

**NHS ST HELENS
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

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1. INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this clinical commissioning group is NHS St Helens Clinical Commissioning Group.

1.2 Statutory Framework

1.2.1 Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³

1.2.2 The NHS Commissioning Board (herein after referred to as NHS England) is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group.⁵ It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶

1.2.3 Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

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

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

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

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

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

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

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

1.3 Status of this Constitution

1.3.1 This constitution is made between the members of NHS St Helens Clinical Commissioning Group and has effect from **1st day of April 2013**, when NHS England established the group.⁸ All references to NHS England are to the 'NHS Commissioning Board' as defined in the NHS Act 2006. The constitution is published on the group's website at www.sthelensccg.nhs.uk

1.3.2 Alternatively copies can be accessed:

- Upon request for inspection at NHS St Helens CCG Headquarters
- By post – please send request to Headquarters
- By email – please send your request to Communications.ccg@sthelensccg.nhs.uk

1.4 Amendment and Variation of this Constitution

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

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

2. AREA COVERED

2.1 The geographical area covered by NHS St Helens Clinical Commissioning Group is coterminous with the Borough of St Helens.

3. MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

3.1.1 The following 34 practices comprise the members of NHS St Helens Clinical Commissioning Group. They cover a population of approximately 197k.

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

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

Practice Name	Address
Berrymead Medical Centre	140 Berry's Lane, Parr, St Helens
Bethany Medical Centre	151 Grafton St, St Helens
Bowery Medical Centre	Elephant Lane, Thatto Heath, St Helens
Central Surgery	Low House, Health Care Resource Centre, Crab St, St Helens
Cornerstone Surgery	Fingerpost Park Health Centre, Atlas St, St Helens
Crossroads Surgery	449 Warrington Road, Rainhill, St Helens
Dr Rahil's Surgery	21a Old Whint Road, Haydock
Eccleston Medical Centre	Christ Church Grounds, Chapel Lane, Eccleston, St Helens
Four Acre Health Centre	Burnage Avenue, Clock Face, St Helens
Garswood Surgery	Billinge Road, Garswood, St Helens
Hall Street Medical Centre	28-30 Hall Street, St Helens
Haydock Medical Centre	Station Road, Haydock, St Helens
Hollybank Surgery	Fingerpost Park Health Centre, Atlas Street, St Helens
Kenneth MacRae Medical Centre	32 Church Road, Rainford, St Helens
Lime Grove Surgery	Station Road, Haydock, St Helens
Lingholme Health Centre	Atherton Street, St Helens
Longton Medical Centre	451 Warrington Road, Rainhill, St Helens
Marshalls Cross Medical Centre	2 nd Floor, St Helens Hospital, St Helens
Mill Street Medical Centre	Mill Street, St Helens
Newholme Surgery	Low House Health Care Resource Centre, Crab Street, St Helens
Newton Community Hospital Practice	Newton Community Hospital, Bradlegh Road, Newton-le-Willows, St Helens
Newton Medical Centre	1 Belvedere Road, Newton-le-Willows, St Helens
Ormskirk Street Surgery	Low House Health Care Resource Centre, Crab Street, St Helens
Park House Surgery	Fingerpost Park Health Centre, Atlas Street, St Helens
Parkfield Surgery	Low House Health Care Resource Centre, Crab Street, St Helens
Patterdale Lodge Medical Centre	Legh Street, Newton-Le-Willows, St Helens
Phoenix Medical Centre	28 Duke Street, St Helens

Rainbow Medical Centre	333 Robins Lane, Sutton, St Helens
Rainford Health Centre	17 Higher Lane, Rainford, St Helens
Rainhill Village Surgery	529 Warrington Road, Rainhill, St Helens
Recreation Drive Surgery	Recreation Drive, Billinge, Near Wigan
Sandfield Medical Centre	81 Liverpool Road, St Helens
Spinney Medical Centre	23 Whittle Street, Toll Bar, St Helens
Vista Road Surgery – Dr James	Vista Road, Newton-Le-Willows

3.1.2 All GP practices in St Helens have signed in agreement with this Constitution. Evidence of this is available upon request.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group¹⁰.

3.2.2 NHS St Helens CCG has an open membership. Any GP Practice in St Helens may apply to be a member – as per the NHS England entry criteria.

3.2.3 This does not preclude applications from practices outside of St Helens. All applications will be assessed using the NHS England entry criteria.

3.3 Leaving the group

3.3.1 A member practice may resign from the group to join another clinical commissioning group after giving a minimum of three months' notice.

3.3.2 Membership of the group may be terminated where the principle of a singlehanded practice

- i) Ceases to be registered or is declared bankrupt or dies or retires and there is no provision to replace that principal
- ii) Enters into a partnership with another member practice

3.3.3 Any changes to NHS St Helens CCG membership will require approval from NHS England in line with procedures published by the NHS. Changes to membership will not come into effect until NHS England grants the application.

¹⁰ See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012 and Regulation 2 of the National Health Service (Clinical Commissioning Groups) Regulations 2012 [Statutory Instrument 2012 No. 1631]

4. VISION, VALUES AND AIMS

4.1 Our Vision

4.1.1 **Improving people's lives in St Helens together by tackling the challenge of cost and demand.**

4.1.2 **Our mission is to Make a Difference – Commissioning the right care, at the right place, at the right time for the population we serve.**

4.1.3 The purpose of the group is:

- a) to commission safe, responsive and effective healthcare for the population of St Helens
- b) to improve the health and wellbeing of the population of St Helens and reduce health inequalities
- c) to spend the healthcare budget in a fair and transparent manner to meets the needs of the population

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

4.2 Our Values

4.2.1 The CCG and its staff fully promote, support and abide by the Nolan Principles. The CCG also fully supports and abides by the pledges set out with the NHS Constitution. We work to ensure we portray the values and behaviours expected by all NHS organisations and that our corporate values are aligned to the NHS Constitution. The CCG's Corporate Values can be accessed via the internet <http://www.sthelensccg.nhs.uk/about-us/vision-and-values/>

4.3 Our Aims

4.3.1 The group's aims are to:

- a) *Improve Outcomes* – We will focus on improving outcomes for patients and communities, developing a health economy where supply is tailored to meet the needs and priorities of the population
- b) *Empower Patients* – We will promote shared approaches to care, giving patients the power to shape their own healthcare and promote self-care and prevention

- c) *Use Evidenced Based Practice* – We will use an evidenced based approach to assessing needs, designing services and monitoring outcomes
- d) *Sustain* – A commitment to the sustainable and effective use of resources, to ensure a vibrant health and social care economy exists and serves St Helens

4.4 Principles of Good Governance

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

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
- b) The Good Governance Standard for Public Services¹²
- c) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the ‘Nolan Principles’¹³
- d) the seven key principles of the NHS Constitution¹⁴
- e) the Equality Act 2010¹⁵
- f) Professional Standards Authority standards for NHS Boards and clinical commissioning groups governing bodies in England¹⁶. See Appendix G.

4.5 Accountability

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

- a) publishing its constitution
- b) appointing independent lay members and non GP clinicians to its Governing Body

¹¹ Inserted by section 25 of the 2012 Act

¹² *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance and Accountability (CIPFA), 2004

¹³ See Appendix E

¹⁴ See Appendix F

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

¹⁶ See Appendix G

- 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 (which must be published)
- g) producing annual accounts in respect of each financial year which must be externally audited
- h) having a published and clear complaints process
- i) complying with the Freedom of Information Act 2000
- j) providing information to NHS England as required.

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

- a) publishing its principal commissioning and operational policies
- b) holding public engagement and involvement events
- c) engaging with its Patient Group and supporting the further development of this group

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 NHS England is not under a duty to do so) that meet the reasonable needs of:
 - i) all people registered with member GP practices, and
 - ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group
- b) commissioning emergency care for anyone present in the group's area
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the group's employees
- d) determining the remuneration and travelling or other allowances of members of its Governing Body

5.1.2 In discharging its functions the group will:

- a) act¹⁷, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service**¹⁸ and with the objectives and requirements placed on NHS England through *the mandate*¹⁹ published by the Secretary of State before the start of each financial year by:
 - i) delegating responsibility to the group's Governing Body
 - ii) implementing the group's Strategic and Operational Plan
 - iii) monitoring delivery through the reporting mechanisms of the group including presentation of an organisational performance report to the group's Governing Body a minimum of 6 times per year

A copy of the Commissioning Plan as amended from time to time shall be available at the group's place of business and shall be published on the group's website.

¹⁷ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

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

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

- b) **meet the public sector equality duty**²⁰ by:
- i) Delegating overarching responsibility for the delivery of this duty to the Governing Body. The delegation will include:
 - Ensuring the group is compliant with its responsibilities under the Equality Act 2010 and any subsequent Acts
 - Implementing an Equality and Diversity Strategy
 - Ensuring compliance with the Equality Delivery System
 - Commissioning services based on needs assessments that cover all protected characteristics
 - c) work in partnership with its local authority to develop **joint strategic needs assessments**²¹ and **joint health and wellbeing strategies**²² by:
 - i) being a member of St Helens People’s Board (formerly known as St Helens Health & Wellbeing Board)
 - ii) working closely with St Helens People’s Board and other local partnership arrangements to agree and deliver against joint priorities

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.²³ This is set out in the Communications and Engagement Strategy (available on the CCG website), that is approved by the Governing Body and includes the CCG principles for engagement, that are monitored by:
- i) delegating responsibility for monitoring and reporting compliance against this statement of principles to the Patient Group
 - ii) requiring progress of delivery of the statement of principles to be reported to the group’s Governing Body a minimum of once per year

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

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

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

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

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 Constitution²⁴** by:

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of an organisational performance report to the group's Governing Body a minimum of six times per year

5.2.3 Act **effectively, efficiently and economically²⁵** by:

- i) delegated responsibility to the group's audit committee
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of a financial performance report to the group's Governing Body a minimum of six times per year and presentation of a report from audit committee to the group's Governing Body following each meeting of the audit committee

5.2.4 Act with a view to **securing continuous improvement to the quality of services²⁶** by:

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of a quality performance report to the group's Governing Body a minimum of six times per year

5.2.5 Assist and support NHS England in relation to its duty to **improve the quality of primary medical services²⁷**. The statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified. These duties are discharged by:

- i) delegating responsibility to the group's Primary Care Committee
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of a quality of primary medical services report to the group's Governing Body a minimum of twice a year
- iii) working where required with the Local Medical Committee

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

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

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

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

5.2.6 Have regard to the need to **reduce inequalities**²⁸ by:

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery of the commissioning plan through the reporting mechanisms of the group including presentation of an organisational performance report to the group's Governing Body a minimum of twice per year

5.2.7 **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**²⁹ by:

- i) Acting in line with the agreed action plan in the Communication and Engagement Strategy as outlined in 5.2.1
- ii) Delegating responsibility to the committee responsible for quality to understand work on-going in this area across the organisation, assess whether action is sufficient and monitor plans, progress and outcomes associated with this
- iii) Monitor delivery through the reporting mechanisms of the group including presentation of a report to the group's Governing Body a minimum of twice per year

5.2.8 Act with a view to **enabling patients to make choices**³⁰ by:

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of an organisational performance report to the group's Governing Body which will cover choice a minimum of once per year

5.2.9 **Obtain appropriate advice**³¹ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- i) delegating responsibility to the group's Governing Body
- ii) seeking advice from the group's GP Members Council

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

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

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

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

5.2.10 **Promote innovation³² and promote research and the use of research³³** by:

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of an innovation, research & development report to the group's Governing Body a minimum of once per year

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

- i) delegating responsibility to the group's Governing Body
- ii) monitoring delivery through the reporting mechanisms of the group including presentation of an education and training report to the group's Governing Body a minimum of once per year
- iii) working where required, with the Local Medical Committee

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

- i) delegating responsibility to the group's Governing Body
- ii) Membership of and support for St Helens People's Board which has the statutory responsibility to promote integration
- iii) Active support for integration plans with the wider healthcare economy
- iv) Working where required with the Local Medical Committee

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 year³⁷** by

- i) delegating its functions to the Governing Body unless the functions are reserved to members under the scheme of delegation
- ii) the Accountable Officer having overall responsibility for ensuring the financial stability of the group

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

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

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

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

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

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

- iii) the appointment of a Chief Financial Officer with the responsibility to oversee and monitor expenditure
- iv) the Governing Body ensure that that group has appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it
- v) acting in accordance with its Statement of Policy for compliance with General, Financial and Public Sector Equality Duties that the Governing Body will adopt, keep under review and update for the group
- vi) the Governing Body monitoring the performance of functions through the group's reporting mechanism

5.3.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year³⁸ and take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England³⁹ by

- i) delegating its functions to the Governing Body unless the functions are reserved to members under the scheme of delegation
- ii) the Governing Body ensure that that group has appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it
- iii) acting in accordance with its statement of policy for compliance with General, Financial and Public Sector Equality Duties that the Governing Body will adopt, keep under review and update for the group
- iv) the Governing Body monitoring the performance of functions through the group's reporting mechanism
- v) delegating responsibility to the Chief Finance Officer to oversee and monitor expenditure
- vi) ensuring annual financial plans incorporate contingency planning
- vii) ensuring the financial plans are recommended by the Governing Body to the group for sign off at the beginning of each financial year

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

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

5.3.3 ***Publish an explanation of how the group spent any payment in respect of quality*** made to it by NHS England⁴⁰ by

- i) delegating its functions to the Governing Body unless the functions are reserved to members under the scheme of delegation
- ii) the Governing Body ensure that that group has appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it
- iii) acting in accordance with its statement of policy for compliance with General, Financial and Public Sector Equality Duties that the Governing Body will adopt, keep under review and update for the group
- iv) the Governing Body monitoring the performance of functions through the group's reporting mechanism
- v) establishing clear and transparent methodology for the allocation for payments to member practices through the Primary Care Committee; including clear and robust systems and processes for recording such payments

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The group will

- i) comply with all relevant regulations
- ii) comply with directions issued by the Secretary of State for Health or NHS England; and
- iii) take account, as appropriate, of documents issued by NHS England

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.

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

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 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 Delegation⁴¹

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

- a) those decisions that are reserved for the membership as a whole
- b) those decisions that are the responsibilities of its Governing Body (and its 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 functions of the group that have been delegated to its Governing Body, its committees, (Audit Committee, Remuneration Committee, Primary Care Committee, Executive Leadership Team), individuals must:

- a) comply with the group's principles of good governance⁴²
- b) operate in accordance with the group's scheme of reservation and delegation⁴³
- c) comply with the group's standing orders⁴⁴

⁴¹ See Appendix C

⁴² See section 4.4 on Principles of Good Governance above

⁴³ See appendix C

- d) comply with the group's arrangements for discharging its statutory duties⁴⁵
- 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, Audit Committee, Remuneration Committee, Primary Care Committee and the Executive Leadership Team must also operate in accordance with their approved terms of reference.

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

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

6.4 Committees of the Group

6.4.1 The Governing Body, on behalf of the group, may appoint such committees of the Group as it considers may be appropriate and delegate to them the exercise of any functions of the Group which in its discretion it considers to be appropriate except insofar as this Constitution has reserved or delegated the exercise of the group's functions to its members, employees or a committee or sub-committee of the group or Governing Body

6.4.2 A committee of the CCG includes a joint committee of the group and any one or more other clinical commissioning groups and/or one or more local authorities and/or NHS England

⁴⁴ See appendix B

⁴⁵ See chapter 5 above

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

6.4.4 A committee or sub-committee of the group may consist of or include members or employees of the group and/or persons other than members or employees of the group

6.5 GP Members Council

6.5.1 The Members Council is a committee of the group. It represents all of the member practices of the group and reflects their opinion.

6.5.2 **Functions of the members council** – the members council has reserved powers and an expressed mandate against those items, which include:

- a) Approving the groups' constitution and proposed changes to the constitution
- b) Standing orders and scheme of reservation and delegation
- c) The membership of its Governing Body
- d) Agreeing the process and electing general practitioners (GPs) to represent member practices on the Governing Body of the group
- e) Agreeing the vision, values and overall strategic direction of the group
- f) Jointly publishing with the Governing Body the group's annual report and annual accounts
- g) Agreeing any major service changes with the Governing Body

The Members Council will raise matters of concern with the Governing Body through its committee reporting process.

6.5.3 Composition of the Members Council – the voting membership comprises:

- a) Committee Chair (being a GP Governing Body member)
- b) Nominated GP representative of each member practice
- c) Accountable Officer
- d) Chief Finance Officer
- e) Registered Nurse (Chief Nurse)

6.5.4 Decisions put to the membership

- a) **Confirming the appointment of clinical Governing Body members**; one vote per GP who works as a GP Principal in St Helens and/or is on the performers list and carries out majority of general practice sessions within St Helens as validated by the LMC
- b) Full terms of reference can be accessed via the link below:
<http://www.sthelensccg.nhs.uk/media/1500/members-council-tor.pdf>

6.6 The Governing Body

6.6.1 **Functions** – the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.⁴⁶ The Governing Body has responsibility for:

- a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*⁴⁷ (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) will ensure that the register(s) of interest is reviewed regularly, and updated as necessary
- d) approving any functions of the group that are specified in regulations⁴⁸
- e) with the exception of those functions reserved to the group's membership council, to discharge all of the groups remaining statutory functions including:
 - i) to lead and approve the setting of the group's vision and strategy and its annual commissioning and financial plans
 - ii) securing continuous improvement in the standards and outcomes of care
 - iii) financial and risk management
 - iv) jointly publishing, with the group's Members Council, the group's annual report and annual accounts

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

⁴⁷ See section 4.4 on Principles of Good Governance above

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

- v) Where not specified in the terms of reference of the Governing Body committees, receiving the minutes of meeting of joint or collaborative arrangements between the group and another statutory body

6.6.2 **Composition of the Governing Body** – the Governing Body shall have the following minimum membership:

- a) the chair, **and**
- b) the Accountable Officer
- c) minimum of four GP representatives of member practices
- d) three lay members to lead on audit, conflicts of interest, remuneration and patient and public participation matters
- e) one registered nurse
- f) one secondary care specialist doctor
- g) the chief finance officer
- h) three other individuals:
 - i) Local Authority Director responsible for Social Care
 - ii) Local Director of Public Health
 - iii) Director of Commissioning

6.6.3 Invitations to assist in Governing Body Meetings

- a) The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote
- b) The Governing Body will invite the following individuals to attend any or all of its meetings and participate in the way described in 6.6.3a:
 - i) local medical committee representative
 - ii) St Helens Healthwatch representative

6.6.4 Full terms of reference can be accessed via the link below:

<http://www.sthelensccg.nhs.uk/media/1505/governing-body-tor.pdf>

6.6.5 **Committees of the Governing Body** – the following are the committees of NHS St Helens CCG:

- a) **Audit Committee** – the audit committee, which is accountable to the group’s Governing Body, provides the Governing Body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. This includes receiving and signing off the final accounts of the group. The Governing

Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee.

In addition the group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function:⁴⁹

- i) Review the implementation and on-going quality of integrated governance, risk management and internal control, across the whole of NHS St Helens CCG's activities
- ii) Review the implementation and on-going effectiveness of the conflicts of interest policy and gifts and hospitality policy, including in relation of the awarding of contracts, in particular to primary care providers and/or primary care independent contractors

Full terms of reference can be accessed via the link below:

<http://www.sthelensccg.nhs.uk/media/1568/audit-committee-tor-16-final.pdf>

b) **Remuneration Committee**

The Remuneration Committee, which is accountable to the group's Governing Body has delegated functions under 14L (3)⁵⁰ to make determinations about pay, remuneration, and terms & conditions for any officers and employees of the Clinical Commissioning Group and people who provide services to the Clinical Commissioning Group. This will include allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

Full terms of reference can be accessed via the link below:

<http://www.sthelensccg.nhs.uk/media/1501/remuneration-committee-tor.pdf>

c) **Primary Care Committee**

The group has determined that members of its Governing Body shall act as the Primary Care decision-making Committee. The role of the Primary Care Decision Making Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act 2006 (as amended). The Committee's role relates to General Practice Contracts in the first instance.

The Full terms of reference can be accessed via the web link below.

<http://www.sthelensccg.nhs.uk/media/1502/pcc-tors.pdf>

- d) **Executive Leadership Team**, is accountable to the group's Governing Body, and is responsible for monitoring and providing assurance of the organisation's overall compliance with statutory and regulatory duties, operational delivery of all CCG

⁴⁹ See section 14L(2) of the 2006 Act, inserted by Section 25 of the 2012 Act

⁵⁰ See Section 14L (3) of the 2006 Act, inserted by Section 25 of the 2012 Act

functions and performance management of the objectives of the organisation. The Governing Body approves and keeps under review the terms of reference for the Executive Leadership Team, which includes information on the membership.

The full Terms of Reference can be accessed via the web link below:

<http://www.sthelensccg.nhs.uk/media/1566/elt-terms-of-reference-v-4.pdf>

- e) In addition the Governing Body has the following Committees that may be subject to amendment dependant on changing organisational delivery requirements:
- i) A committee whose principal purpose is the monitoring of the groups finances and governance (currently Finance, Governance & Risk Committee)
 - ii) A committee whose principal purpose is the monitoring of the quality and performance of commissioned services (currently Quality & Performance Committee)
 - iii) A committee whose principal purpose is providing assurance that all corporate duties in relation to the HR agenda are compliant, and that the group is focused on organisational development (currently HR & OD Committee)

The full Terms of Reference for these Committees are approved by the Governing Body and can be accessed via the web links below:

- <http://www.sthelensccg.nhs.uk/media/1888/fgr-tor-nov-2017.pdf>
- <http://www.sthelensccg.nhs.uk/media/1889/Q&Ptor-october-2017-v3.pdf>
- <http://www.sthelensccg.nhs.uk/media/1499/hr-and-od-committee-tor.pdf>

- f) The Governing Body may appoint such other committees as it considers appropriate to assist in the delivery of its functions, as defined in the Scheme of Delegation. The Audit Committee may include individuals who are not members of the Governing Body. Other committees of the Governing Body may include individuals who are:
- i) members, officers or Governing Body members of the group, or another clinical commissioning group
 - ii) partners or employees or members of the group or another clinical commissioning group
 - iii) officers of NHS England

It will be the responsibility of the Governing Body to make appropriate arrangements for liaison with member practices on the establishment of further committees.

g) **Alliance Joint Committee (AJC)**

The overarching role of this Joint Committee is to take commissioning decisions for the footprint, that are appropriate and in accordance with delegated authority from each CCG Member. Decisions will support the aims and objectives of the Health &

Care Partnership for Cheshire & Merseyside, whilst contributing to the sustainability of the local health & social care systems. The Committee is responsible for the delivery of a programme of transformation/service redesign across a defined range of services commissioned by its members.

The Chairing of the Joint Committee is managed on a 6 month rotation between the four CCG member organisations (Halton, Knowsley, St Helens & Warrington). All decisions require unanimous agreement of all CCG members. In the event that consensus cannot be reached the matter will be referred to back to individual Governing Bodies. If agreement still cannot be reached the Joint Committee will be asked to amend the proposals in order to achieve consensus.

The Joint Committee keeps under review the terms of reference for the Committee, which includes information on the membership, and any consequential amendments approved by each CCG members' Governing Body.

Full Terms of Reference can be found at:

<http://www.sthelensccg.nhs.uk/media/1573/joint-committee-tors-v1-approved-130917-for-ccg-website.pdf>

6.7 Risk

6.7.1 The group's corporate risks will be proactively monitored and managed by an appropriate sub-Committee reporting to the Governing Body. It will also delegate associated risk registers for each of the supporting sub committees.

6.8 Transparency

6.8.1 The papers considered at meetings of the Governing Body, Primary Care Committee and Alliance Joint Committee, held in public will be published on the NHS St Helens CCG's website. The papers will be placed on the website a minimum of 7 days prior to the meeting being held and will remain available on the website thereafter.

6.8.2 NHS St Helens CCG will hold an Annual General Meeting (AGM) in public once each year, provided that not more than 15 months will elapse between the date of one Annual General Meeting and that of the next.

6.8.3 NHS St Helens CCG will publish an Annual Report once in each year, provided that not more than 15 months will elapse between the date of one Annual Report and that of the next. The Annual Report will be shared at the Annual General Meeting.

- 6.8.4 The Annual Report will include information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances, including allowances payable under certain pension schemes) in relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify the band of £5,000 into which the salary falls), or of any travelling or other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act. In addition the Governing Body will receive minutes of the remuneration committee where decisions are made in relation to any such determination.
- 6.8.5 The Governing Body, Primary Care Committee and Alliance Joint Committee will not publish papers, part of a paper or other information if they consider that it would not be in the public interest to do so.

6.9 Joint commissioning arrangements with other Clinical Commissioning Groups

- 6.9.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.
- 6.9.2 The CCG may make arrangements with one or more CCG in respect of:
- a) delegating any of the CCG's commissioning functions to another CCG
 - b) exercising any of the commissioning functions of another CCG; or
 - c) exercising jointly the commissioning functions of the CCG and another CCG
- 6.9.3 For the purposes of the arrangements described at paragraph [6.9.2], the CCG may:
- a) make payments to another CCG
 - b) receive payments from another CCG
 - c) make the services of its employees or any other resources available to another CCG
or
 - d) receive the services of the employees or the resources available to another CCG
- 6.9.4 Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 6.9.5 For the purposes of the arrangements described at paragraph [6.9.2] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.9.2 c) above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

- 6.9.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.8.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- a) How the parties will work together to carry out their commissioning functions
 - b) The duties and responsibilities of the parties
 - c) How risk will be managed and apportioned between the parties
 - d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund
 - e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements
- 6.9.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.9.2 above.
- 6.9.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.9.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.9.10 The Governing Body shall determine, in respect of each joint commissioning arrangement into which the group enters with other clinical commissioning groups how the group will monitor:
- a) the delivery of the aims and objectives of the joint commissioning arrangement
 - b) the effectiveness of the joint commissioning arrangement, and
 - c) compliance with the group's statutory duties
- 6.9.11 The Governing Body may decide that the monitoring will include:
- a) requiring the lead clinical commissioning group to submit a written report to the Governing Body at a frequency to be stipulated by the Governing Body
 - b) holding engagement events or carrying out involvement activities with members of the public and other stakeholders to seek their views on the effectiveness of the joint commissioning arrangement
 - c) producing a written report and/or including information in the group's annual report on the effectiveness of the joint commissioning arrangement
- 6.9.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement. In this case the group shall:

- a) give notice to the other clinical commissioning groups in accordance with the terms of the agreement entered into by the clinical commissioning groups, and
- b) work with the other clinical commissioning groups to ensure an orderly exit from the arrangement

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

- 6.10.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.10.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.10.3 The arrangements referred to in paragraph [6.10.2] above may include other CCGs.
- 6.10.4 Where joint commissioning arrangements pursuant to [6.10.2] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.10.5 Arrangements made pursuant to [6.10.2] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 6.10.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [6.10.2] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions
 - The duties and responsibilities of the parties
 - How risk will be managed and apportioned between the parties
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 6.10.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.10.2] above.
- 6.10.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.10.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.10.10 The Governing Body shall determine, in respect of each joint commissioning arrangement that the group enters into with NHS England (and one or more other clinical commissioning groups, if relevant), how the group will monitor:

- a) the delivery of the aims and objectives of the joint commissioning arrangements
- b) the effectiveness of the joint commissioning arrangement, and
- c) compliance against the group's statutory duties

6.10.11 The Governing Body may decide that the monitoring will include:

- a) Requiring a written report to be submitted to the Governing Body at a frequency stipulated by the Governing Body; by one of the following:
 - an officer and/or Governing Body member of the group
 - NHS England
 - another clinical commissioning group (if relevant), or
 - any committee established by the group and NHS England (and one or more clinical commissioning groups, if relevant)
- b) holding engagement events or carrying out involvement activities with members of the public and other stakeholders to seek their views on the effectiveness of the joint commissioning arrangement
- c) producing a written report and/or including information in the group's annual report on the effectiveness of the joint commissioning arrangement

6.10.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement. In this case the group shall:

- a) give notice to the other parties in accordance with the terms of the framework agreed by them, and
- b) work with other parties to ensure an orderly exit from the arrangement

6.11 Joint Commissioning Arrangements with NHS England for the exercise of NHS England's Functions

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

- 6.11.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- a) Exercise such functions as specified by NHS England under delegated arrangements
 - b) Jointly exercise such functions as specified with NHS England
- 6.11.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 6.11.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 6.11.5 For the purposes of the arrangements described at paragraph [6.11.2] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.11.6 Where the CCG enters into arrangements with NHS England as described at paragraph [6.11.2] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- a) How the parties will work together to carry out their commissioning functions
 - b) The duties and responsibilities of the parties
 - c) How risk will be managed and apportioned between the parties
 - d) Financial arrangements, including payments towards a pooled fund and management of that fund
 - e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements
- 6.11.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph [6.11.2] above.
- 6.11.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.11.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.11.10 The Governing Body shall determine, in respect of each joint commissioning arrangement that the group enters into with NHS England (and one or more other clinical commissioning groups, if relevant), how the group will monitor:

- a) the delivery of the aims and objectives of the joint commissioning arrangements
- b) the effectiveness of the joint commissioning arrangement, and
- c) compliance against the group's statutory duties

6.11.11 The Governing Body may decide that the monitoring will include:

- a) Requiring a written report to be submitted to the Governing Body at a frequency stipulated by the Governing Body; by one of the following:
 - an officer and/or Governing Body member of the group
 - NHS England
 - another clinical commissioning group (if relevant), or
 - any committee established by the group and NHS England (and one or more clinical commissioning groups, if relevant)
- b) holding engagement events or carrying out involvement activities with members of the public and other stakeholders to seek their views on the effectiveness of the joint commissioning arrangement
- c) producing a written report and/or including information in the group's annual report on the effectiveness of the joint commissioning arrangement

6.11.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement. In this case the group shall:

- a) give notice to NHS England in accordance with the terms of the framework agreed by them, and
- b) work with NHS England to ensure an orderly exit from the arrangement

6.12 Joint Commissioning Arrangements with Local Authorities

6.12.1 The group may enter into joint commissioning arrangements with one or more local authorities pursuant to Section 75 of the 2006 Act

6.12.2 The Governing Body will be accountable for commissioning activities associated with adult health and care commissioning, including an integrated care system and will be responsible for delegation to appropriate committee. The Governing Body will approve, publish, and keep under review the terms of reference for such committee which will include information on the membership of the committee.

7. ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. Through their membership they contribute to developing an organisational culture that ensures the voice of their member practice is represented on discussion and matters concerning the group's responsibilities.

7.2 Other GP and Primary Care Health Professionals

7.2.1 In addition to the practice representatives identified in section 7.1 above, the group has identified a number of other GPs/ primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professional undertake the following roles on behalf of the group:

- a) Named GP Safeguarding Lead
- b) Specific clinical and specialist leads
- c) Named Paediatrician for unexpected child deaths

7.3 All Members of the Group's Governing Body

7.3.1 Guidance on the roles of members of the group's Governing Body is set out in a separate document⁵¹. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.3.2 The CCG shall have

- a) An Accountable Officer, **and**
- b) A Chair; one of whom must be the senior clinical voice
- c) A Deputy Chair

Where the Chair is not the senior clinical voice, the Deputy Chair would be a GP Governing Body member.

⁵¹ *Clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, March 2012

7.4 The Chair of the Governing Body

7.4.1 The chair of the Governing Body is responsible for:

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

7.5 Lay Members of the Governing Body

The CCG will have three lay members as voting members of the Governing Body. They will have responsibility for governance, remuneration and patient & public involvement.

7.5.1 The lay member for audit and governance will:

- a) act as chair of the Audit Committee
- b) act as conflict of interest guardian
- c) act as chair or member of other committees as required

7.5.2 The lay member responsible for remuneration will:

- a) act as chair of the Remuneration Committee
- b) act as a chair or member of other committees as required

7.5.3 The Lay member for patient & public Involvement will:

- a) act as Chair of the St Helens CCG Patient Participation Group Health Forum
- b) will act as Chair of the St Helens Patient Group
- c) will act as member of other committees as required

7.6 The Deputy Chair of the Governing Body

7.6.1 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.

7.6.2 If the Chair is a non-clinician, the deputy chair will also deputise on clinical matters for the Accountable Officer, and will chair the Members' Council.

7.7 Role of the Accountable Officer

7.7.1 The Accountable Officer of the group is a member of the Governing Body.

7.7.2 This role of the Accountable Officer has been summarised in a national document⁵² 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

⁵² See the latest version of NHS England's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*

- b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems
- c) working closely with the 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
- d) Approve consultation arrangements for the group's commissioning plan

7.8 Role of the Chief Finance Officer

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

7.8.2 This role of Chief Finance Officer has been summarised in a national document⁵³ as:

- a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged
- b) making appropriate arrangements to support, monitor on the group's finances
- c) overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources
- d) being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS;

⁵³ See the latest version of NHS England's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*

7.9 Nurse Member of the Governing Body

7.9.1 The Registered Nurse member brings a broader view on health care from the perspective as a registered nurse, to the discussion and decisions of the Governing Body. In addition this person provides a strategic clinical view on all aspects of the group's business, bringing detailed insights from a nursing perspective into discussions regarding service re-design, clinical pathways and system reform. The registered nurse may also be the responsible officer for safeguarding and a member of the Local Safeguarding Children and Safeguarding Adults Boards.

7.10 Secondary Care Doctor

7.10.1 The Secondary Care Doctor brings to the discussions and decisions of the group their understanding of patient care in the secondary care setting. In addition this person provides independent strategic clinical view on all aspects of the group's business, providing 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.

7.11 Elected GP Members

7.11.1 Our elected GP members:

- a) Bring clinical leadership and everyday perspective to the Governing Body
- b) Provide advice and guidance to the operational team in developing and agreeing priorities
- c) Provides advice and guidance on matters relating to clinical governance
- d) Provide a link to patients as clinical advocates
- e) Represent the CCG in working with partners and stakeholders

7.11.2 In addition to their corporate responsibilities as a Governing Body member and, where relevant, their responsibilities as a nominated practice representative of the group's Members Council, elected clinical leaders have responsibility for;

- a) Bringing their understanding of member practices to the discussion
- b) Managing any conflicts of interest that may be known of or that may arise during meetings
- c) Overseeing improvements in lead clinical areas

7.12 Joint Appointments with other organisations

7.12.1 The group's Governing Body together with St Helens Council will develop and approve joint posts under the Section 75 governance arrangements. The specific role and responsibility as Governing Body member will be specified as required.

7.13 Indemnity

7.13.1 Such individuals, as specified in section 7 who have acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in the execution of his or her governance functions, save where the person has acted recklessly.

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

8.1.2 They must comply with the group's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.sthelensccg.nhs.uk.

Alternatively copies can also be accessed:

- upon request for inspection at NHS St Helens CCG Headquarters
- by post – please send request to NHS St Helens CCG Headquarters
- by email – please send request to Communications.ccg@sthelensccg.nhs.uk

8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the group's Standards of Business Conduct and Declaration of Interest policy.

8.2 Conflicts of Interest

8.2.1 As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest (COI) to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 Where an individual, i.e. an employee, member of the CCG's Governing Body, member of its committees or a sub-committees or a Group Member i.e. GP Partners (or where the practice is a company, each director) and any individual directly involved with the business or decision making of the CCG, has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the group considering an action or decision in relation to that interest, then that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Conflicts of Interest Policy.

8.2.3 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

8.3.1. The Group will maintain one or more registers of the interests of those individuals listed in the CCG'S Standards of Business Conduct and Conflicts of Interest Policy.

8.3.2. As a minimum, CCGs should publish the registers of Conflicts of interest and gifts and hospitality of decision making staff at least annually in a prominent place on the Group's website at www.sthelensccg.nhs.uk/ and make them available at their headquarters upon request.

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

8.3.4 All persons referred to in paragraph 45 of the Managing conflicts of interest: revised statutory guidance for CCG's must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing.

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

8.3.6 Interests (including gifts and hospitality) of decision making staff should remain on the public register for a minimum of six months. In addition the CCG must retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired. The CCG's published register of interests should state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

8.4 Managing Conflicts of Interest and Undue Interest: general

- 8.4.1 Individual members of the Governing Body, committees or sub-committees of the Governing Body, Group Member i.e. GP Partners (or where the practice is a company, each director) and any individual directly involved with the business or decision making of the CCG, and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.
- 8.4.2 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.
- 8.4.3 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct and Conflicts of Interest Policy available on its website.
<http://www.sthelensccg.nhs.uk/media/1784/conflicts-of-interest-policy-v6-nov-2017.pdf>
<http://www.sthelensccg.nhs.uk/media/1900/standards-of-business-conduct-policy-oct-2017.pdf>

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

8.6 Transparency in Procuring Services

- 8.6.1 The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 8.6.2 The group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

- 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

8.6.3 Copies of this Procurement Strategy will be available on the group's website at www.sthelensccg.nhs.uk

Alternatively copies can also be accessed:

- upon request for inspection at NHS St Helens CCG Headquarters
- by post – please send request to NHS St Helens CCG Headquarters
- by email – please send request to Communications.ccg@sthelensccg.nhs.uk

8.7 Complaints

8.7.1 The Department of Health published new Regulations (Local Authority Social Services and NHS Complaints (England) Regulations 2009), which were introduced on 1 April 2009. The Regulations provide the statutory basis for the new single approach to complaints handling in health and social care. The CCG is committed to meeting the standards laid down in these regulations.

8.7.2 The complaints policy describes how St Helens CCG manages, responds and learns from formal complaints made about health services we commission and how they are provided. This policy details how complaints are investigated through processes which reflect the different management arrangements within the organisation, allowing the most effective and responsive resolution for complainants.

8.7.3 The Accountable Officer has ultimate responsibility for compliance with the Regulations. The Governing Body will be kept informed of any risks or issues in relation to compliance with the Policy.

9. THE GROUP AS EMPLOYER

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

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

- 9.3 The group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4 The group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.
- 9.5 The group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6 The group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7 The group will ensure that it complies with all aspects of employment law.
- 9.8 The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9 The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced. The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.
- 9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at www.sthelensccg.nhs.uk

Alternatively copies can also be accessed:

- upon request for inspection at NHS St Helens CCG Headquarters
- by post – please send request to NHS St Helens CCG Headquarters
- by email – please send request to Communications.ccg@sthelensccg.nhs.uk

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.

Alternatively copies can also be accessed:

- upon request for inspection at NHS St Helens CCG Headquarters
- by post – please send request to NHS St Helens CCG Headquarters
- by email – please send request to Communications.ccg@sthelensccg.nhs.uk

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

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

10.2 Standing Orders

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

- a) **Standing orders (Appendix B)** – 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 C)** – 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 D)** – which sets out the arrangements for managing the group's financial affairs

APPENDIX A - DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable officer (the Clinical Chief Executive and Clinical Lead)	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money
Area	The geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	The individual appointed by the group to act as chair of the Governing Body
Chief finance officer	The qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>A committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • 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 St Helens Clinical Commissioning Group, whose constitution this is
Governing body	<p>The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and

	<ul style="list-style-type: none"> 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 members of this group (see table in Chapter 3)
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: <ul style="list-style-type: none"> 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 – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS St Helens Clinical Commissioning Group so that 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 delegation⁵⁴ and the group's prime financial policies⁵⁵, 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 appropriate⁵⁶ of any relevant guidance.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the 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.

⁵⁴ See Appendix C

⁵⁵ See Appendix D

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

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 C).

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

2.1. Composition of membership

- 2.1.1. Chapter 3 of the group's constitution provides details of the membership of the group.
- 2.1.2. Chapter 6 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its Governing Body, including the role of practice representatives.

2.2. Key Roles

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

2.3. General Principles of appointment to key roles

- 2.3.1. As a general principle all selections and appointments will be conducted in a fair and transparent matter
- 2.3.2. The following individuals will not be eligible to either represent their practice, or to put themselves forward for election as chair of the group or for election to the group's Governing Body or to apply for a position on the group's Governing Body if they are;
- a) Not eligible to work in the UK
 - b) A clinician practising with conditions
 - c) The subject to bankruptcy restrictions or an interim bankruptcy restrictions order

- d) A person who has been dismissed from employment in the last five years [other than by means of redundancy]
- e) A person who has received a prison sentence or suspended sentence of three months or more in the last five years
- f) A person who had been disqualified from serving as a company director
- g) A person who has been removed from the management control of a charity
- h) A serving civil servant with the Department of Health or members/employees of the Care Quality Commission; or
- i) Intending to serve as a chair or non-executive director of another NHS body beyond the formal establishment of the group

2.3.3. As a general principle, practices will be asked to withdraw their nominated representative, or elected leaders be removed from office, or other Governing Body members removed from office if;

- a) Where appropriate, they cease to be eligible to provide primary medical services or to carry out their clinical role
- b) They are unable to meet the specified attendance requirement for meetings
- c) They fail, without good reasons, to meet the attendance requirement for meetings, or where permitted, fail to send a deputy to those meetings
- d) They have conflicts with the work of the group that cannot be managed
- e) In the opinion of the membership council or where appropriate the Governing Body, the individual is no longer able to contribute to the work of the group
- f) They behave in a matter or exhibit conduct which is likely to undermine public confidence in the group
- g) They are declared bankrupt

2.3.4. In all of the above circumstances, the group will adhere to best human resource practices. In respect of nominated practice member clinicians, elected clinicians or employees of the group, the group will consult with the appropriate representative bodies in drawing up the relevant procedures.

2.3.5. Employees of the group will be subject to the group's disciplinary policies which are available on the website at www.sthelensccg.nhs.uk or from its headquarters. Any decision to terminate the appointment of employees shall be taken in accordance with those policies.

2.3.6 GP Clinical Governing Body members

- a) **Appointment Process** – will be appointed via a nominations and elections process by the Members Council. Nominations will be measured against a set of specialist criteria and shortlisted candidates will go up for individual member's election. The majority vote will take up the vacant seat on the Governing Body.

- b) **Term of Office** - for an initial period of up to three years
- c) **Eligibility criteria** - GP Governing Body Member Eligibility criteria includes:
- You have two nominees who must be GP Principals
 - You are a qualified GP on the current Halton & St Helens performers' list as a practice partner, salaried doctor or a regular locum at a constituent GP practice within St Helens (GMC registered)
 - You have more than 5 years-experience of either:
 1. Post 'entry' MRCGP qualification; or
 2. Completion of vocational training for General Practice
 - You will be either be:
 1. A GP Principal working in a St Helens Practice
 2. A Non- principal with more than 50% work in St Helens as validated by the Local Medical Committee
- d) **Eligibility for re-election** – the criteria described at point c) above
- e) **Notice period** - where the GP Governing body member intends to terminate their appointment, prior to the agreed term of their appointment, they will provide three months' notice in writing to the Accountable Officer
- f) **Grounds for removal from office** –
- i) The office holder is no longer a practice partner, salaried doctor or a regular locum at a member practice
 - ii) the office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair
 - iii) the Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
 - iv) the office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the group's Disciplinary Policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - v) Where there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.7 Chair of the Governing Body

The Chair as listed in 7.4 of the group's constitution is subject to the following appointment process:

- a. **Appointment process** – The CCG is responsible for the recruitment and selection process for the appointment of the Chair of the Governing Body. NHS England will play a significant role in the appointment process. The Governing Body will approve the process on the recommendation of the Remuneration Committee, including appropriate advertising, assessment centre and panel membership. For the Chair appointment the panel membership shall include representation from Members Council and Governing Body GPs.
- b. **Term of office** – appointments are for an initial period up to 3 years
- c. **Eligibility for reappointment** – the Chair is eligible for reappointments, subject to the agreement of the Members Council who will be advised by the Remuneration Committee, subject to serving a maximum term of office of 9 years. If deemed appropriate Members Council may approve a further extension
- d. **Notice period** – where the Chair intends to terminate their appointment, prior to the agreed term of their appointment, they will provide six months' notice in writing to the Accountable Officer and the Members Council
- e. **Grounds for removal from office** –
 - i) the office holder takes up employment in the NHS
 - ii) the office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation and approval
 - iii) the Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
 - iv) If the office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as defined in the group's disciplinary policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - v) Where there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.8 Deputy Chair

The Deputy Chair as listed in 7.6 of the group's constitution is subject to the following appointment process:

- a. **Appointment Process** – They will be appointed against specialist key criteria via a transparent and open recruitment process. An assessment of each candidate will take place against competencies required. Interviews will be undertaken
- b. **Term of office** – Appointments are for an initial period of 3 years
- c. **Eligibility for reappointment** – remains a member of the Governing Body, the deputy chair is eligible for reappointment subject to the agreement of the Members Council, serving a maximum term of office of 9 years. If deemed appropriate Members Council may approve a further extension
- d. **Notice Period** – where the Deputy Chair intends to terminate their employment, they will provide six months' notice in writing to the Accountable Officer and the Members Council
- e) **Grounds for removal from office** –
 - i) Where there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - ii) The office holder is for any reason removed from their professional body
 - iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as defined in the group's disciplinary policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.9 Lay Members of the Governing Body

- a) **Eligibility** – Subject to arrangements set out in paragraph 2.3, any individual that meets the person specification is eligible to apply. Preference will be given to people who live within the geographical area or have connections with the area
- b) **Appointment process** –Interviews will be conducted in accordance with arrangements set out by the Remuneration Committee. An assessment of each candidate against competencies required and published for the role shall be undertaken. Interviews will be undertaken

- c) **Term of office of Lay Members** is for an initial period of up to three years
- d) **Eligibility for reappointment** – the criteria described in 2.3.9a) is still applicable, subject to serving a maximum of term of office of 9 years. Lay members are eligible for reappointments, subject to the agreement of the Governing Body. If deemed appropriate Members Council may approve a further extension
- e) **Notice period** – where a Lay member intends to terminate their appointment, prior to the agreed term of their appointment, they will provide three months' notice in writing to the Chair of the Governing Body
- f) **Ground for removal from office** –
 - i) the office holder takes up employment in the NHS
 - ii) the office holder fails to attend 75% or more of Governing Body meetings without prior consultation with and approval of the Chair
 - iii) the Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
 - iv) the office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the group's disciplinary policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - v) Where there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.10 Accountable Officer and Chief Finance Officer

The following arrangements apply

- a. **Eligibility** – subject to arrangements set out in paragraph 2.3, anyone who meets the full person specification, for these roles and does not have any material conflict of interest with the work of the group will be eligible to apply.
- b. **Appointment process** – The CCG is responsible for the recruitment and selection process for the appointment of the Accountable Officer and Chief Finance Officer. NHS England plays a particular legal role in the appointment of the Accountable Officer and will play a significant role in the appointment process of the Chief Finance Officer.

For the senior posts above the process will be that approved by the Governing Body on the recommendation of the Remuneration Committee; including appropriate advertising, assessment centre and panel membership. For the Accountable Officer and Chief Finance Officer the panel membership shall include NHS England, Local Authority representation and the Chair of the CCG. Where the Accountable Officer role is to be the senior clinical voice, panel membership will also include representation from the GP Members Council.

- c. **Term of office** – these roles are that of an employee and so there is no term of office
- d. **Notice period** – where the Accountable Officer or chief finance officer wishes to terminate their employment with the group, they must provide the group with six months' notice in writing to the Chair in respect of the Accountable Officer and to the Accountable Officer in respect of the Chief Finance Officer
- e. **Grounds for removal from office** –
 - a) In the case of the Accountable Officer, if in the view of the Chair the individual's performance is not satisfactory under the group's Capability Policy. For the chief finance officer it would be the view of the Chair and Accountable Officer
 - b) The office holder is for any reason removed from their professional body
 - c) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as defined in the group's disciplinary policy

2.3.11 Independent Secondary Care Doctor

The Independent Secondary Care Doctor as listed in paragraph 7 of the group's constitution, is subject to the following:

- a) **Eligibility** –
 - i) be a registered medical practitioner who is or has been at any time in the period of ten years ending with the date of the individual's appointment to the Governing Body an individual who fulfils or fulfilled all the following three conditions:
 1. Their name is included in the specialist register kept by the GMC under section 34D of the Medical Act 1983 or is eligible to be included in the register by virtue of the scheme referred to in subsection (2)(b) of that section
 2. The individual holds a post as an NHS consultant or in a medical specialty of the armed forces
 3. The individual's name is not included in the General Practitioner Register kept by the General Medical Council under Section 34C of the Medical Act 1983
 - ii) Be practising or have practised in a hospital setting within the last 10 years

- iii) Have experience of working at Governing Body or senior committee level
 - iv) Not be an employee or member (including shareholder of) or a partner in any of the following:
 - A Member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act
 - A body which provides any service as part of the health service to a person for whom the Group is responsible pursuant to arrangements made by the Group in exercise of its functions (except in circumstances set out in Regulation 12(2) of the CCG regulations)
- b) **Appointment process** – Will be that determined by the Remuneration Committee. An assessment of each candidate against competencies required and published for the role shall be undertaken. Interviews will be undertaken
- c) **Term of office** – for an initial period of up to three years
- d) **Eligibility for reappointment** – the criteria at 2.3.11 are still applicable, subject to serving a maximum term of office of 9 years. If deemed appropriate Members Council may approve a further extension
- e) **Notice period** – where the Secondary Care Doctor wishes to terminate their employment with the group, they must provide the group with three months' notice in writing to the chair
- f) **Ground for removal from office** –
- i) the office holder's employment changes such that they are in breach of section 2.3.11 or the post holder is otherwise in breach of section 2.3.1 the office holder fails to attend 75% or more of Governing Body meetings without prior consultation and approval of the Chair
 - ii) the office holder is for any reason removed from their professional body
 - iii) the Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
 - iv) the office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as defined in the group's Disciplinary Policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - v) Where there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.12 Registered Nurse

As listed in paragraph 7 of the group's constitution, is subject to the following process:

- a) **Eligibility** – subject to arrangements set out in paragraph 2.3, anyone who meets the full person specification, for this role and does not have any material conflict of interest with the work of the group will be eligible to apply
- b) **Appointment process** - will be that agreed with Remuneration Committee
- c) **Term of office** – this role is that of employee and so there is no term of office
- d) **Notice period** – where the chief nurse (acting in the role of registered nurse on the Governing Body) wishes to terminate their employment with the group, he/she must provide the group with six months' notice in writing to the Accountable Officer
- e) **Grounds for removal from office** –
 - i) If in the view of the Accountable Officer, there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - ii) The office holder is for any reason removed from their professional body
 - iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as defined in the group's Disciplinary Policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.3.13 In the event that the registered nurse on Governing Body is not the group's Chief Nurse, the following will apply:

- a) **Eligibility:**
 - i) be currently registered
 - ii) have experience of working at Governing Body or senior committee level
 - iii) Not be an employee or member (including shareholder of) or a partner in any of the following;
 - A Member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act
 - A body which provides any service as part of the health service to a person for whom the Group is responsible pursuant to arrangements made by the Group in exercise of its functions (except in circumstances set out in Regulation 12(2) of the CCG regulations)

- b) **Appointment process** – Will be that determined by the Remuneration Committee. An assessment of each candidate against competencies required and published for the role shall be undertaken. Interviews will be undertaken
- c) **Term of office** – up to three years
- d) **Eligibility for reappointment** – the criteria at 2.3.13 is still applicable, subject to serving a maximum term of office of 9 years
- e) **Notice period** – where the registered nurse wishes to terminate their employment with the group, they must provide the group with three months' notice in writing to the chair
- f) **Grounds for removal from office** –
 - i) the post holder's employment changes such that they are in breach of section 2.3.13 or the postholder is otherwise in breach of section 2.3.14
 - ii) removal from NMC register
 - iii) the office holder fails to attend 75% or more of Governing Body meetings without prior consultation and approval of the Chair
 - iv) the Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
 - v) the office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as defined in the group's disciplinary policy, in which case the CCG may choose to follow its Disciplinary Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning
 - vi) if in the view of the Chair and Accountable Officer there are identified issues around performance the CCG may choose to follow its Capability Policy or decide at its discretion, taking all relevant factors into account, to accelerate the procedure and implement sanctions without going through the policy sequentially and/or dismiss without prior warning

2.4 Appointment of other clinical leaders

- 2.4.1 Where the group identifies the requirement for a GP or other clinician to lead a specific work stream or project on its behalf, such opportunities will initially be open to clinicians from member practices. The appointment process will be conducted in an appropriate and transparent manner. The terms of appointment and remuneration for this work will be determined by the Remuneration committee.

3 MEETINGS OF THE CLINICAL COMMISSIONING GROUP'S GOVERNING BODY AND MEMBERS COUNCIL

3.1 Openness

3.1.1 Members of the public including the media, may attend meetings of the Governing Body. They may observe the deliberations of the Governing Body but do not have the right to contribute to the debate. Contributions from the public at these meetings may be considered at the discretion of the chair.

3.1.2 There may be items of a confidential nature that the Governing Body needs to discuss in private. The public will be excluded from observing such discussions. Such items may include matters:

- Concerning a member of staff
- Concerning a patient
- That could commercially disadvantage the group if discussed in public or
- Could be detrimental to the operation of the group

3.1.3 Meetings of the Members Council will be held in private

3.2 Calling meetings

3.2.1 Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the group may determine.

3.2.2 Ordinary meetings of the Members Council be held at regular intervals at such times and places as the group may determine.

3.2.3 An extraordinary meeting of the members' council or Governing Body may be called by the respective chair at any time, or by not less than a third of the members of the respective bodies lodging a written request with the Accountable Officer stating the business to be transacted.

3.3 Agenda, supporting papers and business to be transacted

3.3.1 Items of business to be transacted for inclusion on the agenda of a Governing Body meeting need to be notified to the Chair and at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

3.3.2 Arrangements for Members Council administration are as determined in its Terms of Reference, as below. Members shall be notified at least 14 days in advance that a meeting is due to take place. Agendas and reports shall be distributed to members 10 working days in advance of the meeting date.

<http://www.sthelensccg.nhs.uk/media/1500/members-council-tor.pdf>

3.3.3 Agendas and certain papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the group's website at www.sthelensccg.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 nor 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 Members Council and 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 No business shall be transacted at the meeting of the Members Council unless 55% of the voting practice member representatives are present.

- 3.7.2 No business shall be transacted at the meeting of the Governing Body unless the Accountable Officer, Chair (or Vice Chair), 3 GP members and 55% of full members must be present including the Chair or Vice Chair. An officer in attendance for an elected representative or for the Accountable Officer or Chief Finance Officer, who has formal acting status will have voting status and will count towards the quorum.
- 3.7.3 For all other of the group's committees and sub committees, including the Governing Body's committees, joint committees and sub committees the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.8 Decision making

- 3.8.1 Chapter 6 of the constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the groups statutory functions. Generally it is expected that at meetings of the Members Council or the Governing Body, decisions will be reached by consensus. Should this not be possible a vote of members will be required.
- 3.8.2 In the event of an equal vote, the Accountable Officer will have the casting vote.
- 3.8.3 The nature of the formal vote will be at the discretion of the Chair of the meeting and may be determined by oral expression, a show of hands or a ballot.
- 3.8.4 Only members of the Members Council or Governing Body will be eligible to vote at meetings of the respective bodies. Consensus will be determined by a simple majority. In the event of an equal vote, the respective committee Chair will have the casting vote.
- 3.8.5 In no circumstance may an absent member vote by proxy, absence being defined as absent at the time of the vote.
- 3.8.6 Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.8.7 For all other of the group's committees and sub committees, including the Governing Body's committees, joint committees and sub committees the details of the voting process are set out in the appropriate terms of reference.

3.9 Emergency powers and urgent decisions

3.9.1 Where decisions need to be taken as a matter of urgency the Accountable Officer may make decisions on behalf of the group or any Committee of the group by convening an Urgent Issues meeting. Such a group will require the following to be in attendance to reach a decision (as a minimum):

- the Accountable Officer (or deputy)
- a Governing Body GP member, **and** two of the following:
 - i.the Chair
 - ii.Chair of the Audit Committee (or deputy)
 - iii.Chief Finance Officer (or deputy)

3.9.2 Such decisions to be reported to the next meeting of the Governing Body within a report with an explanation of:

- a) what the decision was
- b) why it was deemed an emergency or urgent decision
- c) who was in the group convened to make the decision

3.10 Suspension of Standing Orders

3.10.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided the majority of group members are in agreement.

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

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

3.11 Record of Attendance

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

3.12 Minutes

- 3.12.1 Each meeting shall be supported by an appropriate secretary that will be responsible for administering the meeting in accordance with these Standing Orders.
- 3.12.2 The secretary shall keep a **record of attendance** (both attendee names and where applicable the name of the practice they represent) apologies, declarations of interest, action taken following declarations and take minutes of the proceedings.
- 3.12.3 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it to confirm them as a true and accurate record.
- 3.12.4 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding at the meeting considers discussion appropriate.
- 3.12.5 Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by the code of Practice on Openness in the NHS.

3.13 Actions

- 3.13.1 Actions resulting from the meetings of the membership council or Governing Body will be summarised in such a way that clearly indicates who is responsible and the agreed timescales.
- 3.13.2 A summary of the actions shall be circulated with the papers of the next meeting for review.

3.14 Admission of public and the press

- 3.14.1 Members of the public including the media may also attend meetings of the Primary Care Committee and Alliance Joint Committee. They may observe the deliberations of the committee but do not have the right to contribute to the debate. Contributions from the public at these meetings may be considered at the discretion of the chair.
- 3.14.2 Part 1 of the meetings of the Governing Body and primary care committee will be held in public. Items the group considers not to be in the public interest will be held in a Part 2 of the meeting, which will not be held in public; as per Schedule 1A, paragraph 8 of the NHS Act 2006.

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 State⁵⁷, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the group, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the group's constitution.

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

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

4.2 Terms of Reference

4.2.1 Terms of reference shall have effect as if incorporated into the constitution.

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.

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

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

- 5.1 If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the 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:

- The Accountable Officer
- The Chair of the Governing Body
- 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:

- the Accountable Officer
- the Chair of the Governing Body
- 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 NHS St Helens Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's standing orders.

APPENDIX C – SCHEME OF RESERVATION and 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. Nothing in the scheme of reservation and delegation should impair the discharge of the direct accountability to the Membership Council or Governing Body of the Chief Finance Officer (CFO). Outside of these requirements the Chief Finance Officer shall be accountable to the Group's Accountable Officer.
- 1.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.
- 1.3. Unless stated in the Group's Constitution or in its Scheme of Reservation and Delegation, the Group's Accountable Officer has responsibility for the operational management of the Group.

This scheme of reservation and delegation sets out *decisions* that clinical commissioning groups may consider should be reserved or delegated when discharging their functions. Examples of reservation or delegation may be that decisions:

- are reserved to the members of the group
- are reserved to the Governing Body (in keeping with the Governing Body's statutory duties)
- are delegated to the Governing Body
- are delegated to committees or sub-committees of the group
- are delegated to the committees or sub-committees of the Governing Body
- are delegated to the group's Accountable Officer; or
- are delegated to another individual specified in the constitution.

The Scheme of Reservation and Delegation is presented at Table A.

Table A – Scheme of Reservation and Delegation

Ref	Reserved or delegated matter	Matter reserved to the Members	Matter reserved to the Gov Body	Delegated to		Responsible for preparing or recommending a course of action	Operational responsibility
				Governing Body or Committee	Individual Member or Officer		
1.	Regulation and control						
1.1	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership	Members' Council			Accountable Officer		Accountable Officer
1.2	Consideration and approval of applications to the NHS England on matters concerning changes to the Group's constitution.	Members' Council				Governing Body	Accountable Officer
1.3	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group or delegated to the Governing Body or to a committee or sub-committee of the group or to one of its members or employees				Accountable Officer		Accountable Officer
1.4	Approval of the Group's overarching scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Group and that are reserved to the membership and those delegated to the <ul style="list-style-type: none"> • Governing Body • Committees, sub committees • Its members or employees 	Members' Council				Accountable Officer	Accountable Officer
1.4	Final authority on interpretation of the Group's constitution and supporting appendices (i.e. standing orders, prime financial policies and scheme of reservation and delegation)				Chair		Accountable Officer
1.5	Disclosure of non-compliance with the Group's Constitution (incorporating the standing orders, prime financial policies and scheme of reservation and Delegation)				All Staff All Members		Accountable Officer

1.6	Prepare the scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Governing Body are reserved to the Governing Body and those delegated to the: <ul style="list-style-type: none"> Governing Body's committees and sub-committees members of the Governing Body an individual who is member of the group but not the Governing Body or a specified person 		Governing Body			Accountable Officer	Accountable Officer
1.7	Suspension of provisions within the Constitution (incorporating the standing orders, prime financial policies and Scheme of Reservation and Delegation) due to extreme cause or emergency.				Chair and Chief Finance Officer and Accountable Officer	Chief Finance Officer	Accountable Officer
1.8	Review of any such suspensions of the Constitution			Audit Committee		Internal Audit	Chief finance Officer
1.9	Approval of the Group's operational scheme of delegation that underpins the Group's Scheme of Reservation and Delegation within the Constitution.			Governing Body		Accountable Officer	Accountable Officer
1.10	Approval of the Group's detailed financial policies that are underpinned by the Prime Financial Policies within the Constitution (Appendix D)			Audit Committee		Chief Finance Officer	Chief Finance Officer
1.11	Approve detailed financial procedures				Chief Finance Officer and Accountable Officer	Chief Finance Officer	Chief Finance Officer
1.12	Executing a document by signature or use of the Group's seal				Chair/Chief Finance Officer or Accountable Officer		Accountable Officer

2.	Practice Member Representatives & Members of the Governing Body						
2.1	Approve the arrangements for identifying practice representatives for the Members Council	Members Council				Accountable Officer	Accountable Officer
2.2	Approve the arrangements for appointing clinical leaders to the Group's Governing Body	Members Council				Accountable Officer	Accountable Officer
2.3	Approve the arrangements for appointing the non-GP members to the Group's Governing Body	Members Council				Accountable Officer	Accountable Officer
2.4	Electoral Vote for GP Governing Body members	Full GP membership				Accountable Officer	Accountable Officer
3.	Strategy and Planning						
3.1	Approve the Group's vision, values and overall strategic direction	Members Council				Chair	Accountable Officer
3.2	Approve the Group's Operating Structure		Governing Body			Accountable Officer	Accountable Officer
3.3	Approve the Group's Commissioning Plan	Members Council		Governing Body		Accountable Officer	Accountable Officer
3.4	Approve the group's arrangements for engaging the public and key stakeholders in the group's planning and commissioning arrangements			Governing Body		Accountable Officer	Accountable Officer
3.5	Approve the Group's Financial Strategy and Annual Budget which meet the financial duties of the Group.		Governing Body			Chief Finance Officer	Chief Finance Officer
3.6	Approve variations to the approved budgets where variation would impact on the overall approved levels of income and expenditure or the Group's ability to achieve its strategic aims		Governing Body			Chief Finance Officer	Chief Finance Officer
3.7	Approve a recovery plan where the CCG is faced with a deficit in excess of 1% or poor performance puts the Group's continued authorisation in doubt.		Governing Body			Accountable Officer & Chief Finance Officer	Accountable Officer and Chief Finance Officer

4.	Annual Reports and Accounts						
4.1	Approval of the Group's Annual Accounts			Audit Committee		Chief Finance Officer	Chief Finance Officer
4.2	Approval of the Group's Annual Report			Audit Committee		Accountable Officer	Accountable Officer
4.3	Approval of appointment of auditors and their annual audit plans			Audit Committee		Chief Finance Officer	Chief Finance Officer
4.4	Approval of arrangements for discharging the Group's financial duties			Audit Committee		Chief Finance Officer	Chief Finance Officer
5.	Human Resources and Organisational Development						
5.1	Approve the pay, remuneration, and terms & conditions for any officers and employees (outside of Agenda for Change) for Governing Body members and other staff , including pensions and gratuities			Remuneration C'ttee		Accountable Officer	Accountable Officer (Excluding own post)
5.2	Approve other terms and conditions of service for the Group's employees.			Remuneration C'ttee		Accountable Officer	Accountable Officer
5.3	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.			Remuneration C'ttee		Accountable Officer	Accountable Officer
5.4	Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group			Remuneration C'ttee		Accountable Officer	Accountable Officer
5.5	Approve the Group's succession planning for elected members and other GB nominations and members		Governing Body			Accountable Officer	Accountable Officer
5.6	Approve Organisational Development Plans.			Remuneration C'ttee		Accountable Officer	Accountable Officer
5.7	Approve Human Resource policies			HR & OD C'ttee		Accountable Officer	Accountable Officer

6.	Quality and Safety						
6.1	Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			Appropriate sub-Committee		Accountable Officer	Chief Nurse
6.2	Approve the arrangements for handling complaints			Appropriate sub-Committee		Accountable Officer	Associate Director; Corporate Governance
6.3	Approve arrangements for safeguarding children and adults			Appropriate sub-Committee		Chief Nurse	Chief Nurse
6.4	Approve arrangements for supporting the NHS in discharging its responsibilities to secure continuous improvement in the quality of general medical services.			Appropriate sub-Committee		Accountable Officer	Accountable Officer
7.	Operational and Risk Management						
7.1	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group			Audit Committee			Chief Finance Officer
7.2	Approve counter fraud and security management arrangements			Audit Committee		Chief Finance Officer	Chief Finance Officer
7.3	Approve risk management arrangements			Audit Committee		Accountable Officer/Chief Finance Officer	Associate Director; Corporate Governance
7.4	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006)		Governing Body			Accountable Officer	Accountable Officer
7.5	Approve a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group			Audit Committee		Chief Finance Officer	Chief Finance Officer
7.6	Approve the thresholds above which quotations or formal tenders must be obtained		Governing Body			Accountable Officer	Chief Finance Officer

7.7	Approve proposals for action on litigation against or on behalf of the Group				Accountable Officer and Chief Finance Officer	Accountable Officer	Accountable Officer
7.8	Approve the group's banking arrangements		Governing Body			Accountable Officer	Chief Finance Officer
7.9	Approve arrangements for emergency planning and business continuity			Appropriate sub-Committee		Accountable Officer	Associate Director; Corporate Governance
7.10	Approve the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data			Appropriate sub-Committee		Chief Finance Officer	Associate Director; Corporate Governance
7.11	Approve information sharing protocols with other organisations			Governing Body		Accountable Officer	SIRO
8.	Partnership, Joint and Collaborative Working						
8.1	Approve the arrangements governing joint or collaborative working between the Group and other statutory bodies where those arrangements incorporate decision making responsibilities			Governing Body		Accountable Officer	Accountable Officer
8.2	Approve the delegated decision making responsibilities of individuals who represent the Group in joint or collaborative arrangements with another statutory body(ies).			Governing Body		Accountable Officer	Accountable Officer
8.3	Review the minutes of meetings of, or reports from, joint or collaborative arrangements between the group and other statutory body(ies).			Governing Body		Accountable Officer	Accountable Officer
8.4	Authorise an individual to act on behalf of the Group in discharging the Group's duty in respect of statutory and local joint working arrangements within the financial limits.			Governing Body		Accountable Officer	Accountable Officer

8.5	Approve decisions delegated to joint committees established under section 75 of the 2006 Act		Governing Body			Accountable Officer	Accountable Officer
8.6	Authorise an individual to act on behalf of the group in discharging the group's duty in respect of statutory and local joint working arrangements, within the financial limits determined under sections 9 and 10 of this scheme of reservation and delegation.			Governing Body		Accountable Officer	Accountable Officer
9.	Procurement and Tendering						
9.1	Approve the group's tendering arrangements for any commissioned or corporate support service in excess of £500,000 per annum.			Governing Body		Chief Finance Officer	Chief Finance Officer
9.2	Approve the group's tendering arrangements for any commissioned or corporate support service with a value below £500,000 per annum			Appropriate sub-Committee		Chief Finance Officer	Chief Finance Officer
9.3	Approve the award of tender for any service or contract in excess of £500,000 per annum.			Governing Body		Chief Finance Officer	Chief Finance Officer
9.4	Approve the award of tender for any service or contract less than £500,000 per annum.			Appropriate sub-Committee		Chief Finance Officer	Chief Finance Officer
10.	Commissioning and Contracting for Clinical Services						
10.1	Approve arrangements for discharging the Group's statutory responsibilities for commissioning clinical services including collaborative arrangements with <ul style="list-style-type: none"> • other CCGs • the NHS England • Local Authorities 			Governing Body		Accountable Officer	Accountable Officer
10.2	Sign off annual contract renewals for clinical services with health care providers.				Chair or CFO or Accountable Officer	Chief Finance Officer	Chief Finance Officer
10.3	Approve arrangements for managing exceptional funding requests			Governing Body		Accountable Officer	Accountable Officer

11.	Commissioning and Contracting for Non-Clinical Services						
11.1	Approve arrangements for co-ordinating the commissioning of non-clinical services with other groups			Governing Body		Accountable Officer	Accountable Officer
11.2	Approve arrangements for co-ordinating the commissioning of non-clinical services with local authority(ies)			Governing Body		Accountable Officer	Accountable Officer
11.3	Approval of contracts for non-clinical services in line with Scheme of Delegation			Governing Body		Accountable Officer	Accountable Officer
11.	Communications						
11.1	Approve arrangements and policies for communication including <ul style="list-style-type: none"> • handling Freedom of Information requests • public engagement on commissioning decisions • press enquiries 			Governing Body		Accountable Officer	Accountable Officer
11.2	Approve the CCG Communications and Engagement Strategy			Governing Body		Accountable Officer	Associate Director; Corporate Governance

APPENDIX D – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the 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 in the Appendix C.
- 1.1.3. In support of these prime financial policies, the Group has prepared more detailed policies, approved by the Audit Committee, known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the Clinical Commissioning Group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Audit Committee is responsible for approving all detailed financial policies and any subsequent revisions.
- 1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website at www.sthelensccg.nhs.uk or from the group's headquarters.
- 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 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 Committee for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of Clinical Commissioning Group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, and persons working on behalf of the Group are set out in chapters 6 and 7 of this constitution.

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

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 Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the Group's constitution, any amendment will not come into force until the group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.5.4(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

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

- 3.1. In line with the terms of reference for the Audit Committee, the person appointed by the group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to Audit Committee members and the chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the Group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

- 3.3. The Chief Finance Officer will ensure that:
- a) the Group has a professional and technically competent internal audit function; and
 - b) the Audit Committee approves any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

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

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

5. EXPENDITURE CONTROL

- 5.1. The Group is required by statutory provisions⁵⁸ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the Group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice

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

- c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. ALLOTMENTS⁵⁹

6.1. The Group's Chief Finance Officer will:

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

- 7.1. The Accountable Officer will compile and submit to the Membership Council a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Finance and Performance Committee. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets. A summary of the information must be reported to the Governing Body.

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

- 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 NHS England as requested.
- 7.5. The St Helens People's Board (Health and Wellbeing Board) will approve consultation arrangements for the Group's commissioning plan⁶⁰.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to NHS England Accounts and reports in accordance with all statutory obligations⁶¹, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

- 8.1 The Chief Finance Officer will ensure the Group:
- a) prepares a timetable for producing the Annual Report and Accounts and agrees it with external auditors and the Audit Committee
 - b) prepares the Accounts according to the approved timetable
 - c) complies with statutory requirements and relevant directions for the publication of the Annual Report
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publish the external auditor's management letter on the Group's website at [www.\[insert Group's website\]](#) or can be obtained by email at [\[insert public contact email address\]](#).

9. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the Group'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

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

⁶¹ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

modification, theft or damage, having due regard for the Data Protection Act 1998

- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁶², 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 Audit Committee shall approve the banking arrangements.

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions⁶³
- ensure its power to make grants and loans is used to discharge its functions effectively⁶⁴

12.1. The Chief Finance Officer is responsible for:

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

⁶² See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁶³ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁴ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

- d) developing effective arrangements for making grants or loans

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

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

- 13.1. The Group shall ensure that it obtains expert procurement advice and support to assist with tendering and contracting processes. This would include provision of healthcare services and the other non-pay goods and services such as are required by the Group in order to exercise its functions. Such procurement support would be arranged and supervised by the Chief Financial Officer.
- 13.2. The procurement support 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 and scheme of delegation and reservation
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above.

- 13.3. In all contracts entered into, the Group shall endeavour to obtain best value for money. The Accountable Officer shall ensure that arrangements are in place to oversee and manage each contract on behalf of the Group. The scope of individual responsibilities in relation to contracting and contract values shall be set out in the group's detailed scheme of reservation and delegation (See Appendix C).

14. COMMISSIONING

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

- 14.1. The Group will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to an appropriate sub-committee detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1. The Accountable Officer will ensure that the Group develops a Risk Management Strategy to ensure that risks are identified and reduced or mitigated. The Strategy will include arrangements for the creation of:
- a) A Risk Register
 - b) Arrangements for risk pooling with other Group's or NHS England
 - c) Committee arrangements for dealing with risks, including those about clinical performance.

15.2. The role of the Audit Committee with regards to integrated risk management arrangements will be set out in the Scheme of Delegation and Reservation.

16. PAYROLL

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

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

- a) is supported by appropriate (i.e. contracted) terms and conditions
- b) has adequate internal controls and audit review processes
- c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies
- d) Has comprehensive procedures for the effective processing of payroll including its link to the financial ledger

17. NON-PAY EXPENDITURE

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

17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis as part of the Budget and the Accountable Officer will determine the level of delegation to budget managers.

17.2. The Chief Finance Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and non-healthcare services.

17.3. The Chief Finance Officer will:

- a) advise the Audit Committee on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated into the detailed financial policies
- b) be responsible for the prompt payment of all properly authorised accounts and claims

- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable

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

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

18.1. The Accountable Officer will:

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of any assets against the asset register to be conducted every 3 years

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

20.1. The Chief Finance 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 E - NOLAN PRINCIPLES

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶⁵

⁶⁵ Available at <http://www.public-standards.gov.uk/>

APPENDIX F – 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)⁶⁶

⁶⁶ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

APPENDIX G

PROFESSIONAL STANDARDS AUTHORITY STANDARDS FOR NHS BOARDS AND CLINICAL COMMISSIONING GROUP GOVERNING BODIES IN ENGLAND

The term 'Member' is used throughout this document to refer to members of NHS boards and CCG governing bodies in England.

The term 'board' is used throughout this document to refer collectively to NHS boards and CCG governing bodies in England.

Personal behaviour

As a Member I commit to:

- The values of the NHS Constitution
- Promoting equality
- Promoting human rights in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which I am responsible.

I will apply the following values in my work and relationships with others:

Responsibility: I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board, including delegated responsibilities, and for the staff and services for which I am responsible

Honesty: I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a board member

Openness: I will be open about the reasoning, reasons and processes underpinning my actions, transactions, communications, behaviours and decision-making and about any conflicts of interest

Respect: I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times

Professionalism: I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound

Leadership: I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all

Integrity: I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

Technical competence

As a Member, for myself, my organisation, and the NHS, I will seek:

- Excellence in clinical care, patient safety, patient experience, and the accessibility of services
- To make sound decisions individually and collectively
- Long term financial stability and the best value for the benefit of patients, service users and the community.

I will do this by:

- Always putting the safety of patients and service users, the quality of care and patient experience first, and enabling colleagues to do the same
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning and continuing professional development
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial and legal contexts in which it operates
- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively
- Publicly upholding all decisions taken by the board under due process for as long as I am a member of the board
- Thinking strategically and developmentally

- Seeking and using evidence as the basis for decisions and actions
- Understanding the health needs of the population I serve
- Reflecting on personal, board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, as enshrined in data protection and freedom of information law and guidance.

Business practices

As a Member, for myself and my organisation, I will seek:

- To ensure my organisation is fit to serve its patients and service users, and the community
- To be fair, transparent, measured, and thorough in decision-making and in the management of public money
- To be ready to be held publicly to account for my organisation's decisions and for its use of public money.

I will do this by:

- Declaring any personal, professional or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours or decision making, and removing myself from decision-making when they might be perceived to do so
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify

- Ensuring that effective complaints and whistle blowing procedures are in place and in use
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or board members about standards of care or conduct
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions
- Being open about the evidence, reasoning and reasons behind decisions about budget, resource, and contract allocation
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective and properly used, and that the values in these Standards are put into action in the design and delivery of services
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money
- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing so.