



The best possible outcomes for Southwark people

NHS SOUTHWARK CLINICAL COMMISSIONING GROUP: CONSTITUTION

Authorisation Submission September 2012

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Foreword

Southwark's clinicians have a tradition of being involved in planning and co designing services for the long term benefit of patients and their carers, and being committed to working with partners for the common good of patients and residents of Southwark.

This constitution sets out formally the operations and governance structures that build upon our current significant clinical involvement in commissioning, and to ensure that these principles of broad involvement, both within the CCG and between the CCG and other related organisations, are supported and developed further.

We recognise that the CCG is a new type of commissioning organisation, with different responsibilities to preceding NHS organisations. The constitution reflects this and seeks to ensure that not only are the views of all local clinicians heard and represented, but importantly, the views of local residents and users of the commissioned services are also heard and responded to.

The coming years represent a time of significant change, both in terms of the ways in which services are delivered and limitations in resources. It is in everyone's interests to ensure that resources are spent effectively, allocated fairly, and that services are of the highest possible quality and produce the outcomes that professionals seek and the population both needs and deserves.

The constitution sets out our responsibilities for commissioning care for the residents of Southwark. It describes the governing principles, rules and procedures that we have established to ensure probity and accountability in the day to day running of the CCG; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to our goals.

Southwark CCG is a membership organisation. The engagement of our member practices will be critical to our success. Our member practices will be involved in our decision making, reserving key strategic decisions to themselves (to be voted upon at our Council of Members meetings), delegating other decisions to our governing body and working in their respective Localities on Locality specific plans and projects. There will be two way accountability between Member Practices and the Governing Body.

The constitution applies to all of the member practices, the CCG's employees, individuals working on behalf of the CCG, anyone who is a member of the CCG's governing body, representatives on the council of members, and any other committee(s) established by the CCG or its governing body.

All such people are responsible for knowing, complying with, and upholding the arrangements for the governance and operation of the group as described in this constitution.

Dr Amr Zeineldine
Chair, Southwark CCG
August 2012

GLOSSARY OF KEY TERMS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006;
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act);
Chief Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the CCG:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money;
Area Covered	the geographical area that the CCG has responsibility for, as defined in Clause 2 of this constitution;
CCG	NHS Southwark Clinical Commissioning Group, whose constitution this is;
CCG's Website	For 2013 this will be: www.southwarkccg.nhs.uk ; ¹ our current website is as follows: http://www.southwarkpct.nhs.uk/about_us/nhs_southwark_clinical_commissioning_group/nhs_sccg_constitution
Chair of the Governing Body	the individual appointed to act as chair of the Governing Body. The eight GP Representatives on the Governing Body shall elect one of their number to this role;
Chief Financial Officer	the qualified accountant employed by the CCG 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 Clause A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act);
Council of Members	the representative group through which the CCG acts to fulfil its duties to (a) decide those matters reserved to the Member Practices under the Scheme of Reservation and Delegation, and (b) through which the Member Practices hold the Governing Body and a its committees and sub-committees to account;
Deputy Practice Representative	a clinician or practice manager employed by or contracted to work for his/her Member Practice, who will act on behalf of his/her Member Practice as deputy to the Practice Representative when required;
EPEC	engagement and patient experience committee;
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;
Good Governance Standard for Public Services	the report published by the Independent Commission on Good Governance in Public Services, Office of Public Management and the Chartered Institute of Public Finance and Accountability in 2004 available at http://www.cipfa.org.uk/pt/download/governance_standard.pdf

¹ Subject to registration of domain name

<i>Governing Body</i>	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: <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it;
<i>Governing Body member</i>	any member appointed to the Governing Body of the CCG;
<i>GP</i>	a general practitioner;
<i>GP Representative</i>	one of the eight GPs who are appointed to the Governing Body;
<i>Health and Wellbeing Board</i>	the body established by Southwark Council pursuant to section 194 of the 2012 Act;
<i>LMC</i>	the local medical committee for Southwark as recognised by the NHS Act 1977;
<i>Lay Member</i>	a lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG 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;
<i>Locality(ies)</i>	groups of Member Practices organised on a geographical basis as determined by the CCG from time to time, the function of which is to facilitate communication between the Governing Body and the Member Practices;
<i>Local Authority</i>	Southwark Council;
<i>Member Practice</i>	each of the 47 holders of General Medical Services, Personal Medical Services or Alternative Provider Medical Services contracts that is listed as a member of this CCG in Appendix B and referred to in paragraph 3.1 of this constitution;
<i>NHS CCG Regulations</i>	statutory instrument 2012 number 1631, The National Health Service (Clinical Commissioning Groups) Regulations 2012;
<i>Practice Representative</i>	a GP appointed by his/her Member Practice to act on behalf of his/her Member Practice in all matters reserved to the Council of Members under the Scheme of Reservation and Delegation;
<i>Registers of interests</i>	registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the members of the CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees;
<i>Scheme of Reservation and Delegation</i>	The scheme set out in Appendix D.

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Southwark Clinical Commissioning Group (the “CCG”).
- 1.1.2. The CCG is a statutory public body established by the NHS Commissioning Board in accordance with the 2006 Act (as amended by the 2012 Act).

1.2. Status of this Constitution

- 1.2.1. This constitution is made between the members of the CCG and takes effect from the [1st of April 2013]², when the NHS Commissioning Board established the CCG. The constitution is published on the CCG’s Website and complies with the requirements of Part 1 of Schedule 1A of the 2012 Act, the NHS CCG Regulations regarding CCGs and takes account of guidance from the NHS Commissioning Board.

1.3. Amendment and Variation of this Constitution

- 1.3.1. This constitution can only be varied in two circumstances:
- a) Where the CCG applies to the NHS Commissioning Board and that application is granted;
 - b) Where in the circumstances set out in legislation the NHS Commissioning Board varies the CCG’s constitution other than on application by the CCG.

2. AREA COVERED

- 2.1. The geographical area covered by the CCG is the London Borough of Southwark as shown in part 1 of Appendix A.

3. MEMBERSHIP

3.1. Membership of the CCG

- 3.1.1. The practices that comprise the Member Practices of the CCG are listed at Appendix B, together with the signatures of each of their authorised signatories confirming their agreement to this constitution.

3.2. Eligibility

- 3.2.1. Providers of primary medical services to a registered list of Southwark patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract may be members of the CCG.

4. MISSION, VALUES AND VISION

4.1. Mission

- 4.1.1. The CCG’s mission is to commission high quality services that improve the physical and mental health and wellbeing of our population and result in reduction of health inequalities. Our commissioning will be:
- a) Evidence based;
 - b) Focused on clinical outcomes;
 - c) Led by local frontline healthcare professionals;
 - d) Determined by local need;
 - e) Informed by genuine patient and public engagement, and;

² Subject to authorisation

- f) Result in more information and choice for patients.

4.2. Values

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

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

- a) We continue to be guided by the founding principle of the NHS – that good healthcare should be available to all, free at the point of delivery;
- b) We place patients, health improvement and quality at the heart of everything we do;
- c) We are honest and open about the actions and decisions we take;
- d) We are accountable to the public and recognise our responsibility to act in the best interests of the population we serve;
- e) Our decisions are evidence based, fair and make the best use of the resources we have available to us;
- f) We act responsibly as a public sector organisation and are committed to working in partnership with local government, voluntary organisations and the wider community to ensure a united approach to tackling the wider determinants of poor health in Southwark.

4.3. Vision

4.3.1. We want the best possible health outcomes for our population and will achieve this by aiming to ensure that:

- a) People live longer, healthier, happier lives no matter what their situation in life;
- b) The gap in life expectancy between the richest and the poorest in our population continues to narrow;
- c) The care local people receive is high quality, safe and accessible;
- d) The services the CCG commissions are responsive and comprehensive, integrated and innovative, and delivered in a thriving and financially viable local health economy, and;
- e) We make effective use of the resources available to us and always act to secure the best deal for Southwark.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act, the CCG 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* (see link to report in glossary);
- c) The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’ (Appendix F);
- d) The seven key principles of the *NHS Constitution* (Appendix G);
- e) The Equality Act 2010.

4.5. Accountability

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

- a) Publishing its constitution;
- b) Appointing independent Lay Members and non GP clinicians to its Governing Body;
- c) Holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);

- d) Holding meetings of its Council of Members in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting) at least three times per annum;
- e) Publishing annually a commissioning plan;
- f) Complying with Local Authority health overview and scrutiny requirements;
- g) Meeting annually in public to publish and present its annual report;
- h) Producing annual accounts in respect of each Financial Year which must be externally audited;
- i) Having a published and clear complaints process;
- j) Complying with the Freedom of Information Act 2000;
- k) Providing information to the NHS Commissioning Board as required.

4.5.2. In addition to these statutory requirements, the CCG will demonstrate its accountability through its Governing Body's Engagement and Patient Experience Committee ("EPEC") working within the Localities to engage with patients and the public and form Locality Public and Patient Engagement Groups in each Locality ("Locality PPGs") whose members will be drawn from the patient and public engagement groups of each Member Practice.

4.5.3. The CCG's Governing Body will also be a full member of the Health and Wellbeing Board established by the Local Authority.

4.5.4. In discharging its functions, the CCG will through its Governing Body, committees and sub-committees consult the LMC on decisions that impact on Member Practices in their delivery of primary care services and individual GPs in their professional roles. This shall be effected, for example, by holding and attending regular standing joint consultative meetings between the Governing Body and the LMC in accordance with an accountability framework to be agreed between the CCG and the LMC.

4.5.5. The Council of Members and Governing Body of the CCG will throughout each year have an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

- a) Commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
 - i) All people registered with Member Practices within the Area Covered, and
 - ii) People who are usually resident within the Area Covered and are not registered with a member of any clinical commissioning group;
- b) Commissioning emergency care for anyone present in the Area Covered;
- c) Paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body (via its Remuneration Committee) and determining any other terms and conditions of service of the CCG's employees;
- d) Determining the remuneration and other allowances of members of its Governing Body (via its Remuneration Committee).

5.1.2. In discharging its functions the CCG will:

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

- i) Reserving certain matters to the Member Practices and delegating responsibility for other matters to the Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D). The Governing Body shall discharge its functions either directly or by delegation to its committees;
- ii) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and approving its commissioning strategy;
- iii) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering and approving it;
- iv) The Governing Body preparing operational plans and operational budgets and implementing the commissioning plan through those operational plans and operational budgets;
- v) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- vi) Facilitating two way communications between the Governing Body and the Member Practices through Localities.

b) ***Meet the public sector equality duty*** by:

- i) Delegating responsibility to its Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D), which shall discharge such functions either directly or by delegation to its committees;
- ii) Working with the Governing Body and its committees to implement plans;
- iii) Through the Council of Members, monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- iv) Publishing information at least annually to demonstrate compliance with this duty;
- v) Producing an annual update on the equality and diversity strategy and an annual work plan.

c) ***Promote integration*** of *both* health services with other health services *and* health services with health-related and social care services, where the CCG considers that this would improve the quality of services or reduce inequalities, and work in partnership with the Local Authority to develop ***joint strategic needs assessments*** and ***joint health and wellbeing strategies*** by:

- i) Requiring the Chief Officer, Chair of the Governing Body and up to two further GP Representatives to be full and active members of the Southwark Health and Wellbeing Board;
- ii) Inviting a representative from Southwark Local Authority to participate as a non-voting member of the Governing Body;
- iii) Requiring the Governing Body to provide assurance to the Council of Members that the CCG's commissioning plans take into account the joint strategic needs assessments and joint health and wellbeing strategies;
- iv) Require the Governing Body to work within the Localities to implement plans;
- v) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees, and holding the Governing Body to account.

5.2. General Duties - in discharging its functions the CCG will:

- 5.2.1. Make arrangements to ***secure patient and public engagement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements, ***promote the engagement of patients, their carers and representatives in decisions about their healthcare*** and ***enable patients to make choices*** by:

- a) The Governing Body delegating responsibility for engagement to the EPEC, monitoring the progress of the EPEC's work and holding the EPEC to account for delivery of the communications and engagement strategy, implementation plan and annual refresh;
- b) The EPEC working within the Localities to form Locality PPGs;
- c) Inviting a member of Southwark Health Watch to become a voting member of the Governing Body and to become a member of the EPEC;
- d) Ensuring all Quality, Innovation, Productivity and Prevention ("QIPP") plans include detailed engagement plans;
- e) Ensuring best practice in engagement activities to meet the needs of a wide range of communities, including those with unmet needs;
- f) Publishing information about health services on the CCG's Website and through other media;
- g) Encouraging and acting on feedback received from patients and the public;
- h) The Integrated Governance and Performance Committee implementing a complaints procedure that is compliant with the relevant statutory framework and investigating and acting on complaints and concerns;
- i) The Integrated Governance and Performance Committee monitoring and providing assurance on patient safety and reporting regularly to the national reporting and learning system;
- j) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account.

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

- a) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy so that it reflects the NHS Constitution;
- b) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering it, ensuring it reflects the NHS Constitution and approving it;
- c) The Governing Body implementing the commissioning plan;
- d) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account.

5.2.3. ***Secure continuous improvement to the quality of services and act effectively, efficiently and economically by:***

- a) Reserving certain matters to the Member Practices and delegating responsibility for other matters to the Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D). The Governing Body shall discharge its functions either directly or by delegation to its committees;
- b) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy;
- c) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering and approving it;
- d) The Governing Body preparing operational plans and operational budgets and implementing the commissioning plan through those operational plans and operational budgets;
- e) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- f) Facilitating two way communications between the Governing Body and the Member Practices through Localities;
- g) Appointing internal and external auditors;
- h) Acting on patient feedback and in particular identifying and tackling quality and safety issues through the EPEC and the Integrated Governance and Performance Committee;
- i) Put arrangements in place to deal with and learn from serious untoward incidents and never events through the Integrated Governance and Performance Committee and EPEC.

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

- a) The CCG monitoring, benchmarking and improving the quality of all services through clinical governance and clinical audit in particular, this being a key role of the Integrated Governance and Performance Committee;
- b) The CCG working collaboratively with the NHS Commissioning Board to address variability and service improvements and to engage patients and the public;
- c) The CCG working in partnership with NHS Commissioning Board to improve the quality of specialised services;
- d) Member Practices in their Localities sharing data and benchmarking primary care outcome indicators across Member Practices;
- e) Working in a joint advisory group with other clinical commissioning groups across South East London (as described in clause 6.7 below) to examine system-wide care pathway performance of primary care.

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

- a) Reserving certain matters to the Member Practices and delegating responsibility for other matters to the Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D). The Governing Body shall discharge its functions either directly or by delegation to its committees;
- b) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy;
- c) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering and approving it, ensuring that it includes measures to reduce inequalities in its content;
- d) The Governing Body preparing operational plans and operational budgets and implementing the commissioning plan through those operational plans and operational budgets;
- e) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- f) Facilitating two way communications between the Governing Body and the Member Practices through Localities;
- g) Ensuring best practice in engagement activities to meet a wide range of communities and to reach these with unmet needs and unexpressed demands.

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

- a) Delegating responsibility to its Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D), which shall discharge such functions either directly or by delegation to its committees;
- b) Assisting the Governing Body to develop strategy and implementation plans and working with the Governing Body and its committees to implement plans;
- c) Monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account.

5.2.7. **Promote innovation and promote research and the use of research** and by:

- a) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy, taking into account relevant findings from research;
- b) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering it, ensuring that it promotes innovation, research and the use of research, and approving it;
- c) The committees of the Governing Body (including, in particular, the Integrated Governance and Performance Committee and the Commissioning Strategy Committee) being tasked in their terms of reference with the promotion of innovation, research and the use of research;

- d) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account.

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

- a) Reserving certain matters to the Member Practices and delegating responsibility for other matters to the Governing Body (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D). The Governing Body shall discharge its functions either directly or by delegation to its committees;
- b) The Member Practices, acting through a Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy;
- c) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering it, ensuring that it promotes education and training, and approving it;
- d) The Governing Body preparing operational plans and operational budgets and implementing the commissioning plan through those operational plans and operational budgets;
- e) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- f) Facilitating two way communications between the Governing Body and the Member Practices through Localities.

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

- a) ***Ensure its expenditure does not exceed the aggregate of its allotments for the Financial Year;***
- b) ***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;***
- c) ***Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by the NHS Commissioning Board, and;***
- d) ***Publish an explanation of how the CCG spent any payment in respect of quality*** made to it by the NHS Commissioning Board

By:

- i) Appointing appropriately qualified Chief Officer and Chief Financial Officer;
- ii) Reserving certain matters to the Member Practices and delegating responsibility for other matters to the Governing Body and to the Chief Officer and Chief Financial Officer (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D);
- iii) The Member Practices, acting through the Council of Members, agreeing the CCG's vision, values and overall strategic direction and setting its commissioning strategy;
- iv) The Governing Body recommending the CCG's commissioning plan to the Council of Members and the Council of Members considering it, ensuring that it promotes innovation, research and the use of research, and approving it;
- v) The Chief Financial Officer and the Chief Officer preparing the CCG's operational scheme of delegation;
- vi) The Chief Financial Officer preparing the detailed financial policies and the Governing Body considering and approving them;
- vii) The Governing Body preparing operational plans and operational budgets and implementing the commissioning plan through those operational plans and operational budgets;
- viii) The Council of Members monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account;
- ix) Facilitating two way communications between the Governing Body and the Member Practices through Localities;

- x) Publishing an annual report which will include annual accounts and a remuneration report;
- xi) Submitting to audit.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The CCG will:

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

5.4.2. The CCG 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 (as set out in Appendix D) and other relevant CCG policies and procedures.

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

6.1.1. The CCG is a membership organisation and the Member Practices are accountable for exercising its statutory functions.

6.1.2. The CCG may grant authority to act on its behalf to:

- a) Its Council of Members;
- b) Its Governing Body;
- c) Its employees;
- d) Any committee or sub-committee of the Governing Body;
- e) Any of its Member Practices in their Localities.

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

6.1.4. A diagram of the CCG's governance structure is attached at part 2 of Appendix A.

6.2. Scheme of Reservation and Delegation

6.2.1. The extent of the authority to act of the various bodies mentioned at 6.1.2 depends on the powers delegated to them by the CCG as expressed through:

- a) The CCG's Scheme of Reservation and Delegation (as set out in Appendix D); and
- b) For committees, their terms of reference (included in Appendix C).

6.2.2. The Scheme of Reservation and Delegation sets out the key functions of the CCG and to whom the CCG has delegated responsibility for fulfilling these. The Member Practices are involved in decision making by:

- a) Reserving to themselves key strategic functions, which they shall exercise through the Council of Members;
- b) Delegating other strategic functions and all operational functions to the Governing Body (which it may exercise either directly or by delegation to its committees), the Chief Officer and the Chief Financial Officer;
- c) Each appointing a Practice Representative (and a Deputy Practice Representative) to attend meetings of the Council of Members;
- d) Working in their Localities to:
 - i) Discuss Locality priorities and inform the Governing Body of these, so that the Governing Body can take them into account in its preparation of commissioning plans

- and budgets for the CCG, prior to submitting them to the Council of Members for approval;
- ii) Facilitate communications between Member Practices within the Localities and between the Member Practices and the Governing Body.

6.3. General

- 6.3.1. In discharging functions of the CCG that have been delegated to its Governing Body (and its committees), committees and individuals must:
- a) Comply with the CCG's principles of good governance;
 - b) Operate in accordance with the CCG's Scheme of Reservation and Delegation;
 - c) Comply with the CCG's standing orders;
 - d) Comply with the CCG's arrangements for discharging its statutory duties;
 - e) Ensure that Member Practices have had the opportunity to contribute to the CCG's decision making process.
- 6.3.2. When discharging their delegated functions, committees must also operate in accordance with their approved terms of reference.

6.4. The Localities

- 6.4.1. Member Practices are organised in three Localities: South Southwark; Bermondsey and Rotherhithe, and; Borough and Walworth.
- 6.4.2. The Localities do not have delegated strategic or CCG wide operational decision making powers. They have the following functions, to:
- a) Discuss Locality priorities and inform the Governing Body of these, so that the Governing Body can take them into account in its preparation of commissioning plans and budgets for the CCG, prior to submitting them to the Council of Members for approval;
 - b) Facilitate communications between Member Practices within the Localities and between the Member Practices and the Governing Body;
 - c) Implement any project specific operational plans delegated to the Localities by the Governing Body, Chief Officer, Chief Financial Officer or any committee;
 - d) Facilitate Member Practices working together and supporting one another to achieve improvements in services.

There shall be no restrictions on who from Member Practices may attend Locality meetings. Specifically, practice nurses, allied health professionals and practice managers from Member Practices shall be encouraged to attend Locality meetings.

6.5. The Council of Members

- 6.5.1. **Functions** – To exercise the key strategic functions the Member Practices have reserved to themselves and to hold the Governing Body and the officers of the CCG to account for fulfilling their duties and to be held to account by the Governing Body and officers of the CCG in respect of their contribution to the success of the CCG.
- 6.5.2. **Composition** - Each Member Practice shall appoint a Practice Representative to the Council of Members. Each Member Practice may change its Practice Representative from time to time, on prior written notice to the Governing Body. The Practice Representatives shall elect a chair of the Council of Members from amongst their number.

Where a Practice Representative is unavailable for any reason, Member Practices shall have a Deputy Practice Representative to deputise for the Practice Representative, as set out in clause 7.1 below.

- 6.5.3. **Voting rights** – Each Member Practice shall have one vote which shall be exercised on its behalf by its Practice Representative.

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 the other functions connected with its main functions as may be specified in regulations or in this constitution. The Governing Body functions and responsibilities shall include:
- a) Ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCG's *principles of good governance* (its main function);
 - b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG 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 as advised by the Remuneration Committee;
 - c) Approving any functions of the CCG that are specified in regulations;
 - d) Assessing capacity requirements and quality assuring internal capabilities, shared services and commissioning support services;
 - e) All other functions of the CCG, as set out at paragraph 5 above.
- 6.6.2. **Composition** - the Governing Body shall be clinically led and include no fewer than eleven clinical members. It shall comprise:
- a) Eight GP Representatives of Member Practices (all voting), one of whom shall be the Chair of the Governing Body (who shall not have a casting vote);
 - b) Three lay members (all voting), one of whom shall be appointed by the Governing Body to be Deputy Chair of the Governing Body;
 - i) one to lead on audit, remuneration and conflict of interest matters;
 - ii) one to lead on patient and public engagement matters;
 - iii) one to lead on quality of commissioned services;
 - c) Two registered nurses (both voting);
 - i) one from secondary care or community care; and
 - ii) one practice nurse from a Member Practice;
 - d) One secondary care specialist doctor (voting);
 - e) The Chief Officer (voting);
 - f) The Chief Financial Officer (voting);
 - g) A Public Health representative (voting);
 - h) A Health Watch representative (voting);
 - i) One Local Authority employee (non-voting);
 - j) The CCG Director of service redesign (non-voting);
 - k) The CCG Director of client groups and partnerships (non-voting);
 - l) A representative of the LMC (non-voting).
- 6.6.3. From time to time, up to two other non-voting members may be co-opted as additional members of the Governing Body.
- 6.6.4. There will always be a voting majority of clinical professionals on the Governing Body. Voting status may be changed by agreement of the Council of Members.
- 6.6.5. **Committees of the Governing Body** - the Governing Body has appointed the following committees and sub-committees, all of whom have delegated authority to form committees and sub-committees to assist them in the discharge of their duties:
- a) **Audit Committee** –provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance, and assurance on risk and fraud issues;
 - b) **Remuneration Committee** –makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide

services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme;

- c) **Integrated Governance and Performance Committee** – monitors and provides the Governing Body with assurance on finance, QIPP, performance, quality and safety; will proactively identify and notify the Governing Body of early warning signs of a failing community or secondary care service (as set out in the National Quality Board’s document “Review of Early Warning Systems in the NHS” published February 2010, a copy of which will be available on the CCG’s Website); maintains the CCG’s assurance framework and risk registers; monitors, investigates and acts on complaints and concerns; works with Member Practices to implement plans and undertake designated actions in the Localities; provides the Governing Body with assurance on legal compliance and effectiveness of the CCG’s policies and activities on safeguarding, information governance, equality and diversity;
- d) **Commissioning Strategy Committee** - oversees the development and implementation of the CCG’s strategic plans and commissioning intentions, taking into account information received from Localities and the Council of Members on commissioning strategy and priorities; scrutinises the ongoing efficacy of commissioned services where service developments are identified; works with Member Practices to implement plans and undertake designated actions in the Localities; receives reports from strategic programme boards charged with overseeing major commissioning programmes;
- e) **Engagement and Patient Experience Committee** – is responsible for ensuring that a range of patient experience data is captured and acted upon and informs commissioning decisions, and; to monitor patient engagement and advise the Governing Body on the subject, ensuring account is taken to reach those with unexpressed demands and needs.

All of the committees set out above are accountable to the Governing Body and the Governing Body has approved and keeps under review the terms of reference for the committees, which includes information on the membership of the committees.

6.7. **Joint Arrangements**

6.7.1. The CCG has entered into joint advisory arrangements with clinical commissioning groups across South East London. These arrangements include arrangements for informal cross CCG working, to plan pan CCG wide approaches and to make recommendations to the Governing Body and the Governing Body’s committees on issues such as:

- a) Collaborative contracting with providers;
- b) System-wide pathways commissioned with primary care;
- c) Implementation of shared programmes and cross-clinical commissioning group QIPP initiatives;
- d) Sharing thinking and learning in relation to clinical commissioning and develop joint strategies and plans.

6.7.2. The CCG works with the Local Authority on the Safeguarding Adults Board, Local Safeguarding Children Board and the Health and Wellbeing Board.

6.7.3. The CCG has joint arrangements with the Local Authority, including:

- a) arrangements made pursuant to s256 of the National Health Service Act 2006;
- b) Plans to collaborate on public health matters, integrated care pathways, reducing health inequalities and other areas through a joint advisory group, the “Southwark Joint Commissioning Group”.

7. **ROLES AND RESPONSIBILITIES**

7.1. **Practice Representatives on the Council of Members**

7.1.1. Practice Representatives shall represent their Member Practice’s views and act on behalf of their Member Practice in matters relating to the CCG. The role of each Practice Representative is to:

- a) Represent his/her Member Practice at meetings of the Council of Members;
- b) Act as the contact and communications lead for his/her Member Practice partners and staff in respect of all matters concerning the CCG, acting as the channel for two-way communications between the CCG and the Member Practice;
- c) Be committed to upholding the NHS Constitution and the Nolan Principles;
- d) Develop a sound understanding of clinical commissioning, the CCG and the wider interests of the health community;
- e) Vote on proposals when required to do so (or a Deputy Practice Representative in accordance with paragraph 3.6.2 of Appendix C (Standing Orders));
- f) Represent the majority view of the Council of Members within his/her Member Practice;
- g) Foster engagement of his/her Member Practice in Locality wide and CCG wide initiatives and the implementation of the CCG's mission, values and aims through its operational plans;
- h) Ensure delivery of operational plans in his/her Member Practice.

7.1.2. Member Practices shall also have a Deputy Practice Representative to deputise for the Practice Representative when he/she is unavailable for any reason.

7.2. Chair of Council Members

7.2.1. The Chair of the Council of Members will:

- a) Lead the Council of Members, ensuring that it remains able to discharge its duties and responsibilities set out in this constitution;
- b) Lead the Practice Representatives and help the Member Practices to influence the work of the CCG;
- c) Contribute to building a shared vision of the mission, values, vision and culture of the CCG;
- d) Ensure Member Practices, patients and the public's views are heard and understood, and insofar as possible, met;
- e) Support the Member Practices to implement through the Localities the commissioning plans approved by the Council of Members in accordance with the corporate budgets approved by the Council of Members;
- f) Hold the Governing Body and its members to account for performance of their roles as set out in this constitution and in their job descriptions.

7.3. GP Representatives on the Governing Body and other Primary Care Health Professionals

7.3.1. In addition to the Practice Representatives identified in section 7.1 above, the CCG has identified a role for eight GP Representatives on the Governing Body and may identify a number of other GPs / primary care health professionals from Member Practices to either support the work of the CCG and / or represent the CCG rather than represent their own individual practices. All of these GP Representatives, GPs and primary care health professional undertake the following roles on behalf of the CCG:

- a) Participate in working groups and committees;
- b) Become involved in clinical training events, and;
- c) Provide professional advice on particular projects and commissioned services.

7.4. All Members of the CCG's Governing Body

7.4.1. Guidance on the roles of members of the Governing Body is set out in a separate document by the NHS Commissioning Board "Clinical Commissioning Group Governing Body Members – Roles, Attributes and Skills".

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

7.5. The Chair of the Governing Body

7.5.1. The role of Chair of the Governing Body is fully defined in a job description available on the CCG's Website. It has been summarised in a national document as:

- 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 Governing Body and its individual members;
- c) Ensuring that the CCG has proper constitutional and governance arrangements in place;
- d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e) Supporting the Chief Officer in discharging the responsibilities of the organisation;
- f) Contributing to building a shared vision of the aims, values and culture of the organisation;
- g) Leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities;
- h) Overseeing governance and particularly ensuring that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times;
- i) Ensuring that public and patients' views are heard and their expectations understood and, where appropriate, these views and expectations are met as far as is possible;
- j) Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;
- k) Ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies);
- l) Being the senior clinical voice of the CCG and taking the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.6. The Deputy Chair of the Governing Body

7.6.1. The Deputy Chair of the Governing Body will be one of the three lay members on the Governing Body, appointed by the Governing Body. He/she will deputise for the Chair of the Governing Body where the Chair of the Governing Body has a conflict of interest or is otherwise unable to act.

7.7. Role of the Chief Officer

7.7.1. The Chief Officer of the CCG is a member of the Governing Body.

7.7.2. This role of Chief Officer is fully defined in a job description available from the CCG's Website. It has been summarised in a national document as:

- a) Being responsible for ensuring that the CCG 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 Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the Member Practices (through the Governing Body) of the CCG's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.8. Role of the Chief Financial Officer

7.8.1. The Chief Financial Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems.

7.8.2. This role of Chief Financial Officer is fully defined in a job description available from the CCG's Website. It has been summarised in a national document as:

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

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Member Practices, members of the Governing Body (and its committees and sub-committees) and employees will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2. Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the CCG's Website.
- 8.1.3. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.
- 8.1.4. Employees, members, committee and sub-committee members of the CCG, members of the Governing Body (and its committees), individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG must comply with provisions of the Bribery Act 2010.

8.2. Conflicts of Interest

- 8.2.1. As required by section 140 of the 2006 Act, as inserted by Section 25 of the 2012 Act, the CCG will make arrangements to manage conflicts and potential conflicts of interests to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual employee, Member Practice, member of the Governing Body, member of a committee or a sub-committee has an interest, or becomes aware of an interest which could lead to a conflict of interests, that must be considered a potential conflict of interests, and is subject to the provisions of this constitution.
- 8.2.3. A conflict of interest will include:
 - a) A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) A non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - d) A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for

example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

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

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

8.3. Declaring and Registering Interests

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

- a) The Member Practices of the CCG;
- b) The members of its Governing Body;
- c) The members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
- d) Its employees.

8.3.2. The registers will be published on the CCG's Website.

8.3.3. The Chief Officer will hold and maintain the registers.

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 Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

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

8.3.6. The Audit Committee will ensure that the register of interests is reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

8.4.1. The CCG's policy for management of conflicts of interest, at Appendix H, shall apply and conflicts shall be managed accordingly. This includes holding a panel to consider issues of conflict for members, chaired by the lay member of the Governing Body with responsibility for audit, remuneration and conflict of interest matters (who is referred to in the policy as the "guardian for CoI"). The results of any such panel will be reported in the CCG meetings, and ratified there.

8.5. Managing Conflicts of Interest: contractors and people who provide services to the CCG

8.5.1. Anyone seeking information in relation to a 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.

8.5.2. Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

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

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

- a) all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services, and;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3. Copies of this Procurement Strategy will be available on the CCG's Website.

9. THE CCG AS EMPLOYER

- 9.1. The CCG 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 CCG, whatever their role or status in the CCG.
- 9.2. The CCG 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 CCG 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 CCG. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4. The CCG 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 CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters
- 9.5. The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6. The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7. The CCG will ensure that it complies with all aspects of employment law.
- 9.8. The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9. The CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have the means through which their concerns can be voiced.
- 9.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this clause, will be available on the CCG's Website.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

- 10.1.1. The CCG will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.
- 10.1.2. Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues and certain papers will be published on the CCG's Website.

10.1.3. The CCG 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. Supporting Governance Documents

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

- a) **Standing Orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees (including the Governing Body) and annexed to Appendix C are the terms of reference for the Governing Body's committees which are as follows:
 - i) Audit Committee;
 - ii) Remuneration Committee;
 - iii) Integrated Governance and Performance Committee (which has the following sub-committees:
 - Finance and QIPP
 - Safeguarding Executive);
 - iv) Commissioning Strategy Committee and;
 - v) Engagement and Patient Experience Committee;
- 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 Governing Body, the Governing Body's committees and sub-committees, the CCG's committees and sub-committees, individual members and employees;
- c) **Prime Financial Policies (Appendix E)** – which sets out the arrangements for managing the CCG's financial affairs;
- d) **Nolan Principles in Public Life (Appendix F)**– which sets out standards for public office;
- e) **NHS Constitution (Appendix G)**– which details the key standards that the National Health Service should maintain and improve for its population;
- f) **Management of Conflicts of Interests (Appendix H)** – which sets out the manner in which the CCG will deal with conflicts of interests;
- g) **Joint Arrangements with Other Clinical Commissioning Groups (Appendix I)**– as detailed in section 6.7 above;
- h) **Procurement Strategy(Appendix J)**- as referenced in the Constitution, Standing Orders and Prime Financial Policies;
- i) **Whistle blowing policy (Appendix K)**– as referenced in the Conflict of Interest Policy;
- j) **List of Current Clinical and Corporate Policies (Appendix L)** – as referred to in this Constitution, and its appendices.

10.2.2. In a situation of conflict between the provisions of this constitution and its appendices, the provisions of this constitution shall prevail.