						
	The CCG will approve the appointments to each of the committees which it has formally constituted.	19			✓								
	Emergency powers and urgent decisions may be exercised by the Chair, after they have taken advice and agreed with at least two other members of the Governing Body, as set out in Section 3.11. of Standing Orders.	20				✓						**Note: The Accountable Officer or Chief Finance Officer must be 1 of the 2 individuals with whom the Chair must obtain agreement from, to make a Chair's Action valid.**	
	Any reported non compliance with standing orders, even for emergency powers and urgent actions, to be reviewed by the Accountable Officer / Chief Finance Officer, as soon as possible.	21										✓	✓
	Review of any breach of Standing Orders at the next scheduled meeting.	22			✓								
REGULATION AND CONTROL	Ensure all COM and CCG members and employees are notified of, and understand, Standing Orders, the CCG's Scheme of Delegation and Prime Financial Polices.	23										✓	
REGULATION AND CONTROL	Maintain Register (s) of interests.	24											✓

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: identifying practice members to represent practices in matters concerning the work of the CCG.	25	✓									
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for appointing clinical leaders to represent the CCG's membership on the CCG's governing body, for example through election.	26	✓									
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of governing body members, subject to any regulatory requirements and succession planning.	27	✓									
	Approve arrangements for identifying the CCG's proposed Accountable Officer, subject to regulatory requirements.	28			✓							
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.	29	✓									
STRATEGY & PLANNING	Approval of the CCG's operating structure.	30	✓									
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan following engagement with member practices.	31			✓							
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's corporate budgets that meet the financial duties as set out in 5.3 of the constitution.	32			✓							
ANNUAL REPORT AND ACCOUNTS	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure	33			✓							
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual Accounts	34					✓					
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.	35					✓					

COLUMN 1			COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.	36						✓					
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.	37						✓					
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.	38						✓					
HUMAN RESOURCES	Determine the terms and conditions of services for all employees of the CCG.	39						✓					
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.	40						✓					
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.	41						✓					
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.	42						✓					

			COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another CCG.	43						✓					
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.	44						✓					
HUMAN RESOURCES	Approve HR policies for employees and for other persons working on behalf of the CCG.	45						✓					
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	46							✓				
QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	47							✓				
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation (incorporating an Authorisation Matrix) that sets out who has responsibility for operational decisions within the CCG.	48										✓	
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements.	49					✓						
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.	50			✓								
OPERATIONAL AND RISK MANAGEMENT	Operational management and monitoring of the CCG's Board Assurance Framework (BAF), including the risk register.	51							✓				

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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OPERATIONAL AND RISK MANAGEMENT	Independent review of the CCG's Board Assurance Framework (BAF), including the risk register.	52					✓						
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).	53			✓								
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the CCG.	54					✓						
OPERATIONAL AND RISK MANAGEMENT	Monitor and critically review a comprehensive system of internal control, including budgetary control / QiPP review, that underpins the effective, efficient and economic operation of the CCG.	55								✓			
OPERATIONAL AND RISK MANAGEMENT	Maintain a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the CCG.	56											✓
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.	57										✓	
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.	58							✓				
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.	59			✓								

			COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate safe keeping and confidentiality of records and for the storage, management and transfer of information and data in line with all relevant regulations.	60			✓								
INFORMATION GOVERNANCE	Maintain arrangements for ensuring appropriate safe keeping and confidentiality of records and for the storage, management and transfer of information and data in line with all relevant regulations.	61										✓	
TENDERING AND CONTRACTING	Approval of all the CCG's contract procedures (e.g. for any commissioning support or corporate support goods and services)	62			✓								
TENDERING AND CONTRACTING	Manage, operate and monitor all tendering and contracting procedures.	63										✓	
TENDERING AND CONTRACTING	Decision to tender in-house services.	64			✓								
TENDERING AND CONTRACTING	Determination of the permissible criteria for waiving tendering procedures or accepting a non competitive (i.e. sole competitive) or single source tender.	65					✓						
TENDERING AND CONTRACTING	Decision to formally waive tendering procedures or accept a non competitive (i.e. sole competitive or single source tender), must be done via a Chair's Action.	66				✓						**Note: The Accountable Officer or Chief Finance Officer must be 1 of the 2 individuals with whom the Chair must obtain agreement from, to make a Chair's Action valid.**	
TENDERING AND CONTRACTING	Production of a timely report of waivers from formal tendering procedures submitted to the Audit Group for review.	67										✓	
TENDERING AND CONTRACTING	Review of waivers from formal tendering procedures	68					✓						

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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TENDERING AND CONTRACTING	The safe receipt, endorsement and custody of tenders received.	69										✓	
TENDERING AND CONTRACTING	The opening of tenders or designation of senior managers to open tenders.	70										✓	
TENDERING AND CONTRACTING	Selection of team to develop draft tender specifications.	71			✓							✓	
TENDERING AND CONTRACTING	Maintain a register to show how each set of competitive tender invitations are dispatched.	72										✓	
TENDERING AND CONTRACTING	Selection of the team to develop an In-House tender submission.	73										✓	
TENDERING AND CONTRACTING	Ensure all staff who procure goods and services, are aware of, and use, appropriate procurement systems to obtain competitive quotes or to undertake a formal tendering exercise in order to maximise value for money, wherever possible and practical. The following limits exist to determine when 3 competitive quotes or tenders must normally be obtained:	74										✓	
	1) Where the procurement of goods & services over the life of a contract is reasonably estimated to cost less than £5,000 - competitive quotes are not mandatory, but still remain good practice if cost effective to obtain.	74.1.											
	2) Where the procurement of goods & services is reasonably estimated to cost £ 5,000 or more, but less than £50,000 - the procurement decision must be based on obtaining and evaluating 3 competitive quotes.	74.2.											

			COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
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TENDERING AND CONTRACTING	**3)** Where a contract value is reasonably expected to equal or exceed £50,000, a formal tender exercise needs to be undertaken in conjunction with NHS Supplies or other procurement specialists, as appropriate.	**74.3.**											
TENDERING AND CONTRACTING	**4)** Where a contract value is reasonably expected to exceed European Commission thresholds (e.g. per 2004/18/EC), contracts must be let in accordance with the relevant EC directive. The lowest value is currently circa **£69,574**, so check: http://www.ojec.com/Threshholds.aspx	**74.4.**											
TENDERING AND CONTRACTING	Acceptance and award of contracts, where the contract expenditure is within the limit of a CCG budget:												
	1) Over £50,000.	**75.1**			✓								
	2) Upto £50,000 - Chair's Action in line with **SD Ref Number 20** above.	**75.2**				✓						✓	
TENDERING AND CONTRACTING	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG, and / or is not in accordance with this Scheme of Delegation or prime financial policies - without a formal Chair's Action.	**76**				✓						**Note: The Accountable Officer or Chief Finance Officer must be 1 of the 2 individuals with whom the Chair must obtain agreement from, to make a Chair's Action valid.**	
TENDERING AND CONTRACTING	Nominate an officer or officers to oversee and manage contracts which are awarded, especially when contracts span several budget manager's areas of responsibility.	**77**										✓	

COLUMN 1	COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
	THE COM (COUNCIL OF MEMBERS)		DELEGATED TO THE GOVERNING BODY (CCG		DECISIONS RESERVED / DELEGATED TO COMMITTEES / SUB COMMITTEES				DECISIONS RESERVED / DELEGATED TO OFFICERS
POLICY AREA	DECISION DESCRIPTION	SD REF NUMBER	THE MEMBERS IN GENERAL	THE COM CHAIR	THE MEMBERS IN GENERAL	THE CCG CHAIR	AUDIT	REMUNERATION	QUALITY GROUP	ENGINE ROOM	INDIVIDUAL FUNDING REQUESTS (IFR)	ACCOUNTABLE OFFICER	CHIEF FINANCE OFFICER
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in accordance with this scheme of reservation and delegation. Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.	**78**										✓	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice, public engagement and consultation.	**79**			✓								
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority, where appropriate.	**80**			✓								
COMMUNICATION	Approving arrangements for handling Freedom of Information requests.	**81**			✓								
COMMUNICATION	Determining arrangements for handling Freedom of Information requests.	**82**										✓	

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
		DECISIONS RESERVED TO THE COM (COUNCIL OF MEMBERS)		DELEGATED TO THE GOVERNING BODY (CCG COMMITTEE)		DECISIONS RESERVED / DELEGATED TO COMMITTEES / SUB COMMITTEES					DECISIONS RESERVED / DELEGATED TO OFFICERS	
POLICY AREA	DECISION DESCRIPTION	SD REF NUMBER	THE MEMBERS IN GENERAL	THE COM CHAIR	THE MEMBERS IN GENERAL	THE CCG CHAIR	AUDIT	REMUNERATION	QUALITY GROUP	ENGINE ROOM	INDIVIDUAL FUNDING REQUESTS (IFR)	ACCOUNTABLE OFFICER	CHIEF FINANCE OFFICER
OTHER KEY OPERATIONAL FUNCTIONS & DUTIES	**Determining the arrangements for:**											
	1) Promotion of a comprehensive health service.	**83**			✓							
	2) Meeting the Public Sector equality duty.	**84**			✓							
	3) Developing Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies	**85**			✓							
	4) Securing public Involvement	**86**			✓							
	5) Promotion of the NHS Constitution	**87**			✓							
	6) Acting with economy, efficiency, and effectiveness.	**88**			✓							
	7) Improving the quality of primary medical services.	**89**			✓							
	8) Reducing inequalities.	**90**			✓							
	9) Promote involvement of patients, carers and representatives in health	**91**			✓							
	10) Enabling patients to make choices.	**92**			✓							
	11) Obtaining appropriate expert advice.	**93**			✓							
	12) Promotion of innovation.	**94**			✓							
	13) Promotion of research.	**95**			✓							
	14) Promotion of integration of services.	**96**			✓							
	15) Ensure expenditure does not exceed the aggregate of allotments for the financial year	**97**			✓							
	16) Ensure its use of resources (capital & revenue) does not exceed the amount specified by the NHS Commissioning Board for each financial year.	**98**			✓							
	17) Ensure any earmarked resources issued by the NHS Commissioning Board are used for the stated purpose.	**99**			✓							
	18) Publish an explanation on how the CCG has spent any funds in respect of quality.	**100**			✓							

		COLUMN 1		COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
		DECISIONS RESERVED TO THE COM (COUNCIL OF MEMBERS)		DELEGATED TO THE GOVERNING BODY (CCG COMMITTEE)		DECISIONS RESERVED / DELEGATED TO COMMITTEES / SUB COMMITTEES					DECISIONS RESERVED / DELEGATED TO OFFICERS	
POLICY AREA	DECISION DESCRIPTION	SD REF NUMBER	THE MEMBERS IN GENERAL	THE COM CHAIR	THE MEMBERS IN GENERAL	THE CCG CHAIR	AUDIT	REMUNERATION	QUALITY GROUP	ENGINE ROOM	INDIVIDUAL FUNDING REQUESTS (IFR)	ACCOUNTABLE OFFICER	CHIEF FINANCE OFFICER
OTHER KEY OPERATIONAL FUNCTIONS & DUTIES	**Develop, maintain and manage the arrangements for:**											
	1) Promotion of a comprehensive health service.	**101**									✓	
	2) Meeting the Public Sector equality duty.	**102**									✓	
	3) Developing Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies	**103**									✓	
	4) Securing public Involvement	**104**									✓	
	5) Promotion of the NHS Constitution	**105**									✓	
	6) Acting with economy, efficiency, and effectiveness.	**106**									✓	
	7) Improving the quality of primary medical services.	**107**									✓	
	8) Reducing inequalities.	**108**									✓	
	9) Promote involvement of patients, carers and representatives in health decisions.	**109**									✓	
	10) Enabling patients to make choices.	**110**									✓	
	11) Obtaining appropriate expert advice.	**111**									✓	
	12) Promotion of innovation.	**112**									✓	
	13) Promotion of research.	**113**									✓	
	14) Promotion of integration of services.	**114**									✓	
	15) Ensure expenditure does not exceed the aggregate of allotments for the financial year	**115**										✓
	16) Ensure its use of resources (capital & revenue) does not exceed the amount specified by the NHS Commissioning Board for each financial year.	**116**										✓
	17) Ensure any earmarked resources issued by the NHS Commissioning Board are used for the stated purpose.	**117**										✓
	18) Publish an explanation on how the CCG has spent any funds in respect of quality.	**118**										✓

NOTES

This document is North Lincolnshire CCG's overarching Scheme of Reservation & Delegation (including the organisation's main Tendering rules and limits) which is referred to in the Reference Number 4 in the above table in Appendix D.

This document is also supported by the following key documents:

1) The Operational Scheme of Delegation, which sets out the key operational decisions which are delegated to individual employees of the CCG, and are not included within the CCG's Constitution. See also Reference Number 6 and 48 in the above table in Appendix D.

2) Financial Policies – which are based on, but not limited to, the Prime Financial Policies included in Appendix E to the CCG's constitution. See also Reference Number 8 in the above table in Appendix D.

APPENDIX E

PRIME FINANCIAL POLICIES

1 INTRODUCTION

1.1 General

1.1.1 These Prime Financial Policies and supporting Detailed Financial Policies shall have effect as if incorporated into the Group's Constitution.

1.1.2 The Prime Financial Policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation found at Appendix D.

1.1.3 In support of these prime financial policies, the group has prepared more detailed policies, approved by the Chief Finance Officer known as detailed financial policies. The group refers to these prime and detailed financial policies together as the CCG's financial policies.

1.1.4 These prime financial policies identify the financial responsibilities which apply to everyone working for the 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 group's detailed financial policies will be published and maintained on the group's website at http://www.northlincolnshireccg.nhs.uk/

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group's constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.7 Failure to comply with Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2 Overriding Prime Financial Policies

1.2.1 If for any reason these Prime Financial Policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Group for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these Prime Financial Policies to the Chief Finance Officer as soon as possible.

1.3 Responsibilities and Delegation

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

1.3.2 The financial decisions delegated by members of the Group are set out in the Group's Scheme of Reservation and Delegation (see Appendix D).

1.4 Contractors and Their Employees

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

1.5 Amendment of Prime Financial Policies

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

2 INTERNAL CONTROL

The CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.

2.1 The Governing Body will establish an Audit Group with Terms of Reference agreed by the Governing Body (see section 6.8.1(a) of the Group's Constitution for further information).

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

2.3 The Chief Finance Officer will ensure that:

a Financial policies are considered for review and update annually

b A system is in place for proper checking and reporting of all breaches of financial policies; and

c A proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3 AUDIT

The CCG will keep an effective and independent internal audit function and fully comply with the requirements of External Audit and other statutory reviews.

3.1 In line with the Audit Group Terms of Reference, the Head of Internal Audit and the Audit Commission appointed External Auditor will have direct and unrestricted access to Audit Group 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 Group 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 Audit Group approves any changes to the provision or delivery of assurance services to the CCG

4 FRAUD AND CORRUPTION

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

4.1 The Audit Group 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 Audit Group will ensure that the group has arrangements in place to work effectively with NHS Protect.

5 EXPENDITURE CONTROL

5.1 The CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board 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 the NHS Commissioning Board

b Ensure money drawn from the NHS Commissioning Board is required for approved expenditure only and 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 the NHS Commissioning Board

6 ALLOTMENTS

6.1 The Chief Finance Officer will:

a Periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds

b Prior to the start of each financial year submit to the CCG's Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

c Regularly update the CCG's Governing Body on significant changes to the initial allocation and the uses of such funds

7 COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

7.1 The Accountable Officer will compile and submit to the CCG 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 CCG's Governing Body.

7.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the CCG's Governing Body. This report shall 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 group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.

7.5 The Accountable Officer will approve consultation arrangements for the CCG's Commissioning Plan[2].

[2] See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

8 ANNUAL ACCOUNTS AND REPORTS

The CCG will produce and submit to the NHS Commissioning Board 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 the NHS Commissioning Board.

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 CCG's Governing Body

b Prepares the accounts according to the timetable approved by the CCG's 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 group's website at http://www.northlincolnshireccg.nhs.uk/

9 INFORMATION TECHNOLOGY

The CCG will ensure the accuracy and security of the CCG's computerised financial data.

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

a Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

b Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

d Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance 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

The CCG 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 the NHS Commissioning Board;

b 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

The CCG will keep enough liquidity to meet its current commitments.

11.1 The Chief Finance Officer will:

a Review the banking arrangements of the 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 Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts

c Prepare detailed instructions on the operation of bank accounts

11.2 The Accountable Officer shall approve the banking arrangements.

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

The CCG will operate a sound system for prompt recording, invoicing and collection of all monies due.

The CCG will seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions.

The CCG will 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 the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary

d Developing effective arrangements for making grants or loans

13 TENDERING AND CONTRACTING PROCEDURE

13.1 The CCG will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending. The CCG will seek value for money for all goods and services.

The CCG shall ensure that competitive tenders are invited for:

a The supply of goods, materials and manufactured articles

b The rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH); and

c The design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals, if and when required.

13.2 The Governing Body 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 Governing Body.

13.3 The CCG's Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a The Group's Standing Orders

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

c And take into account as appropriate, any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above

13.4 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

14 COMMISSIONING

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

14.1 The Group will coordinate its work with the NHS Commissioning Board, other CCG's, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2 The Chief Finance Officer will establish arrangements to ensure that regular reports are provided to the CCG's Governing Body detailing actual and forecast expenditure and activity for each contract.

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

15 RISK MANAGEMENT AND INSURANCE

The CCG will put arrangements in place for evaluation and management of its risks.

15.1 North Lincolnshire CCG's Risk Management policy is a fundamental part of North Lincolnshire CCG's risk management arrangements and underpins the delivery of the Risk Management Strategy.

15.2 Risk management is a proactive business management tool involving identification, assessment, analysis and management of all risks to which North Lincolnshire CCG is exposed (e.g. financial, organisational, clinical, and political/reputational).

15.3 Effective management of risk helps the organisation to set priorities and improve decision making to reach an optimal balance of risk, benefit and cost. Having a robust risk management process in place reduces the vulnerability of a service, project or plan and ensures, through an appropriate system of escalation, that the Governing Body is kept informed of key risks to its business and is able to control them.

15.4 It is acknowledged that some risks are inherent and cannot be eliminated entirely but should be identified. Every effort should be made to ensure that all risks are maintained at as low a risk grading as practicable.

15.5 North Lincolnshire CCG has in place an Assurance Framework which is a standing agenda item of the Governing Body and which:

a Contains North Lincolnshire CCG's strategic objectives and details the over-arching high level risk(s) which could prevent these objectives being achieved

b Provides information on the control measures in place to mitigate against the risks

c Provides information on the assurances in place to demonstrate that the controls are working

d Outlines the actions required to mitigate the risk

e Outlines any gaps in controls and assurances which may need to be addressed.

15.6 Risks are graded through a **3 step** process:

Step 1: Calculate possible impact (negligible, minor, moderate, major, catastrophic)

Step 2: Calculate likelihood (almost certain, likely, possible, unlikely, or rare)

Step 3: Calculate the risk grading (impact x likelihood)

16 PAYROLL

The CCG will put arrangements in place for an effective payroll service.

16.1 The Chief Finance Officer will ensure that the payroll service selected:

a Is supported by appropriate (i.e. contracted) terms and conditions

b Has adequate internal controls and audit review processes

c Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies

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

17 NON-PAY EXPENDITURE

The CCG will seek to obtain the best Value for Money when procuring goods and services.

17.1 The CCG's 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 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 and applied whenever goods and services are being procured, except where such action would conflict with the Public Contract Regulations 2006.

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

The CCG Governing Body will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the 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 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

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

19.1 The Accountable Officer shall:

a Be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

b Ensure that arrangements are in place for effective responses to Freedom of Information requests

c Publish and maintain a Freedom of Information Publication Scheme

20 TRUST FUNDS AND TRUSTEES

The CCG will put arrangements in place to provide for the appointment of trustees if, and when, the Group holds property on trust

20.1 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.

APPENDIX F

NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

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

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

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

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

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

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

g **Leadership** – Holders of public office should promote and support these principles by leadership and example

Source: *The First Report of the Committee on Standards in Public Life* (1995)[3]

[3] Available at http://www.public-standards.gov.uk/

APPENDIX G

NHS CONSTITUTION

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

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to Groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

2. **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament

3. **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment

5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being

6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves

7. **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[4]

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