NHS
North Durham
Clinical Commissioning Group

NHS NORTH DURHAM
CLINICAL COMMISSIONING GROUP

CONSTITUTION

'Better health for the population of North Durham'

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FOREWORD

Who we are

Formed in October 2011 in shadow form we are made up of 31 member practices that represent a population of 241,305 (ONS, 2013) across three constituencies as defined by the Office for National Statistics; Chester-le-Street, Derwentside and Durham.
The three constituencies are coterminous with Durham County Council (DCC).

What we are trying to change and why

Our level of ambition as clinicians over the next five years is clearly set out. Our shared vision is “Better Health for the People of North Durham”. For our population over the lifetime of our plan our ambition is to reduce all-cause mortality for people under 75 and all-cause mortality amenable to healthcare; achieve best in class in the quality and safety of health services and deliver value for money and ensure efficient use of resources.

Our strategic aims over the next five years support our level of ambition and mirror the ambition for healthcare described in the Health and Social Care Act – ‘a radically new healthcare system that will combine improvements in patient experiences, better health outcomes for patients from healthcare providers and better use of available NHS resources’.

Our strategic aims are to:

1. improve the health status of the population,
2. address the needs of the changing age profile of the population,
3. commission clinically effective, better quality services closer to home,
4. make best use of public funds to ensure healthcare meets the needs of patients and is safe and effective.

How we are going to change services

We have developed an approach that involves clinicians in initiating and implementing innovative ideas to improve pathways for patients. Our clinical pathfinder projects have already demonstrated a number of innovative changes to services to improve outcomes for patients. We will look to strengthen our clinical engagement and ensure that our patients and public are integral to our commissioning business and the development of services, building on our relationships with providers of services and the local authorities.

We will also continue to work in partnership with our neighbouring clinical commissioning groups when whole health economy working will help to deliver our aims and make best use of available resources and effectively manage levels of risk.

Through the annual commissioning process, we continue to work closely with our current providers to understand how best we can re-design services. This is so we can achieve better outcomes for patients and achieve delivery of our strategic aims. Equally importantly, we are building a true partnership with our Local Authority Health and Wellbeing Board to support one another in tackling the common challenges that can only be solved by adopting an approach that goes much wider than the traditional approach focused purely on NHS services.

The next five years will be both challenging and exciting and we are committed to making a difference to the people of North Durham.

Dr David Smart
Clinical Chair
NHS North Durham CCG

Dr Neil O'Brien
Clinical Chief Officer
NHS North Durham CCG

INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this Clinical Commissioning Group is NHS North Durham Clinical Commissioning Group (the "Group").

1.2. Statutory Framework

1.2.1. The Group is established under the Health and Social Care Act 2012 ("the 2012 Act").[1] It is a statutory body which has the function of commissioning services for the purposes of the health service in England and is an NHS body for the purposes of the National Health Service Act 2006 ("the 2006 Act").[2] The duties of the Group 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. NHS England undertakes an annual assessment of the Group.[4] It has powers to intervene in the Group where it is satisfied that the 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.[5]

1.2.3. The Group is a clinically led membership organisation made up of general practices. The members of the Group are responsible for determining its governing arrangements, which are set out in this constitution.[6]

1.3. Status of this Constitution

1.3.1. This constitution is made between the Members of the Group and has effect from 1st of April 2013, when the NHS Commissioning Board (referred to thereafter as NHS England) established the Group.[7] The constitution is published on the Group's website at www.northdurhamccg.nhs.uk .

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

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

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

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

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

6 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

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

1.3.2. This constitution makes a commitment of the Group to engage with the Local Medical Committee (LMC), as local statutory representatives of the profession, as appropriate.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.[8]

a) Where the Group applies to NHS England and that application is granted;
b) Where in the circumstances set out in legislation NHS England varies the Group's constitution other than on application by the Group.

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

2. AREA COVERED

The geographical area covered by the Group is coterminous with Durham County Council, as described by our data profile. This area comprises of three constituencies:

Derwentside, comprising a mixture of urban, semi-urban and rural areas with the population centred in the two main areas of Consett and Stanley.

Durham, an urban area with a high student population.

Chester-le-Street, a semi-urban area with its own central population.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. **Appendix B** of this constitution contains the list of member practices that comprise the membership of the Group. The Group has consulted with the member practices about this constitution. The signatures of the practice representatives in **Appendix B** to this constitution confirm their agreement to this constitution.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this Group[9]. Practices must be within the Group's geographical area or must have a significant majority of its registered patients living within the Group's geographical area.

3.3. Practice Representatives

3.3.1. Each Member shall nominate a Clinical Practice Representative and shall notify the Governing Body of the name of its Practice Representative in writing. Each Member may remove and replace its Practice Representative at any time and from time to time, by notice in writing to the Governing Body.

3.3.2 Each Practice Representative shall represent the Member that has appointed them at meetings of the Council of Members.

3.4 Admission of New Members

3.4.1 Requests to join the Group must be put in writing to the Group's Chair and will be approved by the Council of Members.

3.4.2 New members deemed eligible will be accepted into the Group by majority vote of the Council of Members.

3.4.3 Individuals will be eligible for election if they meet the following criteria:

a) they work in North Durham as a GP principal, salaried GP or Practice Nurse;

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

b) applicants will need to have a connection with and have the written endorsement of at least one North Durham GP practice to apply to become a representative;
c) an individual shall not be eligible if they are, or subsequently are, retired from the practice or primary care services provider, suspended by either the General Medical Council (GMC) or the Primary Care Trust (PCT) or any other successor body;
d) if the individual is a Sessional GP, he shall not be eligible in the event that he is suspended from his employment or subject to grievance or disciplinary proceedings;
e) for those individuals (including those stated at (d) above) who are not party to direct contractual arrangements for the provision of primary medical services, they must be on a Performers' List.

3.4.4 The following posts are subject to the election process:

a) Clinical chair
b) GP Clinical Leads
c) Practice nurse
d) Practice manager

3.4.5 In the event of practices merging, there will be a requirement for the new practice to nominate a representative. Any previous members representing their individual practices would be required to stand down as representatives at the neighbourhood meeting.

3.4.6 NHS England will make the final decision to add any person who is a provider of primary medical services to the list of members specified in the constitution.

3. 5 Pre-Selection Process

3.5.1 There will be a pre-selection process to secure GP Commissioning representatives for election with appropriate skills and experience based on an agreed job description and person specification.

3.5.2 Individuals who meet the minimum standards agreed within the selection process will then be eligible to stand for election.

3.5.3 A pre-selection panel, including the Clinical Chair and Chief Operating Officer, will be established to assess suitability against the competencies set out in the person specification for each Governing Body role based on the individual's supporting statement.

3.5.4 Candidates for the Governing Body posts will be required to go through a formal interview process to confirm their eligibility for the role.

3.5.5 The panel will make a judgement of competence and approve eligibility to stand for election.

3.5.6 An appeal process will be established should an individual wish to challenge an unsuccessful application.

3.5.7 In establishing the Group, executives/previously stood candidates who have already passed through the selection process will not have to repeat this. New representatives only will have to demonstrate competency at selection.

3.5.8 There will be a requirement that candidates make a declaration via 'self-certification' that circumstances have not changed and they are still eligible to stand for election in accordance to election guidelines and the NHS (Clinical Commissioning Groups) Regulations 2012.

3.6 Election Process

3.6.1 In accordance with the election principles used by the Royal College of GPs, the election will be run on the Single Transferable Vote system (see http://www.electoral-reform.org.uk for details of this voting system).

3.6.2 The County Durham and Darlington LMC will oversee the appointment process to ensure objectivity, as and when it is considered appropriate.

3.6.3 The membership of the Group is committed to keeping the current executive team beyond establishment in April 2013, with the commitment that an election process will be held within 6 months of establishment, and no later than 1st October 2014.

3.6.4 This is expressly on the basis that a complete selection and election process was carried out in 2012 that meets the requirements of the processes outlined above.

3.6.5 Individuals will be eligible to stand for election in accordance with the following criteria:

a) Applicants for any of the elected Clinical Leadership roles including that of Clinical Chair will be required to be registered with the General Medical Council (GMC) and to either have an active clinical role in one or more North

Durham practices or to have held such a role within the three years preceding the application.

b) For any of the Clinical Leadership roles, applications are encouraged from GPs who are principal GPs, salaried GPs or sessional GPs who are currently on the Performers' List or from anyone who has occupied such a role within three years from the time of the application.

c) Applicants will need to have a current or recent connection (within three years at the time of application) with a North Durham general practice to apply to become a member of the Governing Body. They will also be required to be endorsed by a majority of member practices to qualify.

d) An individual shall not be eligible if they are, or subsequently are, suspended from the Medical Register or Performers' List because of performance concerns.

3.6.6 The period of tenure for serving Governing Body members will be two years, which can be extended by a further two year tenure, which relates to the following positions:

a) Clinical Chair
b) GP Clinical Lead
c) Practice Nurse
d) Chester le Street Constituency Practice Manager
e) Durham Constituency Practice Manager
f) Derwentside Constituency Practice Manager

3.7 Appointed Posts

For those roles which require an individual to be appointed, rather than elected, these appointments will be made through a selection process approved by the Governing Body. The appointed posts will be:

a) Accountable Officer
b) Chief Finance Officer
c) Registered Nurse
d) Chief Operating Officer
e) Lay Members
f) Secondary Care Doctor

3.7.1 Detailed information on specific role outlines will be found in the job descriptions for the Clinical Chair, GP Clinical Leads, Lay Members, Registered Nurse, Secondary Care Doctor, Accountable Officer, Chief Finance Officer, Chief Operating Officer.

4. MISSION, VALUES AND AIMS

The Group has developed a clear vision for its role as a commissioning organisation, with well-defined values and aims. Details of the vision, values and aims can be found in the Group's Strategic Plan. Within this plan we have outlined in detail our shared vision:

"Better Health for the People of North Durham".

4.1. Principles of Good Governance

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

a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
b) *The Good Governance Standard for Public Services*[11]
c) The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles[12]
d) The seven key principles of the *NHS Constitution*[13]
e) The Equality Act 2010[14]

4.2. Accountability

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

a) Publishing its Constitution.
b) Appointing independent Lay Members and non GP clinicians to its Governing Body.
c) Holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting.)
d) Publishing annually a commissioning plan.

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10 Inserted by section 25 of the 2012 Act

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

12 See Appendix F

13 See Appendix G

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

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.

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

a) Publishing organisational policies.
b) Publishing its communication and engagement strategy.

4.2.3. The Governing Body of the Group will throughout each year have an ongoing 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 Group's functions include:

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, through delegation to its Governing Body :

a) Act[15], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to **promote a comprehensive health service**[16]*and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*[17] published by the Secretary of State before the start of each financial year.

b) Meet the public sector equality duty[*18*].
   i) The Group is committed to embedding the Equality Act 2010 into the day to day workings of the organisation and will endeavour to ensure that this is also the case for any organisations commissioned to provide services on behalf of those individuals for whom the Group has responsibility in North Durham.

15 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
16 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
17 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
18 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

c) Work in partnership with its local authority to develop joint strategic needs assessments[19] (JSNA) and joint health and wellbeing strategies[20] by: being pro-active members of the County Durham's Health and Wellbeing Board, pro-actively supporting and contributing towards the development of the over-arching Health and Wellbeing Strategy and JSNA, ensuring that the strategic plans and commissioning intentions of the Group take account of both the Health and Wellbeing Strategy and the information contained in the JSNA, pro-actively contributing towards the development and implementation of a range of joint strategies for children and young people, older people, people with a learning disability, carers and people with mental health problems.

5.2. General Duties - in discharging its functions the Group will, through delegation to its Governing Body :

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[21]by:

a) Ensuring that patients and the public are consulted with and involved in accordance with the relevant legislation. This will include publishing a strategy for communications and engagement.

b) The following Statement of Principles will be adopted:

- Create an organisational culture that encourages and enables involvement.
- Be inclusive and proactive in resolving barriers to effective involvement and participation.
- Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services.
- Recognise the importance of providing feedback to people who have made their views known.
- Work in partnership with other agencies to avoid duplication where possible when involving the public.
- Build upon best practice and be open to innovative and proven approaches from within and out with the NHS.
- Provide support and training to staff to equip them for this role.

c) In delivering the Statement of Principles the Group will:

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

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

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

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

d) The Group will exercise this function by:
- Delegating responsibility to the Group's Governing Body.
- Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.

5.2.2. Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution[22] by:

a) Delegating responsibility to the Group's Governing Body.
b) The Group's values reflecting the values set out in the NHS Constitution.
c) The Group having regard to the NHS Constitution in developing its policies.
d) Ensuring that all decisions made by the Governing Body are assessed for regard to the NHS Constitution.
e) Promoting the NHS Constitution on the Group's website and internally with all staff.
f) Incorporating compliance with the NHS Constitution in all contracts for commissioned services.

5.2.3. Act effectively, efficiently and economically[23] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer in accordance with the responsibilities of the role.
c) Delegating responsibility to the Management Executive Committee for assisting the Governing Body in optimising the allocation and adequacy of the Group's resources in accordance with its Terms of Reference.

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

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

d) Delegating responsibility to the Governing Body's Management Executive Committee to assist the Governing Body in the discharge of this duty and in accordance with the committee's Terms of Reference.
e) Delegating responsibility to the Governing Body's Risk and Audit Committee to assist the Governing Body in the discharge of this duty and in accordance with the committee's Terms of Reference.
f) Putting processes in place to identify and manage risk.
g) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.4. Promote awareness of and act with a view to securing effective clinical risk management and patient safety by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Delegating responsibility to the Governing Body's Joint Quality Committee to assist the Governing Body in the discharge of this duty and in accordance with the committee's Terms of Reference.
d) Developing a clinical quality strategy which will set the framework for securing effective systems and processes to ensure clinical risk management quality, including the safeguarding of children and vulnerable adults, responding to 'early warnings' of failing organisations.
e) Putting processes in place to listen and respond to the concerns and complaints of patients.
f) Putting in processes with clear lines of responsibility for safeguarding children and vulnerable adults and involvement on local safeguarding children and safeguarding adult boards.
g) Putting in processes with clear lines of responsibility for reporting to the national reporting and learning systems.
h) Putting in processes with clear lines of responsibility regarding information governance.
i) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.5. Act with a view to securing continuous improvement to the quality of services[24] by:

a) Delegating responsibility to the Group's Governing Body.

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

b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Delegating responsibility to the Governing Body's Joint Quality Committee to assist the Governing Body in the discharge of this duty and in accordance with the committee's Terms of Reference.
d) Developing a strategy which will set the framework for securing continuous improvements in the quality of commissioned services and outcomes for patients across the NHS Outcomes Framework.
e) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.6. Assist and support NHS England in relation to the Board's duty to improve the quality of primary medical services[25] and specialist services by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Delegating responsibility to the Governing Body's Joint Quality Committee to assist the Governing Body in the discharge of the duty and in accordance with the committee's Terms of Reference.
d) Putting processes in place with the Group's Members to secure improvements in the quality of primary care with regard to clinical effectiveness, safety and patient experience in GP practices contributing to improved patient outcomes across the NHS Outcomes Framework.
e) Putting processes in place with the Group's Members to secure improvements in the quality of specialist services with regard to clinical effectiveness, safety and patient experience in GP practices contributing to improved patient outcomes across the NHS Outcomes Framework.
f) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.7. Have regard to the need to reduce inequalities[26] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Group's Management Executive committee in accordance with the committee's Terms of Reference.

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

c) Developing an annual commissioning plan, in accordance with the requirement of the Health and Social Care Act 2012, Act which sets out the Group's role and plans in relation to reducing the gap in health inequalities.
d) Through working with partners on the Health and Wellbeing Board to contribute to addressing the wider determinants of health and to contribute to implementing the Health and Wellbeing Strategy in relation to commissioning of health services.
e) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.8. Promote the involvement of patients, their carers and representatives in decisions about their healthcare[27] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Ensuring that contracts for commissioned services require procedures to be put in place by the provider to ensure patients, their carers and representatives are able to make informed decisions about their healthcare.
d) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.9. Act with a view to enabling patients to make choices[28] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Embodying the requirements of patient choice.
d) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.10. Obtain appropriate advice[29] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Delegating responsibility to the Governing Body to ensure that it obtains appropriate advice in the exercise of its functions, whether by drawing upon the expertise of individual members of the Governing Body, or where appropriate, by inviting individuals with relevant expertise to attend meetings

27 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
29 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

of the Governing Body to provide advice on the exercise of the Group's functions, or by seeking advice from external bodies such as a Clinical Senate or another appropriately qualified organisation.

b) Delegating responsibility to the Chair of each committee or sub-committee through the committee's or sub-committee's terms of reference, to ensure that the committee or sub-committee obtains appropriate advice in the exercise of its delegated functions, whether by drawing upon the expertise of individual members of the committee or sub-committee, by inviting individuals to attend meetings of the committee or sub-committee, as appropriate, to provide advice or by seeking advice through external bodies such as a Clinical Senate or another appropriately qualified organisation.

5.2.11. Promote innovation[30] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Delegating responsibility to the Governing Body's Joint Quality Committee to assist the Governing Body in the discharge of this duty and in accordance with the committee's Terms of Reference.
d) Seeking and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice both within the Group and within its commissioned services, which add value in relation to quality and productivity.

5.2.12. Promote research and the use of research[31] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Delegating responsibility to the Governing Body's Joint Quality Committee to assist the Governing Body with the oversight of research governance and in accordance with the committee's Terms of Reference.
d) Collaborating with key stakeholders such as Clinical Research Networks and academic institutions and commissioning where appropriate independent research and evaluation as a means of evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice.

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

e) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.13. Have regard to the need to promote education and training[32] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[33] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) Encouraging and supporting the continuous learning and development of its employees so that they are able to carry out their role confidently and effectively, achieve their individual potential and contribute fully to the objectives of the Group.
d) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.2.14. Act with a view to promoting integration of *both* health services with other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities[34] by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Group's Management Executive committee in accordance with its Terms of Reference.
c) Developing an annual commissioning plan, in accordance with the requirement of the Health and Social Care Act 2012, which sets out the Group's role and plans in relation to promoting integration.
d) Working in partnership with others to take forward plans so that pathways of care are seamless and integrated within and across organisations.
e) Demonstrating that stakeholders are aware of and understand the Group's priorities.
f) Meeting the standards for equality, through the use of the equality and diversity system.
g) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

32 See section14Z of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
34 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.15. Obtains appropriate commissioning support to effectively commission services for which the Group is responsible, by:

a) Delegating responsibility to the Group's Governing Body.
b) Ensuring that this duty is discharged on behalf of the Governing Body by the Group's Management Executive in accordance with their Terms of Reference.
c) Securing sufficient internal capacity and/or external shared service support, to take forward commissioning plans, making effective and efficient use of the Group's running cost allowance.
d) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

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

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

a) Delegating responsibility to the Group's Governing Body.
b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.
c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role.
d) Specifying Prime Financial Policies (at **Appendix E**) and detailed underpinning financial policies.
e) Delegating responsibility to the Governing Body's Risk and Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the committee's Terms of Reference.
f) Delegating responsibility to the Management Executive committee to assist the Governing Body in optimising the allocation and adequacy of the Group's resources in accordance with its Terms of Reference.
g) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.2. Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year[36] by:

a) Delegating responsibility to the Group's Governing Body.

[35] See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
[36] See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.
c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role.
d) Specifying Prime Financial Policies (at Appendix E) and detailed underpinning financial policies.
e) Delegating responsibility to the Governing Body's Management Executive committee to assist the Governing Body the discharge of this duty and in accordance with the committee's Terms of Reference.
f) Delegating responsibility to the Management Executive committee to assist the Governing Body in optimising the allocation and adequacy of the Group's resources in accordance with its Terms of Reference.
g) Delegating responsibility to the Governing Body's Risk and Audit Committee to assist the Governing Body the discharge of this duty and in accordance with the committee's Terms of Reference.
h) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.3. Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by the NHS Commissioning Board[37] by:

a) Delegating responsibility to the Group's Governing Body.
b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.
c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role.
d) Delegating responsibility to the Management Executive committee to assist the Governing Body in optimising the allocation and adequacy of the Group's resources in accordance with its Terms of Reference.
e) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms.

5.3.4. Publish an explanation of how the Group spent any payment in respect of quality made to it by the NHS Commissioning Board[38] by:

a) Delegating responsibility to the Group's Governing Body.

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

b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer identified by the Accountable Officer to oversee its discharge.
c) The explanation to be published on the Group's website at http://www.northdurhamccg.nhs.uk/ and made available upon request for inspection at the Group's headquarters, or upon application by post (North Durham CCG, The Lavender Centre, Pelton, Chester-le-Street, DH2 1HS) or by e-mail (nduccg.northdurhamccg@nhs.net).

5.3.5. The Group will fulfil the requirements set out in 5.3 to 5.3.4 by:

a) Embedding strong financial disciplines throughout the Group.
b) Ensuring the strategy in the Strategic Plan prioritises the achievement of financial balance.
c) Delegating the management of clear budgetary targets to the constituencies.
d) Establishing a clear scheme of management information with key financial targets and performance indicators.
e) Maintaining robust financial reporting and management processes with clear lines of responsibility.

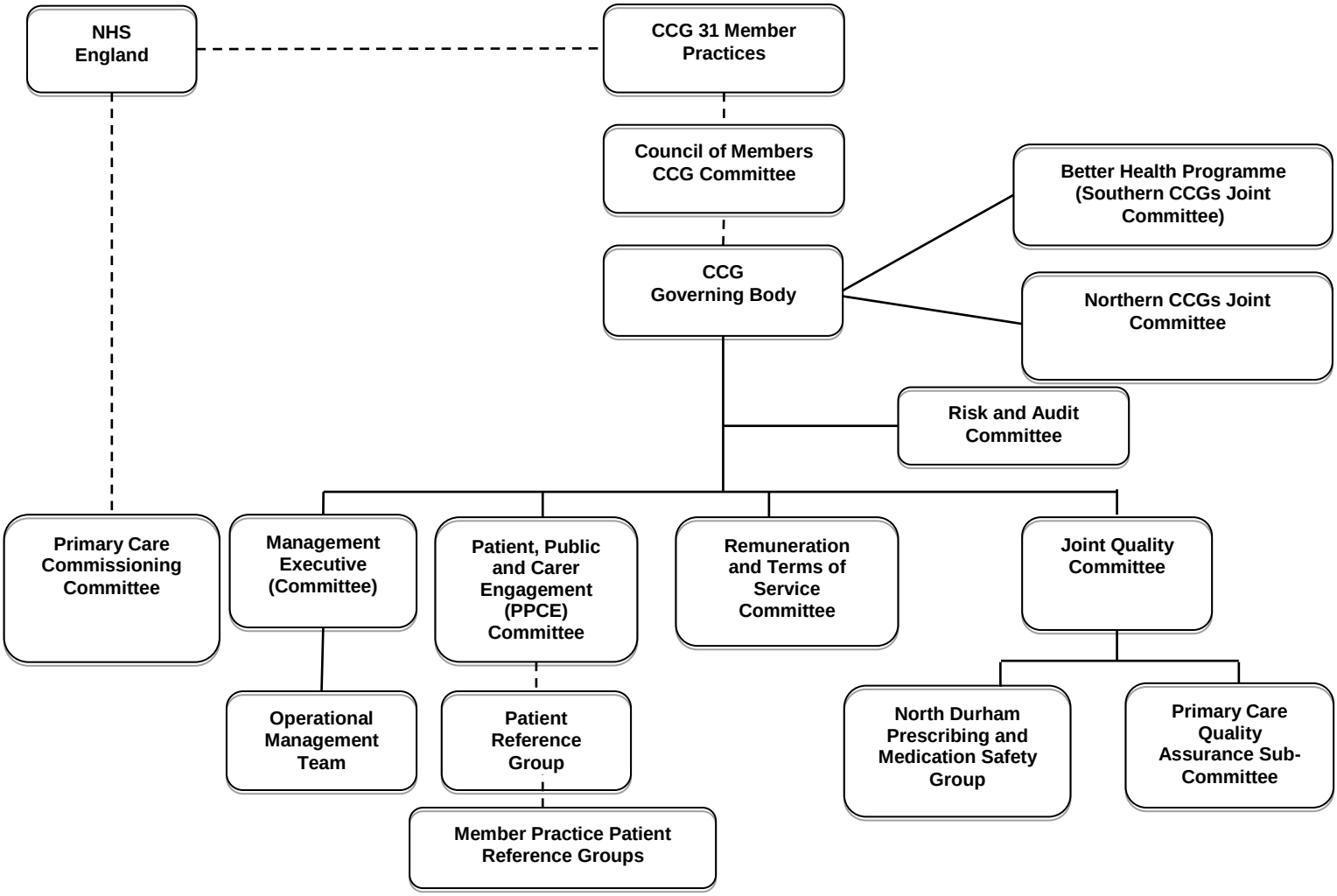
5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The Group will:

a) Comply with all relevant regulations.
b) Comply with directions issued by the Secretary of State for Health or NHS England.
c) 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.

6. DECISION MAKING: THE GOVERNANCE STRUCTURE



6.1. Authority to act

6.1.1. The Group is accountable for exercising its statutory duty. 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

b) For committees or sub-committees, their terms of reference

6.2. Scheme of Reservation and Delegation[39]

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

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

6.2.2. The group has delegated responsibility for its day-to-day management to the Management Executive committee.

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

6.3. General

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

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

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

6.3.3 Any:

39 See Appendix D
40 See section 4.4 on Principles of Good Governance above
41 See appendix D
42 See appendix C
43 See chapter 5 above

- Member of the CCG's Governing Body.
- Any employee of the CCG.
- Any member of a committee of the CCG.
- Any member of a committee of the CCG's Governing Body.
- Any other individual acting under the direction of the CCG or its Governing Body, in the furtherance of their respective functions, who has acted honestly and in good faith shall not have to meet out of his or her own personal resources any costs arising from any personal civil liability that he/she incurs in the execution (or purported execution) of his or her functions, save where he or she has acted recklessly.

For the purposes of this indemnity, the term 'committee' shall also include any sub-committee appointed by a committee in accordance with the powers delegated to it.

6.3.4 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 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.

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

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

6.4. Committees of the Group

6.4.1. The Group shall on its establishment:

a) Appoint a committee called the Council of Members.
b) May, on or after its establishment appoint such other committees as it considers appropriate.

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

6.4.3. A committee of the Group may consist of or include persons other than Members or employees of the Group.

6.4.4. An individual shall be ineligible for appointment to or shall otherwise be disqualified from membership of a committee of the Governing Body if he or she is a person who is disqualified from membership of a Clinical Commissioning Group's Governing Body under Schedule 5 of the CCG Regulations.

6.4.5. All decisions taken in good faith at a meeting of any committee of the Group shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of any of the members of the committee attending the meeting.

6.4.6. **The Council of Members**

a) The Council of Members shall be comprised of the Clinical Practice Representatives as voting members.
b) The Council of Members shall regulate its proceedings in accordance with the Standing Orders.
c) The following members of the Governing Body will also act as non-voting members on the Council of Members:
    a) Accountable Officer
    b) Chair of the Governing Body
    c) Registered Nurse
    d) Chief Operating Officer
    e) Chief Finance Officer

6.5. Joint Arrangements

6.5.1. The Group will enter into collaborative working arrangements with the following Clinical Commissioning Groups:

a) Joint arrangements with the other CCGs in County Durham and Darlington to determine commissioning for health gain policies and to discuss shared risk arrangements.
b) Joint arrangements with the CCGs in the North East to advise upon and make recommendations to CCGs on e.g. high cost cancer drugs and high cost treatments

In circumstances where the Group establishes a joint committee with another Clinical Commissioning Group, the Group will provide details in its Scheme of Reservation and Delegation of the individual who has delegated authority to make decisions on its behalf, although the Group will retain responsibility for the decision.

6.5.2 The group may set up joint committee(s) with local Authority to discharge its responsibilities under section 75 and 256 of the 2006 Act.

6.5.3 The Group has entered into a Northern CCG Joint Committee to make decisions on subjects recommended to it by the Northern CCG Forum. These will be confined to issues that pertain to all CCG areas in Cumbria and the North East, namely the commissioning of Specialist acute services and 111 services.

Expansion of the scope of the Joint Committee will only follow from the unanimous agreement of member CCGs and in line with an annually agreed work programme.

The Joint Committee is open to membership of the following CCGs:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Hartlepool and Stockton CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- NHS North Durham CCG
- NHS Northumberland CCG
- NHS North Tyneside CCG
- NHS South Tees CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG

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

In accordance with statutory powers under s.14Z3 of the NHS Act 2006, the proposed Northern CCG Joint Committee will be able to make decisions on procuring services and awarding contracts, chiefly to the providers of specialised acute and ambulance services. In discharging this function the committee will:

- Determine the options appraisal process for commissioning services, including agreeing the evaluation criteria and weighting of the criteria
- Where appropriate, determine the method and scope of the consultation process, and make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to go run a formal consultation process). That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended).
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in order to reach a decision, taking into account all of the information collated and representations received in relation to the consultation process.
- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it, ensuring that individual CCGs' retained duties can be met.

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

a) The Group may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

b) The Group may enter into arrangements with NHS England and, where applicable, other CCGs to:

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

c) Where arrangements are made for the Group and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

d) Arrangements made between NHS England and the Group may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

e) For the purposes of the arrangements described at bullet point (b) above, NHS England and the Group 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.

f) Where the Group enters into arrangements with NHS England as described at bullet point (b) above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

g) The liability of NHS England to carry out its functions will not be affected where it and the Group enter into arrangements pursuant to paragraph [b] above.

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

i) Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

j) The Governing Body of the Group shall require, in all joint commissioning arrangements that the Primary Care Commissioning Committee of the Group make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

k) Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the Group can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.5.5 Joint Commissioning Arrangements with other Clinical Commissioning Groups

6.5.5.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

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

i. delegating any of the CCG"s commissioning functions to another CCG;
ii. exercising any of the commissioning functions of another CCG; or
iii. exercising jointly the commissioning functions of the CCG and another CCG

6.5.5.3 For the purposes of the arrangements described at paragraph (6.5.5.2), the CCG may:

i. make payments to another CCG;
ii. receive payments from another CCG;

iii. make the services of its employees or any other resources available to another CCG; or
iv. receive the services of the employees or the resources available to another

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

6.5.5.5 For the purposes of the arrangements described at paragraph (6.5.5.2) above, the Group may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph (6.5.5.2 ii) above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.5.6 Where the Group makes arrangements with another CCG as described at paragraph (6.5.5.2) above, the Group shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
i. How the parties will work together to carry out their commissioning functions;
ii. The duties and responsibilities of the parties;
iii. How risk will be managed and apportioned between the parties;
iv. Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
v. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.5.7 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph (6.5.5.2) above.

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

6.5.5.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.5.5.10 The Governing Body of the Group shall require, in all joint commissioning arrangements, which the lead clinician and lead manager of the lead CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.5.5.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the Group can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.6. The Governing Body

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

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

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

c) Functions as delegated by the Clinical Commissioning Group to the Governing Body as set out in paragraph 5.1.2 a) to c).

d) Functions as delegated by the Clinical Commissioning Group to the Governing Body relating to the Clinical Commissioning Group's General Duties as set out in paragraphs 5.2.1 and 5.2.15.

e) Functions as delegated by the Clinical Commissioning Group to the Governing Body relating to the Clinical Commissioning Group's General Financial Duties as set out in paragraphs 5.3.1 to 5.3.5.

6.6.2. The Group has delegated the following additional functions to the Governing Body:

a) Leading the setting of vision and strategy.
b) Monitoring the quality, including safeguarding children and vulnerable adults, and clinical effectiveness of services.
c) Approving commissioning plans
d) Monitoring operational and financial performance against plans
e) Providing assurance of strategic risk

6.6.3. The Governing Body has delegated the following functions to the management executive committee:

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

45 See section 4.4on Principles of Good Governance above

a) Effective operational management of the Group
b) Undertaking Group commissioning activities
c) Delivering the financial plan
d) Implementation and delivery of strategic decisions
e) Development and delivery of Group plans
f) Ensuring the quality, including safeguarding children and vulnerable adults, and clinical effectiveness of services

6.6.4. **Composition of the Governing Body**- the Governing Body comprises **15 voting** members.

a) The Chair, who shall meet the criteria in section 3.6.5.
b) One of the three elected GP Clinical Leads as determined by agreement. This may be subject to periodic rotation. Where the agreed lead is unavailable to attend one of the other leads should be asked to act as a substitute.
c) Three Lay Members:
    i) One to lead on audit, remuneration and conflict of interest matters, who will also be the Group's Conflict of Interest Guardian
    ii) One to lead on patient and public participation matters
    iii) One who supports robust governance at the Group and will support the other Lay Members in their roles
d) One Registered Nurse
e) One Secondary Care Doctor
f) The Accountable Officer.
g) The Chief Operating Officer
h) The Chief Finance Officer
i) Medical Director
j) Director of Commissioning and Development
k) Director of Primary Care
l) Director of Programmes, Delivery and Operations

In addition, the Governing Body has the following representatives in attendance:

a) A representative of Durham County Council
b) Durham County Council's Director of Public Health

6.6.5. **Committees of the Governing Body** - the Governing Body shall appoint the following committees: See http://www.northdurhamccg.nhs.uk/

a) **Risk and Audit Committee**: for terms of reference see separate policy document. The role of the Risk and Audit Committee shall be to support the Governing Body in ensuring the CCG has made appropriate arrangements

to ensure it exercises its functions effectively, efficiently and economically and that it adheres to relevant principles of good governance.

b) **Remuneration and Terms of Service Committee**: for terms of reference see separate policy document. The role of the Remuneration and Terms of Service Committee shall be to make recommendations to the Governing Body on pay and remuneration for senior employees of the CCG and people who provide services to the CCG, and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

c) **Management Executive Committee**: for terms of reference see separate policy document. The role of the Management Executive Committee shall be to oversee the day to day operational management of the CCG in support of the Governing Body and its committees. Alternate meetings will focus on supporting the CCG to achieve financial balance, delivery of quality, innovation, productivity and prevention (QIPP) financial targets and organisational performance targets and objectives.

d) **Joint Quality Committee:** for terms of reference see separate policy document. The role of the Joint Quality Committee shall be to examine the quality standards of commissioned services, pathway developments and quality indicators of new services against the five domains of the NHS Outcomes Framework.

e) **Patient, Public and Carer Engagement (PPCE) Committee**: for terms of reference see separate policy document. The role of the Patient, Public and Carer Engagement Committee shall be to examine and review the PPCE engagement activity, associated processes and governance arrangements of the CCG.

f) **Primary Care Commissioning Committee**: for terms of reference see separate policy document. The Primary Care Commissioning Committee shall be to enable the members to make collective decisions on the review, planning and procurement of primary care medical services in the NHS North Durham CCG area under delegated authority from NHS England.

Such Committees shall be made up of either members of the Governing Body, any consultants and/or employees, or any others approved by the Governing Body, and the membership of each Committee shall be set out in its terms of reference.

6.6.6. The Governing Body may appoint such other committees as it considers appropriate but 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.

6.6.7. The Risk and Audit Committee may include individuals who are not members of the Governing Body.

6.6.8. An individual shall be ineligible for appointment to or shall otherwise be disqualified from membership of a committee or sub-committee of the Governing Body if is he or she is a person who is disqualified from membership of a Clinical

Commissioning Group's Governing Body under Schedule 5 of the CCG Regulations.

6.6.9. All decisions taken in good faith at a meeting of any committee or sub-committee of the Governing Body shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of any of the members attending the meeting.

6.6.10. The Group's Committees can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion. The Group may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy.

6.6.11. **Constituencies** - The three constituencies play a critical role in the operation of the Group and are represented on the Governing Body by one of the elected GP Clinical Leads. They are not in themselves a Committee, and therefore have no decision-making powers, but are responsible for the following:

a) Representing the members' views and influencing the development of commissioning intentions, plans and strategy; bringing to light issues and opportunities from day to day running of the GP practices and direct patient contact.
b) Integrating patients and public into commissioning discussions and developments.
c) Contributing to development of services, pathway redesign, integration etc.
d) Acting as the key point of engagement with individual practices implementing the CCG strategy.
e) Engaging with and representing the needs of the three geographies/communities/patients.
f) Overseeing their elements of devolved budgets, commissioning plans, QIPP plans, clinical governance, local risk management, demand management and medicines management.
g) Overseeing any budgets delegated to constituencies or member practices.
h) Listening to the voice of patients and feedback on actions taken and ideas taken forward.

6.6.12. **Task and Finish Groups of the Management Executive Committee Sub-committee**

The Management Executive committee may establish task and finish groups, as required, to assist it with the exercise of its functions by, for example, investigating issues on its behalf and advising it on options. Any such task and

finish groups shall not be sub-committees of the Management Executive committee and therefore cannot be delegated decision making powers or functions.

6.7 Transparency

6.7.1 In accordance with the National Health Service (Clinical Commissioning Groups – Responsibilities) Regulations 2012, Regulation 16, the CCG will make the following arrangements to ensure transparency:

a) Publish papers considered at its meetings except where the Governing Body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.

b) Publish the following 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 payable under certain pension schemes.)

i) In relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify a band of £5,000 into which the salary falls), or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act.

ii) Any recommendation of the remuneration committee in relation to any such determination.

c) In the event that the Governing Body considers that it would not be in the public interest to publish such information, it will not publish the above information.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice Representatives are to be GPs/ primary care health professionals.

7.1.2. Practice Representatives represent their practice's views and act on behalf of the practice in matters relating to the Group.

7.2. Other GP and Primary Care Health Professionals

7.2.1. In addition to the Practice Representatives identified in Clause 7.1 above, the Group may identify 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.

7.3. All Members of the Group's Governing Body

7.3.1. Each member of the Governing Body should share responsibility, as part of a team, to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. The Chair of the Governing Body

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

a) Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution.
b) Building and developing the Group's Governing Body and its individual members.
c) Ensuring that the Group has proper constitutional and governance arrangements in place.
d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties.
e) Supporting the Accountable Officer in discharging the responsibilities of the organisation.
f) Contributing to building a shared vision of the aims, values and culture of the organisation.
g) Leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities.

h) Overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times.
i) Ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met.
j) Ensuring that the organisation is able to account to its local patients, stakeholders and NHS England.
k) Ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

7.4.2. **Clinical Leadership**

a) The clinical lead role for the Group will be fulfilled by the Accountable Officer.
b) The role of the Accountable Officer will be fulfilled by the Clinical Chief Officer.
c) The role of the senior clinical voice will be fulfilled by the Clinical Chief Officer.

7.5. The Vice Chair of the Governing Body

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

7.5.2. The role of the Vice Chair will be fulfilled by a Lay Member representative.

7.6. Role of the Accountable Officer

7.6.1. The Accountable Officer of the Group is a member of the Governing Body.

7.6.2. The Accountable Officer is responsible for:

a) Ensuring that the Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money.
b) At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems;
c) Working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) of the organisation's on-going capability and capacity to

meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

d) Exercising the functions delegated by the Group to the Accountable Officer as set out in this Constitution.

7.6.2 In addition to the Accountable Officer's general duties, where the Accountable Officer is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.7. Role of the Chief Finance Officer

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

7.7.2. The Chief Finance Officer is responsible for:

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 and monitor the Group's finances.
c) Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources.
d) Advising 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.
e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.
f) Leading on performance and contract management.
g) Exercising the functions delegated by the Group to the Chief Finance Officer as set out in this Constitution.

7.8 Role of the Registered Nurse

The Registered Nurse (Chief Nurse) brings a broader view, (as outlined further in national guidance [48]) from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care. The registered nurse role will:

a) Provide strategic and professional leadership for clinical quality and patient safety throughout the CCG deploying knowledge and expertise across the five clinical domains of the NHS outcomes framework.

b) Promote and develop improvement and innovation in the delivery of care and services for local people; ensure and assure that the CCG delivers its duties to safeguard vulnerable people.

c) Secure the effective development of primary care services.

d) Ensure the CCG performs its functions in a way which provides good value for money.

e) Ensure that the CCG commissions services that are of high quality and are clinically effective.

7.9 Role of the Secondary Care Doctor

As an independent member of the CCG's Governing Body the Secondary Care Doctor will share responsibility as part of the Governing Body to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members, (as outlined further in national guidance [48]). They will bring their unique perspective, informed by their expertise and experience. This will support decisions made by the Governing Body as a whole and will help ensure that:

a) A new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions.
b) The Governing Body and the wider CCG act in the best interests of the health of the local population at all times.
c) The CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation.
d) Decisions are taken with regard to securing the best use of public money.
e) The CCG, when exercising its functions, acts with a view of ensuring that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.
f) The CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business.
g) Good governance remains central at all times.

7.10 Role of the Three Lay Members

The CCG has three Lay Members on the Governing Body, two by statute and one as recommended by the revised guidance on the Management of Conflicts of Interest for CCGs published in 2016. One statutory Lay Member would have an expertise of financial management and audit and the second statutory lay person would have a lead role in championing patient and public involvement. The third Lay Member role would enable the governance of the CCG to be strengthened and would support the other Lay Members in their roles, thereby raising the profile of the Lay Members at the CCG. The Vice Chair is drawn from these Lay Members. These roles support decisions made by the Governing Body as a whole and will help ensure that:

a) A new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions.
b) The Governing Body and the wider CCG act in the best interests of the health of the local population at all times.
c) The CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation.
d) Decisions are taken with regard to securing the best use of public money.
e) The CCG, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.
f) The CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business; and good governance remains central at all times.

7.11 Joint Appointments with other Organisations

7.11.1 The Group may make joint appointments with other organisations as it considers appropriate.

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

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

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

8.1.2. They must comply with the Group's policy on standards of business conduct and declarations 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 http://www.northdurhamccg.nhs.uk/ . It will also be available upon request for inspection at the Group's headquarters, upon application by post North Durham CCG, The Riverside Centre, Aykley Heads, Durham DH1 5TS or by e-mail:nduccg.northdurhamccg@nhs.net

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 Standard 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 Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2. Where an individual, i.e. an employee, Group Member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.

8.2.3. Interests can be captured in the four different categories:

i. **Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision.

ii. **Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

iii. **Non-financial personal interests:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

iv. **Indirect interests:** This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse / partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling
- Close friend
- Business partner.

A declaration of interest for a "business partner" in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

Note that the Declaration of Interest Form in use sets out the range of interests as a reminder of the types of interests which should be declared.

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

8.3. Declaring and Registering Interests

8.3.1 It is a requirement of the relevant legislation (Section 14O(3) of the 2006 Act as amended by the Health and Social Care Act 2012) for the CCG to maintain registers of the interests of:

- **All CCG employees**, including:
- All full and part time staff;
- Any staff on sessional or short term contracts;
- Any students and trainees (including apprentices);
- Agency staff; and
- Seconded staff

8.3.2 In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with the Group's Standards of Business and Declaration of Interest policy, as if they were CCG employees.

Members of the Governing Body: All members of the CCG's Committees, sub-committees/sub-groups, including:

- Co-opted members;
- Appointed deputies; and
- Any members of committees/groups from other organisations.

Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.

All members of the CCG (i.e., each practice)
This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act.

Declarations should be made by the following groups:

- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

8.3.3 The CCG ensures that, as a matter of course, declarations of interest are made and regularly confirmed or updated. All persons referred to above must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

8.3.4 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the Chief Officer, as soon as they are aware of it and in any event no later than 28 days after becoming aware. The CCG records the interest in the appropriate registers as soon as the CCG becomes aware of it.

8.3.5 The CCG ensures, when members declare interests, this includes the interests of all relevant individuals within their own organisations (e.g. partners in a GP practice), who have a relationship with the CCG and who would potentially be in a position to benefit from the CCG's decisions.

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

8.3.7 In addition, all CCG Governing Body and Executive members' appointments are offered on the understanding that they subscribe to the "Codes of Conduct and Accountability in the NHS".

8.3.8 The Declaration of Interest proforma for completion by members of the group, Governing Body members, members of a committee or sub-committee of the group or Governing Body, and employees within the CCG is available in the Group's Standards of Business Conduct and Declaration of Interest policy.

8.3.9 Failure to notify the CCG of an appropriate conflict of interest, additional employment or business may lead to disciplinary action against the member of staff and/or criminal action (including prosecution) under the relevant legislation.

8.3.10 An interest remains on the public register for a minimum of six months after the interest has expired and the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The published register will state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to request this information. The registers will be published on the CCG's website http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/

8.4. Managing Conflicts of Interest: general

8.4.1 Members of the groups, Committees or sub-committees of the group, the Governing Body and its committees or sub-committees and employees comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest as set out in this Policy.

8.4.2 The Chief Officer ensures 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 Where an individual member, employee or person providing services to the CCG is aware of an interest which:

i. Has not been declared, either in the register or orally, they will declare this at the start of the meeting;

ii. Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

8.4.4 The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. They will not be able to vote on the issue under any circumstances. Where a prejudicial interest is identified, that person must leave the room during the discussion of the relevant item, and cannot seek to improperly influence the decision in which they have a prejudicial interest. The Chair's decision will be final in the matter and the individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

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

8.4.6 Any declarations of interests, and arrangements agreed in any meeting of the groups, including committees or sub-committees, or the Governing Body, including committees and sub-committees of the Governing Body, will be recorded in the minutes. The interest must be subsequently reported to the designated governance lead for recording in the Register.

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

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

8.5. Managing Conflicts of Interest: throughout the commissioning cycle

8.5.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which

stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

8.5.2 In designing service requirements attention should be given to public and patient involvement at every stage of the commissioning cycle.

8.5.3 It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. Provider engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge.

8.5.4 Anyone seeking information in relation to procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.5 Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of the CCG's Constitution and the Group's Standards of Business Conduct and Declaration of Interest policy in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.5.6 The CCG must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the European procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement; and
- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts.

8.5.7 The CCG maintains a register of procurement decisions taken, including;

- The details of the decision
- Who was involved in making the decision
- A summary of any conflicts of interest in relation to the decision and how this was managed
- The award decision taken

8.6 Primary Care Commissioning Committees and Sub-Committees

8.6.1 The primary care commissioning committee should:

- For joint commissioning, take the form of a joint committee established between the CCG (or CCGs) and NHS England; and

- In the case of delegated commissioning, be a committee established by the CCG.

8.6.2 As a general rule, meetings of the primary care commissioning committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public.

8.6.3 In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

8.7 Managing Conflicts of Interests: Local CCG Incentive Schemes

GP Practice members will be required to declare an interest in any discussions at Governing Body or Committee meetings relating to Local Incentive Schemes which relate to their GP Practice. Whilst GP practice members may participate in discussions at those meetings of the CCG regarding the recommendations for development of the Local Incentive Scheme they shall withdraw from any decisions at the Governing Body or Committee regarding approval of the Scheme. Any approval of payments to GP Practices under the Incentive Scheme will be made (as a minimum) by the Chief Officer together with the Chief Finance Officer, or their nominated representatives in line with the CCG's financial scheme of delegation.

8.8 Raising Concerns

Individuals who have concerns regarding conflict of interest or ethical misconduct either in respect of themselves or colleagues, should raise it in the first instance with their manager / Conflict of Interest Guardian / Caldicott Guardian / CCG Governance Lead. Alternatively, they can raise it as an issue using the Group's Whistleblowing Policy.

8.9 Publication of Registers

The CCG will publish the register(s) of interest and register(s) of gifts and hospitality and the Register of Procurement Decisions in a prominent place on the CCG's website and also as part of the CCG's Annual Report and Annual Governance Statement; a web link is acceptable.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to submit a written request that the information is not published. Decisions must be made by the Conflicts of Interest Guardian for the CCG, who should seek

appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

9. THE GROUP AS EMPLOYER

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

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

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

9.4. The Group will ensure that all employed staff receive training mandatory to their role.

9.5. 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.

9.6. 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.

9.7. The Group will ensure that employees' behaviour reflects the values, aims and principles described in the Strategic Plan.

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

9.9. 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.

9.10. All senior managers of the Group will adopt the NHS Code of Conduct for Senior Managers and will maintain and promote effective 'whistleblowing' procedures to

ensure that concerned staff have means through which their concerns can be voiced.

9.11. Copies of the NHS Code of Conduct for Senior Managers, together with the other national policies and procedures outlined in this chapter, will be available on the Group's website at http://www.northdurhamccg.nhs.uk/ . They will also be available upon request for inspection at the Group's headquarters, upon application by post North Durham CCG, The Riverside Centre, Aykley Heads, Durham DH1 5TS or by email: nduccg.northdurhamccg@nhs.net

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.

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 http://www.northdurhamccg.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 C)*** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body.
b) ***Scheme of reservation and delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees.
c) ***Prime financial policies (Appendix E)*** – which sets out the arrangements for managing the Group's financial affairs.

APPENDIX A: DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

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

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

Area	The geographical area that the Group has responsibility for, as defined in Chapter 2 of this constitution.
CCG Regulations	The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Chair of the Governing Body	The individual appointed by the Group to act as Chair of the Governing Body.
Chief Finance Officer	The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance.
Clinical Commissioning Group	A body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	A committee or sub-committee created and appointed by: • The membership of the Group • A committee / sub-committee created by a committee created / appointed by the membership of the Group • A committee / sub-committee created / appointed by the Governing Body
Financial year	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March.
Group	North Durham Clinical Commissioning Group, whose constitution this is.
Governing Body	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it

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

APPENDIX B: LIST OF MEMBER PRACTICES

Chester-Le-Street Constituency:

Practice Name	Address	Practice Representative's Signature & Date Signed
Bridge End Surgery (A83009)	Picktree Lane Chester-Le-Street Co. Durham, DH3 3SL	
Cestria Health Centre (A83050)	Whitehill Way Chester-Le-Street Co. Durham, DH2 3DJ	
Great Lumley Surgery (A83029)	Front Street Great Lumley Chester-Le-Street Co. Durham, DH3 4LE	
Middle Chare Medical Group (A83028)	**Middle Chare Surgery** Chester-Le-Street Co. Durham, DH3 3QD **Woodlands Surgery** Vigo Lane Rickleton Washington Tyne & Wear, NE38 9ET	
Middle Chare Medical Group (A83637)	**Gardiner Crescent Surgery** 21 Gardiner Crescent Pelton Fell Chester-Le-Street Co. Durham, DH2 2NJ **Pelton Clinic** Pelton Co Durham, DH1 1EZ	
Pelton & Fellrose Medical Group (A83033)	**Pelton Surgery** Front Street, Pelton Chester-Le-Street Co Durham, DH2 1DE **Fellrose Surgery** Craghead Road Pelton Fell Chester-Le-Street Co.Durham DH2 2NH	
Sacriston Surgery (A83026)	Front Street Sacriston Co Durham, DH7 6JW	

Derwentside Constituency:

Practice Name	Address	Practice Representative's Signature & Date Signed
Annfield Plain Surgery (A83644)	Durham Road Annfield Plain Stanley Co Durham, DH9 7TD	
Browney House Surgery (A83617)	Front Street Langley Park Co Durham, DH7 9YT **Branch Surgery** Croft View Surgery 3 Croft View, Lanchester Co Durham, DH7 0HY	
Cedars Medical Group (A83038)	Cedar Crescent Burnopfield Newcastle upon Tyne, NE16 6HU	
Consett Medical Centre (A83018)	The Station Yard Consett Medical Centre Co Durham, DH8 5YA	
Craghead Medical Centre (A83632)	The Middles Craghead Stanley Co Durham, DH9 6AN	
Dipton Surgery (A83076)	Front Street Dipton Co Durham, DH9 9DA	
Leadgate Surgery (A83636)	George Ewen House, Watling Street Leadgate Consett Co Durham, DH8 6DP	
Oakfields Health Centre (A83618)	Hamsterley Colliery Newcastle upon Tyne NE17 7SB	
Park House Surgery (A83072)	Station Road Lanchester Co Durham, DH7 OPE	
Queens Road Surgery (A83049)	83 Queens Road Blackhill Consett Co Durham, DH8 0BW **Branch Surgery** Moorside Surgery	

Practice Name	Address	Practice Representative's Signature & Date Signed
	Consett Park Terrace, Moorside, Consett Co Durham, DH8 8ET	
Stanley Medical Group (A83023)	Stanley Primary Care Centre Clifford Road Stanley Co Durham, DH9 0AB **Branch Surgery** 16 Front Street Annfield Plain Co Durham, DH9 8HY	
Tanfield View Medical Group (A83016)	Tanfield View Surgery Scott Street Stanley Co Durham, DH9 8AD	
The Haven Surgery (A83622)	The Haven Burnhope Co Durham, DH7 0BD	
West Road Surgery (A83073)	9 West Road Annfield Plain Stanley Co Durham, DH9 7XT **Branch Surgery** Louisa Surgery Stanley Co Durham, DH9 8AA	

Durham Constituency:

Practice Name	Address	Practice Representative's Signature & Date Signed
Belmont & Sherburn Medical Group (A83014)	**Belmont Surgery** Broomside Lane, Belmont Durham, DH1 2QW **Sherburn Surgery** Gray Avenue, Sherburn Village Durham, DH6 1JE	
Bowburn Medical Centre (A83635)	Bow Street Bowburn Durham, DH6 5AL	
Brandon Lane Surgery	Stackgarth Brandon	

Practice Name	Address	Practice Representative's Signature & Date Signed
(A83630)	Co. Durham, DH7 8SJ	
Chastleton Medical Group (A83036)	Newton Drive Framwellgate Moor Durham, DH1 5BH	
Cheveley Park Medical Centre (A83055)	The Links Belmont Durham, DH1 2UW	
Claypath & University Medical Group (A83011)	**Claypath Medical Centre** 26 Gilesgate Durham City, DH1 1QW **University Health Centre** Green Lane, Old Elvet Durham, DH1 3JX	
Coxhoe Medical Practice (A83027)	1 Landsdowne Road Coxhoe Co Durham, DH6 4DH	
Dunelm Medical Practice (A83030)	**Bearpark Surgery** Kelvin House, 1 Victor Terrace Bearpark Co Durham, DH7 7DG **Framwellgate Moor Medical Centre** 50 Front Street Framwellgate Moor Durham, DH1 5BL **Gilesgate Medical Centre** Sunderland Road, Gilesgate, Durham, DH1 2QQ	
The Medical Group (A83022)	**Meadowfield Surgery** Adrian Clark House, Sawmills Lane Meadowfield Co Durham, DH7 8NH **Langley Park Surgery** Sir Bobby Robson House Rear Church Street Langley Park Co Durham, DH7 9XD **Tow Law Surgery** Charlton House Rear high Street Tow Law, Bishop Auckland Co Durham, DL13 4DH	

Practice Name	Address	Practice Representative's Signature & Date Signed
	Esh Winning Surgery Mackenzie House, New House Road Esh Winning Co Durham, DH7 9LA **Ushaw Moor Surgery** Millyard House, Durham Road Ushaw Moor Co Durham, DH7 7QH	
West Rainton Surgery (A83024)	Woodland View, West Rainton, Houghton-le-Spring Tyne & Wear, DH4 6RQ	

APPENDIX C: STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the Group so that the Group can fulfil its obligations, as set out largely in the 2006 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation[46]and the Group's prime financial policies[47], 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 practice representatives
c) The procedure to be followed at meetings of the Group, the Governing Body and any committees or sub-committees of the Group or the Governing Body
d) The process to delegate powers
e) The declaration of interests and standards of conduct

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[48] 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.

46 See Appendix D

47 See Appendix E

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

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

2.1. Council of Members

The Group is a member organisation. The Council of Members has been established as a committee comprising an individual selected by each member practice belonging to one of the three constituencies. The individual selected has authority to represent the practice's views and to act on its behalf in its dealings between the practice and the Group.

The Council of Members will have three representatives that will sit on the Governing Body, representing the views of member practices in each of the three constituencies.

2.1.1 The Council of Members will:

a) Contribute to, change and approve the Group's Constitution and any amendments thereafter.
b) Elect relevant members of the Governing Body.
c) Review and agree the annual delivery plan.
d) Contribute to and agree the commissioning intentions.
e) Review year end performance of the Governing Body.
f) Hold an annual general meeting of the Council of Members open to the public.

2.2. Composition of membership

2.2.1. Chapter 3 of the Group's constitution provides details of the membership of the Group (also see Appendix B).

2.2.2. 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.

2.3. Key Roles

Schedule 5 of the NHS (Clinical Commissioning Groups) Regulations 2012 specifies the individuals who are disqualified from membership of the Governing Body.

2.4 Removal from Office of an Elected Individual

The Governing Body will ensure that a robust process is in place for the removal from office of those individuals who are elected into specific roles. See Appendix H for Disputes Resolution Procedure

2.5 Removal from Office of an Appointed Individual

Individuals who are appointed into specific roles will, where necessary, be removed from office in accordance with the Group's human resources policies.

3. MEETINGS OF THE GOVERNING BODY

The following procedures will apply to meetings of the Governing Body. The specific procedures of sub-committees will be set out in their individual Terms of Reference.

3.1 Role of the Governing Body

The main function is to ensure that the Group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance.

3.2 Remit

a) Leading the setting of vision and strategy
b) Approving commissioning plans
c) Monitoring operational and financial performance against plans
d) Monitoring quality, including safeguarding children and vulnerable adults, and clinical effectiveness of services
e) Providing assurance of strategic risk
f) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group
g) Appoint committees and sub-committees as required to discharge the duties of the Group
h) Approving any other functions of the group that are specified in regulations.

3.3 Membership

The Governing Body consists of the following full voting members:

Clinical Chair
Vice Chair (one of the Lay representatives)
One of the three elected GP Clinical Leads
Lay Member (Governance and Audit)

Lay Member (Patient and Public Involvement)
Third Lay Member
Clinical Chief Officer (Accountable Officer)
Chief Finance Officer
Chief Operating Officer
Registered Nurse
Medical Director
Director of Primary Care
Secondary Care Doctor
Director of Commissioning Development
Director of Corporate Programmes, Delivery and Operations

Individuals in attendance

Durham County Council's Director of Public Health
Representative of Durham County Council

3.4. Calling meetings

3.4.1. Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine. Meetings of the Governing Body will be held in public except where the Group considers that it would not be in the public interest for members of the public to attend all or part of a meeting.

3.5. Petitions

3.5.1. 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.

3.6 Quoracy

3.6.1 No business shall be transacted at the meeting unless at least one-third of the whole number of the Chair and members (including at least one Lay Member and one GP Member and either the Accountable Officer or Chief Finance Officer are present).

3.6.2 If the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with paragraphs 8.4.9 and 8.4.10 of the Constitution.

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

3.7 Decision making

3.7.1 Chair of a meeting

3.7.2 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.

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

3.8 Chair's ruling

3.8.1 The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.8.2 Chapter 6 of the Group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the Group's statutory functions. Generally it is expected that at Governing Body meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

3.8.2.1 **Eligibility** – members of the Governing Body or their elected delegated deputy will be eligible to vote.

3.8.2.2 **Form of vote** – at the discretion of the Chair any question put to a vote shall be by oral expression or by a show hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.8.2.3 **Majority necessary to confirm a decision** - the decision will be determined by the majority of the votes cast by members present.

3.8.2.4 **Casting vote** - in the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

3.8.2.5 **Dissenting views** - members taking a dissenting view but losing a vote may have their dissent recorded in the minutes.

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

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

3.9 Emergency powers and urgent decisions

3.9.1 The powers which are reserved to the Governing Body within the scheme of delegation may in emergency or for an urgent decision be exercised by the Chair and the Accountable Officer, after having consulted with at least two other members which will ordinarily include one of the Lay Members. The exercise of such powers by the Chair and the Accountable Officer shall be reported to the next formal meeting of the Governing Body in public session for formal ratification. If the exercise of the function relates to a matter which is not in the public interest to be disclosed under SO paragraph 3.12 the exercise of the powers will be reported in private to the Governing Body.

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 at least two-thirds of the 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 Risk and 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 Admission of public and the press

3.12.1 Admission and exclusion on grounds of confidentiality of business to be transacted

a) The public and representatives of the press may attend all meetings of the Governing Body, but shall be required to withdraw upon resolution of the Governing Body, as follows:

That representatives of the press, and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the of the business to be transacted, publicity on which would be prejudicial to the public interest', paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act.

b) **General disturbances**

The Chairman (or Vice-Chairman if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon request by the Governing Body.

c) **Business proposed to be transacted when the press and public have been excluded from a meeting**

I. Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in (a) and (b) above, shall be confidential to the members of the Governing Body.

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

d) **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Group or Committee thereof. Such permission shall be granted only upon resolution of the Group or its Governing Body.

e) **Observers at meetings of the Governing Body**

The Governing Body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Governing Body's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and committees

4.1.1 The Group may appoint committees and sub-committees of the Group, subject to any regulations made by the Secretary of State[49], 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 Risk and Audit committee or Remuneration and Terms of Service 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.

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

4.2 Terms of Reference

4.2.1 Terms of reference for all committees and sub-committees will be held in a separate document and will be accessible via the CCG website. All Terms of reference will be reviewed on a regular basis and amended as necessary.

4.3 Delegation of Powers by Committees to Sub-Committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Clinical Commissioning Group's seal

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

6.1.1.1 The Accountable Officer
6.1.1.2 The Chair of the Governing Body
6.1.1.3 The Chief Finance Officer
6.1.1.4 The Chief Operating Office

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:

6.2.1.1 The Accountable Officer
6.2.1.2 The Chair of the Governing Body
6.2.1.3 The Chief Finance Officer
6.2.1.4 The Chief Operating 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 the 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 D: SCHEME OF RESERVATION & DELEGATION

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

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

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

1.3. **Schedule of matters reserved to the Council of Members and the scheme of reservation and delegation**

1.3.1. 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.

1.3.2. The Group may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers, and will include:

a) Regulations and Control

i) Approval of Standing Orders (SOs), a schedule of matters reserved to the Group and Standing Financial Instructions for the regulation of its proceedings and business.
ii) Suspension of SOs.
iii) Variation or amendment of SOs.
iv) Approval of a scheme of delegation of powers from the Group to the Governing Body and other committees.
v) Approval of Terms of Reference of the committees established by the Group.
vi) Require and receive the declaration of the Group members' interests which may conflict with those of the Group and, taking account of any waiver which the Secretary of State for Health may have made in any case, determining the extent to which that member may remain involved with the matter under consideration.
vii) Approve any urgent decisions, linked to non-delegated statutory functions taken by the Chairman of the Group and Chairman of the Governing Body for ratification by the Group in public session.

viii) Formalise delegation of powers to committees or sub-committees and approval of their constitution and terms of reference.
ix) Subscribe to the NHS Code of Conduct.
x) Ensure Group members share corporate responsibility for all decisions of the Group.
xi) Ensure that the Group engages with its local community and leads the engagement with local clinicians on its plans and performance and that these are responsive to the community's needs.

b) Appointments and Dismissals

i) Appoint the Vice-Chairman of the Group.
ii) Appoint the Chairman of the Governing Body.
iii) Approve the membership of the Governing Body.
iv) Ratify appointment of members of the Risk and Audit committee.
v) Ratify appointment of the Chairman and members of the Remuneration and Terms of Service committee.
vi) Approve appointments to the committees which it has formally constituted.

c) Annual Reports and Accounts

i) Receipt and approval of Annual Report and Accounts.

d) Non-Delegable Functions

i) Those functions reserved to the Council of Members.

e) Monitoring

i) Request such reports as the Group sees fit from the Governing Body and other committees and sub-committees in respect of its exercise of powers delegated. The committees and sub-committees have a duty to respond to these requests.

f) Authorities and Duties Delegated to the Governing Body, Committees and Sub-Committees

i) To carry out its functions in accordance with its terms of reference.

Scheme of Reservation and Delegation

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
REGULATION AND CONTROL	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	✓				
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution, including terms of reference for the Group's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
REGULATION AND CONTROL	Approve constitution	✓				
REGULATION AND CONTROL	Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee				✓	
REGULATION AND CONTROL	Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated to the • Group's Governing Body • Committees and sub-committees of the Group, or • Its members or employees		✓			

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
	and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the • 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 for inclusion in the Group's constitution.					
REGULATION AND CONTROL	Approval of the Group's overarching scheme of reservation and delegation.	✓				
REGULATION AND CONTROL	Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group, not for inclusion in the Group's constitution.			✓ Management Executive Committee		
REGULATION AND CONTROL	Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.		✓			

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the Group's prime financial policies.					✓
REGULATION AND CONTROL	Approve prime financial policies.	✓	✓			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.	✓ In approving Constitution				
REGULATION AND CONTROL	Approve exceptional funding requests (within financial delegated limits).			✓ Individual members appointed by the CCG to the Individual Funding Request Panel to make decisions on behalf of the Group		
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal	✓ In approving Standing Orders				
REGULATION AND CONTROL	Policy approval and determination		✓	Delegate the approval of management policies, including human resources policies to Management Executive. Policies so adopted shall be reported to the Governing Body via the minutes of Management Executive and shall		

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
				be reported to the Risk and Audit Committee via a regular policy update		
PRACTICE MEMBER REPRESENTATIVES	Approve the arrangements for • Identifying practice members to represent practices in matters concerning the work of the Group and • Appointing clinical leaders to represent the Group's membership on the Group's Governing Body, for example through election (if desired).	✓				
PRACTICE MEMBER REPRESENTATIVES	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓				
PRACTICE MEMBER REPRESENTATIVES	Approve arrangements for identifying the Group's proposed Accountable Officer.	✓				
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the Group.		✓ Having regard to the views of the Council of Members			
STRATEGY AND PLANNING	Approval of the Group's operating structure.		✓			

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
STRATEGY AND PLANNING	Approval of the Group's commissioning plan.		✓ Having regard to the views of the Council of Members			
STRATEGY AND PLANNING	Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.		✓			
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.		✓			
ANNUAL REPORTS AND ACCOUNTS	Approval of the Group's annual report and annual accounts.		✓			
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the Group's statutory financial duties.	✓ In approving Constitution				
HUMAN RESOURCES	Approve the arrangements for determining the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.	✓ In approving Terms of reference of Remuneration committee				
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body		✓			

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
	members, including pensions and gratuities.					
HUMAN RESOURCES	Determine and approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.		✓			
HUMAN RESOURCES	Determine and approve any other terms and conditions of services for the Group's employees.		✓			
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.			✓ Remuneration terms of service Committee		
HUMAN RESOURCES	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.		✓			
HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another Group		✓			
HUMAN RESOURCES	Approval of the arrangements for discharging the Group's statutory duties as an employer.	✓ In approving Constitution				

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the Group			✓ Management Executive Committee Policies so adopted shall be reported to the Governing Body via the minutes of Management Executive and shall be reported to the Risk and Audit Committee via a regular policy update		
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk (including safeguarding vulnerable adults and children), maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓	✓ Oversight and Scrutiny to Management Executive	✓ Function discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge	
QUALITY AND SAFETY	Approve arrangements for supporting the NHS England and in discharging		✓	✓	✓	

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
	its responsibilities in relation to securing continuous improvement in the quality of general medical services.			Oversight and Scrutiny to Joint Quality Committee	Function discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge	
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.			✓ Management Executive Committee		
OPERATIONAL AND RISK MANAGEMENT	Approve an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.		✓			
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's counter fraud and security management arrangements.		✓			
OPERATIONAL AND RISK MANAGEMENT	Approval of the Group's risk management arrangements.		✓ Through approval Risk Management Strategy	✓ Determination, and Oversight and scrutiny by the – (Risk and Audit		

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
				Committee) Approval of underpinning Risk Management policies		
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Clinical Commissioning Groups or pooled budget arrangements under section 75 of the NHS Act 2006).		✓			
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the Group.		✓			
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for action on litigation against or on behalf of the Group.			✓ (Risk and Audit Committee	✓	
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's arrangements for business continuity and emergency planning.		✓ Approval of Major Incident Plan and Business continuity Plan	✓ Determination and Oversight and scrutiny by Risk and Audit Committee		
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's arrangements for handling complaints.		✓ Approval of Complaints Policy	✓ Approval of Complaints policy by Management Executive.		

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
				Approval of the policy shall be reported to the Governing Body via the minutes of Management Executive and shall be reported to the Risk and Audit Committee via a regular policy update Determination and Oversight and scrutiny by Risk and Audit Committee		
INFORMATION GOVERNANCE	Approval of the arrangements for Information Governance, ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		✓ Approval of Information Governance Strategy	✓ Approval of underpinning Information Governance policies, including the Information Governance and Information Risk Policy by Management Executive. Approval of the policies shall be reported to the Governing Body via the minutes of	✓ Function discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge (Senior Information Risk Owner and	

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
				Management Executive and be reported to the Risk and Audit Committee via a regular policy update Determination, Oversight and scrutiny by Risk and Audit Committee	Caldicott guardian)	
TENDERING AND CONTRACTING	Approval of the Group's contracts for any commissioning support.		✓			
TENDERING AND CONTRACTING	Approval of the Group's contracts for corporate support (for example finance provision).		✓			
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓			
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient	✓	✓ Exercise of the Functions discharged on behalf of the Membership	✓ Exercise of the Functions discharged on behalf of the Governing Body, by	✓ Exercise of the Functions discharged on behalf of the	

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
	choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		where named in paragraph 5.1.2 and paragraph 5.2 in the Constitution	the Committee where named in paragraph 5.1.2 and paragraph 5.2 in the Constitution	Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for coordinating the commissioning of services with other Groups and or with the local authority, where appropriate		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Make decisions and approve actions in relation to subjects recommended to it by the Northern CCG Forum, operating within the terms of this Constitution and within the agreed Terms of Reference of the Committee.			Northern CCG Joint Committee		
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.			✓ Approval of Information Access Policy by Management Executive Approval of the policy shall be reported to the Governing Body via the minutes of		

Policy Area	Decision	Reserved to the Council of Members	Reserved or delegated to Governing Body	Delegated to a Committee or Sub-Committee	Accountable Officer	Chief Finance Officer
				Management Executive and shall be reported to the Risk and Audit Committee via a regular policy update Determination, Oversight and scrutiny by Risk and Audit Committee		
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.				✓ Function discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge	

APPENDIX E: PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation adopted by the Group. These will be agreed by the Risk and Audit Committee and approved by the Governing Body.

1.1.3. In support of these prime financial policies, we will prepare more detailed policies, approved by the Chief Finance Officer, known as *detailed financial policies*. We refer to these prime and detailed financial policies together as the 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 Chief Finance Officer is responsible for approving all detailed financial policies.

1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website at http://www.northdurhamccg.nhs.uk/

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

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

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the risk and 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 the Group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committee and sub-committee (if any) and persons working on behalf of the Group are set out in the main body of this constitution and the Group's scheme of reservation and delegation.

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

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 Risk and 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

2.1. The Governing Body will set up a Risk and Audit committee with terms of reference agreed by the Governing Body.

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 updated annually.

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

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

3. AUDIT

3.1. In line with the terms of reference for the risk and audit committee, the person appointed by the Group to be responsible for internal audit (the head of internal audit) and the Audit Commission appointed external auditor will have direct and unrestricted access to risk and 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 Head of Internal Audit and the external auditor will have access to the risk and audit committee and the Accountable Officer to review audit issues as appropriate. All Risk and 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.
b) The Governing Body approves any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

4.1. The Risk and 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 Risk and Audit committee will ensure that the Group has arrangements in place to work effectively with NHS Protect as required.

5. EXPENDITURE CONTROL

5.1. The Group is required by statutory provisions[50] to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

5.2. The Accountable Officer has overall executive responsibility for ensuring that the Group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:

a) Provide reports in the form required by NHS England.
b) Ensure money drawn from NHS England is required for approved expenditure only, is drawn down only at the time of need and follows best practice.
c) Be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. ALLOTMENTS[51]

6.1. The 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.
c) Regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

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

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

7.5. The Accountable Officer will approve consultation arrangements for the Group's commissioning plan[52].

8. ANNUAL ACCOUNTS AND REPORTS

8.1. The Chief Finance Officer will ensure the Group:

a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body.
b) Prepares the accounts according to the timetable approved by the Governing Body.
c) Complies with statutory requirements and relevant directions for the publication of annual report.
d) Considers the external auditor's management letter and fully addresses all issues within agreed timescales.
e) Publishes the external auditor's management letter on the Group's website at http://www.northdurhamccg.nhs.uk/ .

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

9. INFORMATION TECHNOLOGY

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

a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998.
b) Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.
c) Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment.
d) Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

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

11.1. The Chief Finance Officer will:

a) Review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions[53], best practice and represent best value for money.
b) Manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts.
c) Prepare detailed instructions on the operation of bank accounts.

11.2. The Accountable Officer shall approve the banking arrangements.

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

12.1. The Chief Financial Officer is responsible for:

a) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
b) Establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments.
c) Approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary.
d) For developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

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

a) The Group's standing orders.
b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law.
c) Take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

13.2. In all contracts entered into, the Group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

14. COMMISSIONING

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

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

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

15. RISK MANAGEMENT AND INSURANCE

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

16. PAYROLL

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

a) Is supported by appropriate (i.e. contracted) terms and conditions.
b) Has adequate internal controls and audit review processes.
c) Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

17. NON-PAY EXPENDITURE

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

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

17.3. The Chief Finance Officer will:

a) Advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and once approved, the thresholds should be incorporated in the scheme of reservation and delegation.
b) Be responsible for the prompt payment of all properly authorised accounts and claims.
c) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

18.1. The Accountable Officer will:

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

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

19. RETENTION OF RECORDS

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

20.1. The Chief Finance Officer shall ensure that each trust fund which the Group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F: NOLAN PRINCIPLES

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)[54]

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

APPENDIX G: NHS CONSTITUTION

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

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 people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

4. **The NHS aspires to put patients at the heart of everything it does.** It should support individuals to promote and manage their own health. NHS services must reflect, and should be co-ordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and their carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

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)[55]

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

APPENDIX H – DISPUTES RESOLUTION PROCEDURE

Background

It may be that on occasions practices will disagree with decisions made by their commissioning group or in some cases, actions taken by other practices that impact on them. It is important that all practices have the ability to appeal against any such decisions and have the right to request that any dispute is resolved by means of an agreed Dispute Resolution Procedure.

The arrangements to deal with disputes arising from the new commissioning responsibilities will follow closely the existing arrangement which involves a three staged process.

Stage 1: The Informal Process

Informal resolution helps develop and sustain a partnership approach between practices and between practices and commissioning groups.

Each party should involve the LMC at this stage in either an advisory or mediation role.

It is a requirement that the Informal Process must have been exhausted before either party is able to escalate the dispute to Stage 2: The Local Dispute Resolution Panel.

Stage 2: The Formal Local Process

In cases where either party remains dissatisfied with the outcome of Stage 1, then they have the right to request Formal Local Dispute Resolution in writing, including grounds for the request to the Accountable Office of the commissioning group.

Other than in cases, which in the opinion of the Accountable Officer and following consultation with the LMC, are considered to be frivolous or vexatious, a Local Dispute Resolution Panel (LDRP) will be convened to hear the dispute and make a determination.

Members of the LDRP

The Panel will consist of:-

- A clinical member of the Board of another commissioning group.
- A GP conciliator (from a Panel to be established by the LMCs).
- An LMC representative (from a different part of North Durham).
- Panel Secretary (non-voting). – role for AO of CFO or Lay Member

The Panel will agree its own Chairman.

The Hearing

The hearing will be held within 20 working days of the request being lodged. At least 7 working days' notice of the hearing date will be given to all participants.

Documentation

All relevant documentation will be provided to all parties and panel members at least 5 working days before the hearing.

Procedure at the LDRP Hearing

The discussion of the Panel will remain confidential. The Panel Secretary will keep a record of the hearing.

The Appellant will be asked to present their case. Members of the Panel will be given the opportunity to ask any questions relevant to the case.

The Respondent will be asked to present their response. Members of the Panel will be given the opportunity to ask any questions relevant to the case.

The Appellant and the Respondent will then withdraw.

Following the presentation of the facts the Panel will deliberate and reach a decision on the case based on a majority of the voting panel members.

The Panel Chair will notify both parties of the decision including any recommendations in writing within 7 days after the hearing.

If either party disputes the decision of the LDRP and the decision relates directly to provisions in its GMS/PMS contract, then it may refer the matter to the Family Health Services Appeal Unit (FHSAU) of the NHS Litigation Authority in line with relevant NHS Regulations, for dispute resolution under the "NHS Dispute Resolution Procedure".

Stage 3: Appeal to The Secretary of State through the FHSAU – NHS Dispute Resolution Procedure

Written requests must be directed to the FHSAU, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE within three years beginning on the date on which the matter giving rise to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.

Disputes should be addressed directly to the FHSAU and must include:-

- The names and addresses of the parties to the dispute.
- A copy of the contract.
- A brief statement describing the nature and circumstances of the dispute.

Inter Practice Disputes

It is envisaged that the Stage 2 Formal Process will be used in the main to deal with disputes between individual practices and commissioning groups.

In cases where the dispute is between practices and it is an issue that warrants formal dispute resolution, then the same process and timescales will apply.

The only proposed change is that the LMC representative on the LDRP will be a representative from an LMC outside of North Durham. It is extremely unlikely that any disputes between practices will be appropriate for referral to the Secretary of State for determination as detailed in Stage 3.