



**South East London**  
Clinical Commissioning Group

# **NHS South East London CLINICAL COMMISSIONING GROUP**

## **CONSTITUTION**

## NHS South East London Clinical Commissioning Group Constitution

Version	Effective Date	Changes
V1	April 2020	This is a new constitution for the NHS South East London Clinical Commissioning Group following the merger of the six previous south east London CCGs.

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# 1 Introduction

## 1.1 Name

The name of this clinical commissioning group is NHS South East London Clinical Commissioning Group (“NHS SEL CCG”).

## 1.2 Statutory Framework

**1.2.1** CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

**1.2.2** When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

- a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- c) Financial duties (under sections 223G-K of the 2006 Act);
- d) Child safeguarding (under the Children Acts 2004,1989);
- e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
- f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000)

**1.2.3** NHS South East London CCG’s status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

**1.2.4** NHS South East London CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so.

**1.2.5** CCGs are clinically-led membership organisations made up of general practices. The members of NHS South East London CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

### **1.3 Status of this Constitution**

**1.3.1** NHS South East London CCG was first authorised on 1 April 2020.

**1.3.2** Changes to this constitution are effective from the date of approval by NHS England. This constitution was approved by NHS England on 1<sup>st</sup> April 2020.

**1.3.3** The constitution is published on the CCG's website.

### **1.4 Amendment and Variation of this Constitution**

**1.4.1** This constitution can only be varied in two circumstances.

- a) where the CCG applies to NHS England and that application is granted; and
- b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

### **1.5 Related documents**

**1.5.1** This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Governance Handbook, these documents form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- a) **Standing orders** – which sets out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees)
- b) **Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the governing body (Appendix 5)
- c) **Standing financial instructions (prime financial policies)** – which set out the arrangements for managing the CCG's financial affairs.
- d) **The CCG Governance Handbook** – which includes:
  - The list of nominated representatives for each borough
  - Committee terms of reference

- CCG governance structure
- Governing Body roles and responsibilities
- Risk management framework

## **1.6 Accountability and transparency**

**1.6.1** The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by being transparent. It will meet its statutory requirements to:

- a) Publish its constitution and other key documents including:
  - CCG Governance Handbook
  - Local strategy documents
  - Joint Strategic Needs Assessment
  - Public Governing Body papers, which will include key decisions and minutes of CCG prime committee meetings (other committee papers can be requested from the CCG by member practices)
- b) Have a register of interests and this will be published
- c) Appoint independent lay members and non-GP clinicians to the Governing Body
- d) Manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution)
- e) Hold Governing Body meetings in public (except where it is believed that it would not be in the public interest)
- f) Publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy
- g) Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy
- h) Involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's communications and engagement strategy
- i) When discharging its duties under section 14Z2, the CCG will ensure that it will:

- Work in partnership with the six local authorities to develop joint strategic needs assessments and joint health and wellbeing strategies
- Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements
- Promote the involvement of patients, their carers and representatives in decisions about their healthcare
- Act with a view to enabling patients to make choices
- Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health

j) Comply with local authority health overview and scrutiny requirements

k) Meet annually in public to present an annual report which is then published

l) Produce annual accounts which are externally audited

m) Publish a clear complaints process

n) Comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG

o) Provide information to NHS England as required and

p) Be an active member of the local Health and Wellbeing Boards

**1.6.2** In addition to these statutory requirements, the CCG will demonstrate its accountability, through its Governing Body, focussing on quality and safety, in liaison with the lay member for patient and public involvement, and working within the boroughs to engage with patients and the public, specifically with Healthwatch and practice Public and Patient Engagement Groups (PPGs)

## **1.7 Liability**

The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its member practices.

No member or former member, nor any person who is at any time a proprietor, officer or employee of any member or former member, shall be liable (whether as a member or as an individual) for the debts, liabilities,

acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

No member or former member, nor any person who is at any time a proprietor, officer or employee of any member or former member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

## **2 Area Covered by the CCG**

**2.1** The area covered by NHS South East London CCG is coterminous with the boundaries of the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

### 3 Membership Matters

#### 3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices that provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in the CCG area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below:

Borough	Practice Name	Address
Bexley	The Albion Surgery (G83006)	8 Pincott Road, Bexleyheath, Kent, DA6 7LP
Bexley	Barnard Medical Group (G83004)	43 Granville Road, Sidcup, Kent, DA14 4TA
Bexley	Bellegrove Road Surgery (G83009)	174 Bellegrove Road, Welling, Kent, DA16 3RE
Bexley	Belvedere Medical Centre (G83052)	15 Albert Road, Belvedere, Kent, DA17 5LQ
Bexley	Bexley Group practice (G83028)	76-78 Upper Wickham Lane, Welling, Kent, DA16 3HQ
Bexley	Bexley Medical Group (G83053)	171 King Harold's Way, Bexleyheath, Kent, DA7 5RF
Bexley	Bulbanks Medical Centre (G83037)	62 Battle Road, Erith, Kent, DA8 1BJ
Bexley	Bursted Wood Surgery (G83046)	219 Erith Road, Bexleyheath, Kent, DA7 6HZ
Bexley	Crayford Town Surgery (G83642)	Townhall Square, Crayford Road, Kent, DA1 4FN
Bexley	Crook Log Surgery (G83061)	19 Crook Log, Bexleyheath, Kent, DA6 8DZ
Bexley	Dr Thavapalan & Partners (G83033)	55 Littleheath Road, Bexleyheath, Kent, DA7 5HL
Bexley	Ingleton Avenue Surgery (G83024)	84 Ingleton Avenue, Welling, Kent, DA16 2JZ
Bexley	Lakeside Medical Practice (G83018)	Yarnton Way, Thamesmead, London, SE2 9LH
Bexley	The Lyndhurst Medical Centre (G83049)	41 Lyndhurst Road, Barnehurst, Kent, DA7 6DL
Bexley	Northumberland Heath Medical Centre (G83010)	Hind Crescent, Erith, Kent, DA8 3DB

Bexley	Plas Meddyg Surgery (G83029)	40 Parkhill Road, Bexley, Kent, DA5 1HU
Bexley	Riverside Surgery (G83630)	50 Pier Road, Erith, Kent, DA8 1RQ
Bexley	Sidcup Medical Centre (G83066)	2 Church Avenue, Sidcup, Kent, DA14 6BU
Bexley	Slade Green Medical Centre (G83062)	156 Bridge Road, Slade Green, Erith, Kent, DA8 2HS
Bexley	Station Road Surgery (G83047)	69 Station Road, Sidcup, Kent, DA15 7DS
Bexley	Welling Medical Practice (G83025)	2 Danson Crescent, Welling, Kent, DA16 2AT
Bexley	The Westwood Surgery (G83002)	Westwood Lane, Welling, Kent, DA16 2HE
Bexley	Woodlands Surgery (G83057)	146 Halfway Street, Sidcup, Kent, DA15 8DF
Bromley	Bromley Common Practice (G84024)	Crown Medical Centre, 3 Mackintosh Street, Bromley BR2 9GT
Bromley	Chelsfield Surgery (G84020)	62 Windsor Drive, Chelsfield, Orpington, Kent BR6 6HD
Bromley	Chislehurst Medical Centre (G84010)	42 High Street, Chislehurst, Kent, BR7 5AQ
Bromley	Dysart Surgery (G84002)	13 Ravensbourne Road, Bromley, Kent, BR1 1HN
Bromley	Forge Close Surgery (G84030)	Forge Close, Hayes, Bromley, Kent, BR2 7LL
Bromley	Green Street Green Medical Centre (G84627)	21a High Street, Green Street Green, Orpington, Kent, BR6 6BG
Bromley	Highland Medical Practice	10 Highland Road, Bromley, Kent, BR1 4AD
	Highland Medical Practice – Orpington Site (G84604)	7a/7b Tubbenden Lane, Orpington, Kent, BR6 9PN
Bromley	Links Medical Practice, Downham Links Medical Practice, Mottingham (G84003)	27 Brook Lane, Downham, Kent, BR1 4PX  198 Court Farm Road, Mottingham, London, SE9 4JS
Bromley	London Lane Clinic (G84016)	Kinnaird House, 37-39 London Lane, Bromley, Kent, BR1 4HB

Bromley	South View Partnership (G84001)	South View, Bromley, Kent, BR1 3DR
Bromley	Summercroft Surgery (G84006)	Starts Hill Road, Farnborough, Kent, BR6 7AR
Bromley	Trinity Medical Centre (G84022)	33 Croydon Road, Penge, London, SE20 7TJ
Bromley	Ballater Surgery (G84040)	108 Chislehurst Road, Orpington, Kent, BR6 0DW
Bromley	Bank House Surgery (G84609)	84 High Street, Farnborough, Kent, BR6 7BA
Bromley	Broomwood Health Centre (G84019)	41 Broomwood Road, St Paul's Cray, Orpington, Kent, BR5 2JP
Bromley	Crescent Surgery (G84630)	38 Marion Crescent, St Mary Cray, Orpington, Kent, BR5 2DD
Bromley	Derry Downs Surgery (G84005)	29 Derry Downs, St Mary Cray, Orpington, Kent, BR5 4DU
Bromley	Family Surgery (G84009)	7 High Street, Green Street Green, Orpington, Kent, BR6 6BG
Bromley	Gillmans Road Surgery (G84041)	1 Gillmans Road, Orpington, Kent, BR5 4LA
Bromley	Knoll Medical Practice (G84032)	64 Sevenoaks Road, Orpington, BR6 9JL
Bromley	Norheads Lane Surgery (G84039)	14A Norheads Lane, Biggin Hill, Kent, TN16 3XS
Bromley	Poverest Medical Centre (G84007)	42 Poverest Road, St Mary Cray, Orpington, Kent, BR5 2DQ
Bromley	Stock Hill Surgery (G84004)	Stock Hill Surgery, Stock Hill, Biggin Hill, Kent, TN16 3TJ
Bromley	The Surgery, St Mary Cray (G84013)	322 High Street, St Mary Cray, Orpington, Kent, BR5 4AR
Bromley	Tudor Way Surgery (G84035)	42 Tudor Way, Petts Wood, Orpington, Kent, BR5 1LH
Bromley	Whitehouse Surgery (G84621)	123 Towncourt Lane, Petts Wood, Orpington, Kent, BR5 1EL
Bromley	Addington Road Surgery (G84017)	Addington Road Health Centre, Stanley House, 77 Addington Road, West Wickham, Kent, BR4 9BG
Bromley	Anerley Surgery (G84624)	224 Anerley Road, Anerley, London, SE20 8TJ

Bromley	Cator Medical Centre (Y02811)	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FD
Bromley	Cornerways Surgery (G84018)	50 Manor Road, Beckenham, Kent, BR3 2LE
Bromley	Eden Park Surgery (G84011)	194 Croydon Road, Beckenham, Kent, BR3 4DQ
Bromley	Elm House Surgery (G84027)	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FN
Bromley	Manor Road Surgery (G84008)	14 Manor Road, Beckenham, Kent, BR3 2LE
Bromley	Oakfield Surgery (G84625)	Oaks Park Medical Centre, 17 Oakfield Road, Penge, SE20 8QA
Bromley	Park Group Practice (G84025)	Oaks Park Medical Centre, 17 Oakfield Road, Penge, SE20 8QA
Bromley	Pickhurst Surgery (G84033)	56 Pickhurst Lane, Hayes, Kent, BR2 7JF
Bromley	Robin Hood Partnership (G84029)	94 Croydon Road, Penge, London, SE20 7AB
Bromley	Southborough Lane Surgery (G84023)	Crown Medical Centre, 3 Mackintosh Street, Bromley BR2 9GT
Bromley	St James's Practice (G84028)	138 Croydon Road, Beckenham, Kent, BR3 4DG
Bromley	Station Road Surgery (G84015)	74 Station Road, West Wickham, Kent, BR4 0PU
Bromley	Sundridge Medical Practice (G84629)	84 London Lane, Bromley, Kent, BR1 4HE
Bromley	The Woodlands Practice (Y00542)	11 Red Hill, Chislehurst, Kent, BR7 6DB
Bromley	Wickham Park Surgery (G84607)	2 Manor Road, West Wickham, Kent, BR4 9PS
Greenwich	Abbey Wood Surgery (G83031)	9 Godstow Road Abbey Wood SE2 9AT
Greenwich	Basildon Road Surgery (G83631)	111 Basildon Road Abbey Wood SE2 0ER
Greenwich	Westmount Surgery (G83022)	191 Westmount Road SE9 1XY
Greenwich	Bannockburn PMS (G83654)	20-22 Bannockburn Road SE18 1ES
Greenwich	Woodland Walk Surgery (G83651)	Woodland Walk Off Trafalgar Road Greenwich SE10 9UB
Greenwich	Blackheath Standard PMS (G83013)	11-13 Charlton Road Blackheath SE3 7HB

Greenwich	Burney Street PMS (G83065)	48 Burney Street Greenwich SE10 8EX
Greenwich	Clover APMS (Y03296)	Clover Health Centre, Equitable House, General Gordon Place, London SE18 6AB
Greenwich	Coldharbour Hill PMS (G83003)	The Coldharbour Surgery 79 William Barefoot Drive, Eltham. SE9 3JD
Greenwich	Conway PMS (G83633)	44 Conway Road Plumstead, London, SE181AH
Greenwich	Eltham Medical Practice (G83680)	Eltham Community Hospital 30 Passey Place Eltham SE9 5DQ
Greenwich	Eltham Palace PMS (G83015)	Eltham Community Hospital 30 Passey Place Eltham SE9 5DQ
Greenwich	Eltham Park PMS (G83034)	Eltham Park Surgery 46 Westmount Road Eltham, London SE9 1JE
Greenwich	New Eltham Medical Centre (G83628)	New Eltham Medical Centre 52 Thaxted Road New Eltham SE9 3PT
Greenwich	Fairfield PMS (G83044)	The Fairfield Centre Fairfield Grove Charlton SE7 8TX
Greenwich	Glyndon PMS (G83060)	Glyndon Medical Centre 188 Ann Street, Plumstead, London, SE18 7LU
Greenwich	Greenwich Peninsula APMS (Y03755)	Millennium Village Health Centre School Bank Road Greenwich London SE10 0QN
Greenwich	Haven Corner PMS (G83663)	Briset Corner Surgery 591 Westhorne Avenue, Eltham, London SE9 6JX
Greenwich	All Saints Medical centre (G83030)	All Saints Medical Centre 13A Ripon Road, Plumstead, London SE18 3PS
Greenwich	Manor Brook PMS (G83001)	Manor Brook Medical Centre 117 Brook Lane, Blackheath, London SE3 0EN
Greenwich	Mostafa PMS (G83647)	141 Plumstead High Street Plumstead London SE18 1SE

Greenwich	Plumstead Health Centre PMS (G83019)	Plumstead Health Centre Plumstead, London SE18 1BH
Greenwich	Primecare South street (G83058)	South St Medical Centre 71a Greenwich South St Greenwich London SE10 8NT
Greenwich	Elmstead Medical centre (G83673)	81 William Barefoot Drive Eltham SE9 3JD
Greenwich	Sherard Road PMS (G83027)	Sherard Road Medical Centre 71 Sherard Road, Eltham, SE9 6ER
Greenwich	St Mark's PMS (G83039)	St Marks Medical Centre 24 Wrottesley Road Plumstead London SE18 3EP
Greenwich	Thamesmead APMS (Y02974)	Thamesmead NHS Health Centre 4-5 Thames Reach Thamesmead SE28 0NY
Greenwich	TMA PMS (G83012)	Gallions Reach Health Centre Bentham Road, Thamesmead SE28 8BE
Greenwich	Trinity Medical Centre PMS (Y02222)	Trinity Medical Centre 2 Garland Road Clinic Plumstead SE18 2AE
Greenwich	Triveni PMS (G83026)	Escreet Grove Surgery Escreet Grove Woolwich SE18 5TE
Greenwich	Valentine Plus PMS (G83067)	Ferryview Health Centre 25-27 John Wilson Street Woolwich SE18 6PZ
Greenwich	Vanbrugh PMS (G83021)	Greenwich Square Health Centre 2 <sup>nd</sup> Floor The Greenwich Centre 12 Lambarde Square Greenwich, SE10 9GB
Greenwich	Waverley PMS (G83635)	The Waverley Practice 37 Waverley Crescent, Plumstead, London, SE18 7QU
Greenwich	Royal Arsenal PMS (G83016)	21 Arsenal Way, Plumstead, Greenwich, SE18 6TE
Greenwich	Plumbridge Medical Centre (G83641)	32 – 33 Plumbridge Street, Greenwich, SE10 8PA
Lambeth	Akerman Medical Practice (G85695)	2nd Floor Akerman Health Centre, 60 Patmos Road, London SW9 6AF
Lambeth	Beckett House Practice (G85100)	The Grantham Centre, Grantham Road, London SW9 9DL

Lambeth	Binfield Road Surgery (G85123)	1 Binfield Road, London SW4 6TB
Lambeth	Brixton Hill Group Practice (G85025 )	22 Raleigh Gardens, London SW2 1AE
Lambeth	Brockwell Park Surgery (G85137)	117 Norwood Road, London SE24 9AE
Lambeth	Clapham Family Practice (G85011)	86 Clapham Manor Street, London SW4 6EB
Lambeth	Clapham Park Group Practice (G85109)	72 Clarence Avenue, London SW4 8JP
Lambeth	Dr Curran & Partners (G85708)	86 Clapham Manor Street, London SW4 6EB
Lambeth	The Grantham Practice (Y00020)	The Grantham Centre, Grantham Road, London SW9 9DL
Lambeth	Dr Masterton & Partners (G85021)	2 Prentis Road, London SW16 1XU
Lambeth	Edith Cavell Practice (G85724)	41a-c Streatham Hill, London SW2 4TP
Lambeth	Grafton Square Surgery (G85674)	8B Grafton Square, London SW4 0DE
Lambeth	Herne Hill Group Practice (G85016)	74 Herne Hill, London SE24 9QP
Lambeth	Herne Hill Road Medical Practice (G85690)	1-3 Herne Hill Road, London SE24 0AU
Lambeth	Hetherington at the Pavillion (Y03063)	9 Brighton Terrace, London SW9 8DJ
Lambeth	Hetherington Group Practice (G85045)	18 Hetherington Road, London SW4 7NU
Lambeth	Hurley and Riverside Practices (G85053)	Ebenezer House, Kennington Lane, London SE11 4HJ
Lambeth	Lambeth Walk Group Practice (G85054)	5 Lambeth Walk, London SE11 6SP
Lambeth	Mawbey Group Practice (G85130)	39 Wilcox Close, London SW8 2UD
Lambeth	Minet Green Health Practice (G85135)	1st Floor, Akerman Health Centre, 60 Patmos Road, London SW9 6AF
Lambeth	North Wood Group Practice (G85022)	61 Crown Dale, London SE19 3NY
Lambeth	Palace Road Surgery (G85041)	3 Palace Road London SW2 3DY

Lambeth	Paxton Green Group Practice (G85039)	1 Alleyn Park London SE21 8AU
Lambeth	Sandmere Road Practice (G85083)	10 Sandmere Road London SW4 7QJ
Lambeth	Springfield Medical Centre (G85673)	110 Union Road, Stockwell, London SW8 2SH
Lambeth	Stockwell Group Practice (G85028)	107 Stockwell Road London SW9 9TJ
Lambeth	Streatham Common Group Practice (G85014)	St. Andrew's Hall, Guildersfield Road London SW16 5LS
Lambeth	Streatham High Practice (G85002)	Gracefield Gardens Health & Social Care Centre, 2-8 Gracefield Gardens, Streatham, London SW16 2ST
Lambeth	Streatham Place Surgery (G85118)	26-28 Streatham Place London SW2 4QY
Lambeth	The Corner Surgery (G85127)	99 Coldharbour Lane London SE5 9NS
Lambeth	The Deerbrook Surgery (G85129)	216 Norwood Road London SE27 9AW
Lambeth	The Exchange Surgery (G85647)	Gracefield Gardens Health & Social Care Centre 2-8 Gracefield Gardens, Streatham London SW16 2ST
Lambeth	The Knights Hill Surgery (G85047)	25 Devane Way, SE27 0DF
Lambeth	The Old Dairy Health Centre (G85706)	103a Rosendale Road London SE21 8EZ
Lambeth	The South Lambeth Rd Practice (G85086)	1 Selway House 272 South Lambeth Road, London SW8 1UL
Lambeth	The Streatham Hill Group Practice (G85662)	6 Leigham Court Road, London SW16 2PG
Lambeth	The Vale Surgery (G85096)	Streatham Vale London SW16 5SE
Lambeth	The Vauxhall Surgery (G85102)	8 Jonathan Street, London SE11 5NH
Lambeth	Valley Road Surgery (G85044)	139 Valley Road, London SW16 2XT
Lambeth	Vassall Medical Centre (G85073)	89 Vassall Road, London SW9 6NA
Lambeth	Waterloo Health Centre (G85136)	5 Lower Marsh, London SE1 7RJ

Lewisham	Mornington Surgery (G85008)	433 New Cross Road, New Cross, SE14 6TD
Lewisham	Queens Road Partnership (G85015)	387 Queens Road, New Cross Gate, SE14 5HD
Lewisham	Kingfisher Medical Centre (G85020)	Staunton Street, Deptford, SE8 5DA
Lewisham	Clifton Rise Family Practice (G85026)	Waldron Health Centre, Amersham Vale, New Cross, SE8 4BG
Lewisham	New Cross Health Centre (G85076)	Waldron Health Centre, Stanley Street, New Cross, SE8 4BG
Lewisham	Grove Medical Centre (G85085)	Windlass Place, Offgrove Street, Deptford, SE8 3QH
Lewisham	Vesta Road Surgery (G85105)	58 Vesta Road, London, SE4 2NH
Lewisham	Amersham Vale Training Practice (G85698)	Waldron Health Centre, Amersham Vale, New Cross, SE8 4BG
Lewisham	Deptford Surgery (G85711)	502-504 New Cross Road, Deptford, London, SE14 6TJ
Lewisham	Deptford Medical Centre (G85736)	2 Pearson's Avenue, New Cross, SE14 6TG
Lewisham	Belmont Hill Surgery (G85003)	36 Belmont Hill, Lewisham, SE13 5AY
Lewisham	Lewisham Medical Centre (G85023)	308 Lee High Road, London, SE13 5PJ
Lewisham	Burnt Ash Surgery (G85027)	Lee Health Centre, 2 Handen Road, Lee, SE12 8NP
Lewisham	Morden Hill Surgery (G85035)	21 Morden Hill, Lewisham, SE13 7NN
Lewisham	St John's Medical Centre (G85038)	56-60 Loampit Hill, London, SE13 7SX
Lewisham	Lee Road Surgery (G85046)	20 Lee Road, Blackheath, SE3 9RT
Lewisham	Brockley Road Surgery (G85048)	465-467 Brockley Road, Brockley, SE4 2PJ
Lewisham	Hilly Field Medical Centre (G85055)	Hilly Fields Medical Centre, 172 Adelaide Avenue, Brockley, SE4 1JN
Lewisham	Honor Oak Group Practice (G85089)	Honor Oak Health Centre, 20 Turnham Road, Brockley, SE4 2LA
Lewisham	Triangle Group Practice (G85120)	2 Morley Road, East Lewisham, SE13 6DQ
Lewisham	Woodlands Health Centre (G85722)	4 Edwin Hall Place, London, SE13 6RN

Lewisham	Nightingale Surgery (G85727)	Lee Health Centre, 2 Handen Rd, Lee, SE12 8NP
Lewisham	Novum Health Partnership (G85633)	Rushey Green Group Practice, Primary Care, Hawstead Road, London, SE6 4JH
Lewisham	South Lewisham Group Practice (G85005)	50 Conisborough Crescent, Catford, SE6 2SP
Lewisham	Torridon Road Medical Practice (G85032)	80 Torridon Road, London, SE6 1RB
Lewisham	Downham Family Medical Practice (G85057)	7-9 Moorside Road, Downham, BR1 5EP
Lewisham	ICO Health Group (G85104)	Moorside Clinic, 7-9 Mooreside Road, BR1 5EP
Lewisham	Park View Surgery (G85121)	186 Brownhill Road, Catford, SE6 1AT
Lewisham	Oakview Family Practice (G85716)	190 Shroffold Road, Downham, BR1 5NJ
Lewisham	The Jenner Practice (G85004)	Jenner Health Centre, 201 Stanstead Road, Forest Hill, SE23 1HU
Lewisham	Sydenham Green Group Practice (G85024)	26 Holmshaw Close, Sydenham, London, SE26 4TH
Lewisham	Woolstone Medical Centre G85061)	Woolstone Road, London, SE23 2TR
Lewisham	Wells Park Practice (G85114)	1 Wells Park Road, Sydenham, SE26 6JQ
Lewisham	Bellingham Green Surgery (G85124)	24 Bellingham Green, Catford, SE6 3JB
Lewisham	The Vale Medical Centre (G85696)	195-197 Perry Vale, Forest Hill, SE23 2JF
Southwark	Nunhead Surgery (G85685)	58 Nunhead Grove, London, SE15 3LY
Southwark	Forest Hill Road Group Practice (G85001)	1 Forest Hill Road, London, SE22 0SQ
Southwark	3-Zero-6 Medical Centre (G85091)	306 Lordship Lane, London, SE22 8LY
Southwark	Melbourne Grove and Hambleton Practice (G85132)	Melbourne Grove, East Dulwich, London, SE22 8QN
Southwark	Dulwich Medical Centre (G85651)	163-169 Crystal Palace Road, East Dulwich, London, SE22 9EP

Southwark	The Gardens Surgery (G85644)	The Gardens Surgery, East Dulwich, London, SE22 9QU
Southwark	Elm Lodge Surgery (G85051)	2 Burbage Road, London, SE24 9HJ
Southwark	Queens Road Surgery (G85040)	136 Meeting House Lane, London, SE15 2UA
Southwark	Acorn and Gaumont Surgery (G85006)	153 Peckham High Street, London, SE15 5SL
Southwark	Sternhall Lane Surgery (G85119)	12 Sternhall Lane, Peckham, London, SE15 4NT
Southwark	DMC Chadwick Road (G85031)	60 Chadwick Road, London, SE15 4PU
Southwark	Lister Primary Care Centre - Dr Arumugaraasah (G85134)	101 Peckham Road, London, SE15 5LJ
Southwark	The Lister Practice (G85715)	101 Peckham Road, London, SE15 5LJ
Southwark	Camberwell Green Practice (G85013)	17 Camberwell Green, London, SE5 7AF
Southwark	Parkside Medical Centre (G85030)	52 Camberwell Green, Camberwell, London, SE15 7AQ
Southwark	St Giles Surgery, Dr Begley (G85042)	40 St Giles Road, London, SE5 7RF
Southwark	St Giles Surgery, Drs Roseman & Vasant (G85726)	40 St Giles Road, London, SE5 7RF
Southwark	The New Mill Street Surgery (G85705)	1 Wolseley Street, London, SE1 2BP
Southwark	Park Medical Centre (G85125)	57 Hawkstone Road, London, SE16 2PE
Southwark	Silverlock Medical Centre (G85087)	2 Verney Way, London, SE16 3HA
Southwark	Bermondsey Spa Medical Practice (G85623)	50 Old Jamaica Road, London, SE16 4BL
Southwark	Albion Street Group Practice (G85138)	87 Albion Street, London, SE16 7JX
Southwark	Old Kent Road Surgery (G85052)	182-184 Old Kent Road, London, SE1 5TY
Southwark	Borough Medical Centre (Dr Sharma) (Y00454)	1-5 Newington Causeway, London, SE1 6ED
Southwark	Borough Medical Centre (Dr Misra) (G85106)	1-5 Newington Causeway, London, SE1 6ED

Southwark	Nexus Health Group (G85034)	2 Princess Street, London, SE1 6JP
Southwark	Blackfriars Medical Practice (G85642)	45 Colombo Street, London, SE1 8EE
Southwark	The Trafalgar Surgery (G85019)	10 Trafalgar Avenue, London, SE15 6NR
Southwark	Villa Street Medical Centre (G85632)	47 Villa Street, London, SE17 2EL
Southwark	301 East Street Surgery (G85721)	301 East Street, London, SE17 2SX
Southwark	Penrose Surgery (G85084)	33 Penrose Street, London, SE17 3DW
Southwark	Maddock Way Surgery (G85082)	10 Maddock Way, Cooks Road, London, SE17 3NH
Southwark	The Lordship Lane Surgery (G85681)	417 Lordship Lane, London, SE22 8JN
Southwark	Falmouth Road Group Practice (G85029)	78 Falmouth Road, London, SE1 4JW

## **3.2 Nature of Membership and Relationship with CCG**

**3.2.1** The CCG's members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the membership, including the governing body, remain accountable to the membership.

**3.2.2** Practices are grouped into Borough Membership Divisions who meet on a regular basis to discuss practice related issues and inform the Council of Members' decisions.

**3.2.3** A Council of Members will be in place across south east London where decisions will take place on areas within the constitution reserved to the membership.

## **3.3 Members' Rights**

**3.3.1** The members contribute to the decision making of the CCG through the elected representatives on the Borough Based Boards and Governing Body and on the Council of Members.

**3.3.2** The membership delegates all decision making to the governing body with the following exceptions:

3.3.2.1 Approval of the group's overarching scheme of reservation and delegation

- 3.3.2.2 Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's governing body the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and standing financial instructions as outlined in paragraph 1.4.1.
- 3.3.2.3 Agreeing new additions to membership or removals from the membership of the CCG and expanding the area covered by the CCG
- 3.3.2.4 Approving any changes to the CCG's prime committee structure as defined in this constitution
- 3.3.2.5 Approving the arrangements for: identifying practice members to represent practices in matters concerning the work of the CCG; and appointing GP leaders to represent the CCG's membership on the governing body through selection/election
- 3.3.2.6 Agreeing the vision, values and overall strategic direction of the CCG
- 3.3.2.7 Approving any changes to the CCG's operating structure that require sharing across STP / ICS boundaries
- 3.3.2.8 Receiving the annual operating plan, confirming its adherence to national and local mandates and operating frameworks
- 3.3.2.9 Confirming the annual commissioning plan is consistent with:
  - SEL and Borough commissioning intentions
  - Nationally mandated requirements of the CCG
  - The budget available for the CCG and NHS business rules
- 3.3.2.10 Any other business wished to be discussed by the members, at governing body meetings, provided such agenda item is supported in writing by not less than one third of the members

### **3.4 Members' Meetings**

- 3.4.1 There shall be a meeting of the Council of Members at least once in any twelve (12) month period.
- 3.4.2 The members, via their nominated representatives, should attend all Council of Members' (CoM) meetings.
- 3.4.3 The process for convening a meeting of the Council of Members is detailed in the standing orders (Appendix 3).
- 3.4.4 Where possible, arrangements for virtual gathering of members will be arranged; where a vote is required, electronic voting will be facilitated.

### **3.5 Practice Representatives**

- 3.5.1 Each Member practice has a nominated healthcare professional who represents the practice in the dealings with the CCG. These individuals are appointed to the CoM to act on behalf of the practice in the business of the CCG, including attending local borough membership divisional meetings, voting for members, and representing the views of the practice at CoM meetings.
- 3.5.2 Practices should advise any changes to their CoM representative in writing to the CCG's Director responsible for governance.
- 3.5.3 The list of nominated representatives for each borough is included in an appendix of the CCG's Governance Handbook.

## **4 Arrangements for the Exercise of CCG Functions**

### **4.1 Good Governance**

**4.1.1** The CCG will, at all times, observe generally accepted principles of good governance. These include:

4.1.1.1 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

4.1.1.2 Use of the governance toolkit for CCGs [www.ccggovernance.org](http://www.ccggovernance.org)

4.1.1.3 The Good Governance Standard for Public Services

4.1.1.4 Undertaking regular governance reviews

4.1.1.5 the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'

4.1.1.6 Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed

4.1.1.7 Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity

4.1.1.8 the standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

4.1.1.9 the seven key principles of the NHS Constitution  
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#principles-that-guide-the-nhs>

4.1.1.10 the Equality Act 2010

### **4.2 General**

**4.2.1** The CCG will:

- comply with all relevant laws, including regulations
- comply with directions issued by the Secretary of State for Health or NHS England
- have regard to statutory guidance including that issued by NHS England and

- take account, as appropriate, of other documents, advice and guidance

**4.2.2** The CCG will develop and implement the necessary systems and processes to comply with 4.2.1 above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

### **4.3 Authority to Act: the CCG**

**4.3.1** The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

- any of its members or employees
- its governing body
- a committee or sub-committee of the CCG

### **4.4 Authority to Act: the Governing Body**

**4.4.1** The governing body may grant authority to act on its behalf to:

- any member of the governing body
- a committee or sub-committee of the governing body
- a member of the CCG who is an individual (but not a member of the governing body) and
- any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions

Terms of reference for the CCG's key prime committee meetings are included in Appendix 2 of this Constitution.

## **5 Procedures for Making Decisions**

### **5.1 Scheme of Reservation and Delegation**

**5.1.1** The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is attached at Appendix 5. This should be read in conjunction with the CCG's Schedule of Matters Delegated to Officers which specifies the financial authority limits delegated to roles within the organisation.

**5.1.2** The CCG's SoRD sets out:

- those decisions that are reserved for the membership as a whole
- those decisions that have been delegated by the CCG, the governing body or other individuals

**5.1.3** The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the governing body, are accountable to the members for the exercise of their delegated functions.

### **5.2 Standing Orders**

**5.2.1** The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the CCG
- the appointments to key roles including governing body members
- the procedures to be followed during meetings and
- the process to delegate powers

**5.2.2** A full copy of the standing orders is included in Appendix 3. The standing orders form part of this constitution.

### **5.3 Standing Financial Instructions (Prime Financial Policies)**

**5.3.1** The CCG has agreed a set of standing financial instructions which should be read in conjunction with the delegated limits of financial authority set out in the Schedule of Matters Delegated to Officers.

**5.3.2** A copy of the standing financial instructions are included at Appendix 4 and form part of this constitution.

### **5.4 The Governing Body: Its Role and Functions**

**5.4.1** The Governing Body has statutory responsibility for:

- 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) and for
- 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 established

**5.4.2** The CCG has delegated additional functions to the Governing Body which are set out in the Scheme of Reservation and Delegation. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the standing orders and standing financial instructions.

**5.4.3** The detailed procedures for the Governing Body, including voting arrangements, are set out in the standing orders (Appendix 3).

## **5.5 Composition of the Governing Body**

**5.5.1** This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on the CCG's website.

**5.5.2** The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body of six members:

- The Chair (to be filled by a GP in SEL)
- The Accountable Officer
- The Chief Finance Officer
- A Secondary Care Specialist
- A Registered Nurse
- Two lay members:
  - one who has qualifications expertise or experience to enable them to lead on finance and audit matters and another who
  - has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

**5.5.3** In addition, NHS England's statutory guidance 'Managing Conflicts of Interest: revised Statutory Guidance for CCGs 2017' strongly recommends that CCGs appoint a third lay member and this has been agreed for the south east London CCG.

**5.5.4** The CCG has also agreed the following additional members:

- Twelve GP leads (2 from each south east London borough) who will be selected and elected by the member practices
- Six borough based directors

The composition of the Governing Body will ensure that GP members will be in the majority (with a casting vote from the GP chair) and that there will be an overall clinical majority.

**5.5.5** An outline of these further roles is included within the standing orders (Appendix 3)

## **5.6 Additional Attendees at Governing Body Meetings**

**5.6.1** The CCG Governing Body will invite any other persons to attend its meetings in order to assist it in its decision making and in discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate, or present papers, but may not vote.

## **5.7 Appointment to the Governing Body**

**5.7.1** The process of appointing GPs to the governing body, the selection of the chair, and the appointment procedures for other governing body members, is set out in the standing orders (Appendix 3).

**5.7.2** Also set out in the standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

## **5.8 Committees and Sub-Committees**

**5.8.1** NHS South East London CCG may establish committees and sub-committees of the CCG.

**5.8.2** The Governing Body may establish committees and sub-committees.

**5.8.3** Each committee and sub-committee established by either NHS SEL CCG or the governing body operates under terms of reference and membership agreed by the CCG or governing body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for committees and sub-committees.

**5.8.4** With the exception of the remuneration committee, any committee or sub-committee established in accordance with clause 5.8 may consist of or include persons other than members or employees of the CCG.

**5.8.5** All members of the remuneration committee will be members of the CCG Governing Body.

## 5.9 Committees of the Governing Body

- 5.9.1 The Governing Body will maintain the following statutory or mandated committees:
- 5.9.2 **Audit Committee:** This committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.
- 5.9.3 The Audit Committee will be chaired by a lay member who has the qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.
- 5.9.4 **Remuneration Committee:** This committee is accountable to the Governing Body and is responsible for making recommendations on the remuneration, fees and allowances payable to the employees of the clinical commissioning group or to other persons providing services to it, and the function of determining the allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A of the 2012 Act. It should make recommendations to the Governing Body regarding adopting standard NHS pay and remuneration frameworks and advise the Governing Body about appropriate remuneration, the appointment, termination and terms and conditions of the Accountable Officer, Executive Directors, Clinical Leads and other senior managers with locally determined contracts described by the NHS Very Senior Managers Pay Framework.
- 5.9.5 The Remuneration Committee will be chaired by a lay member other than the Audit Chair and only members of the Governing Body may be members of this committee.
- 5.9.6 **Primary Care Commissioning Committee:-**This committee has been established by the CCG and NHS England to enable decisions to be made jointly on the commissioning of primary medical care. It reports to both NHS England and the Governing Body. Membership of the committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. It is chaired by a lay member, has a lay vice chair and GP members are in the minority.
- 5.9.7 None of the above committees may operate on a joint committee basis with another CCG(s).

- 5.9.8** The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.
- 5.9.9** The governing body has also established a number of other committees to assist it with the discharge of its functions. The other prime committees which report directly to the governing body are detailed below.
- 5.9.10** **Borough Based Boards** – These boards will be prime committees of the Governing Body with delegated responsibility for the commissioning of local services as part of the overall commissioning plans of the merged CCG. In each borough they may meet in common with the Local Authority, however, each organisation (the CCG and the local authority) will retain responsibility for their own organisation’s budgets.
- 5.9.11** **Integrated Governance and Performance Committee:** The integrated governance & performance committee is established to oversee the activities of the CCG and its providers in respect of finance, QIPP, performance, governance, risk management, quality and safety. Associated with this, it is responsible for assuring the effective functioning of the CCG’s operations in respect of safeguarding, information governance, the equality delivery system, emergency planning and business continuity and patient engagement and experience.
- 5.9.12** **Commissioning Strategy Committee:** The commissioning strategy committee is responsible for overseeing the creation and delivery of a commissioning strategy to deliver the CCG’s organisational objectives and improve patient outcomes, in the context of the boroughs’ health strategy defined by the health and wellbeing board.
- 5.9.13** Further information about these committees, and any sub-committees created to support the prime committees, including the terms of reference, are published in the CCG’s Governance Handbook.

## **5.10 Collaborative Commissioning Arrangements**

- 5.10.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. Any such arrangements put in place will be with reference to the limitations specified in 5.9.7 above. The following provisions set out the framework that will apply to such arrangements.
- 5.10.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

**5.10.3** The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

5.10.3.1 reporting arrangements to the Governing Body, at appropriate intervals

5.10.3.2 engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements and

5.10.3.3 progress reporting against identified objectives

**5.10.4** When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

5.10.4.1 identify the roles and responsibilities of partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements

5.10.4.2 specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented

5.10.4.3 set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in the annual accounts

5.10.4.4 specify under which of the partner organisation's supporting policies the collaborative working arrangements will operate

5.10.4.5 specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties

5.10.4.6 set out how contributions from the parties, including details around assets, employees and equipment to be used will be agreed and managed

5.10.4.7 identify how disputes will be resolved and the steps required to safely terminate the working arrangements

5.10.4.8 specify how decisions are communicated to the collaborative partners

## **5.11 Joint Commissioning Arrangements with Local Authority Partners**

**5.11.1** The CCG will work in partnership with its six south east London Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

**5.11.2** Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

5.11.2.1 Delegating specified commissioning functions to the Local Authority(ies);

5.11.2.2 Exercising specified commissioning functions jointly with the Local Authority(ies);

5.11.2.3 Exercising any specified health -related functions on behalf of the Local Authority(ies).

**5.11.3** For the purposes of the arrangements described in 5.11.2, the Governing Body may:

5.11.3.1 agree formal and legal arrangements to make payments to, or receive payments from, the Local Authorities, or pool funds for the purpose of joint commissioning; where the CCG considers that a new pooled budget with a local authority would be in the best interests of the local population in a borough of south east London, the CCG will engage with the relevant part of its membership prior to finalising such an arrangement

5.11.3.2 make the services of its employees or any other resources available to the Local Authorities and

5.11.3.3 receive the services of the employees or the resources from the Local Authorities

5.11.3.4 where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set 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, and the legal basis for such arrangements
- 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 each party, including details of any assets, employees and equipment to be used under the joint working arrangements and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into

**5.11.4** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

## **5.12 Joint Commissioning Arrangements – Other CCGs**

**5.12.1** The CCG may work together with other CCGs in the exercise of its commissioning functions. Any such arrangements put in place will be with reference to the limitations specified in 5.9.7 above.

**5.12.2** The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part, to the CCG, should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

**5.12.3** The CCG may make arrangements with one or more other CCGs in respect of:

- a) delegating any of the CCG's commissioning functions to another CCG
- b) exercising any of the commissioning functions of another CCG or
- c) exercising jointly the commissioning functions of the CCG and another CCG

**5.12.4** For the purposes of the arrangements described at 5.12.3, the CCG may:

- a) make payments to another CCG

- b) receive payments from another CCG or
- c) make the services of its employees or any other resources available to another CCG or
- d) receive the services of the employees or the resources available to another CCG

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

**5.12.6** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 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.

**5.12.7** Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

- a) how the parties will work together to carry out their commissioning functions
- b) the duties and responsibilities of the parties and the legal basis for such arrangements
- c) how risk will be managed and apportioned between the parties
- d) financial arrangements including payments towards a pooled fund and management of that fund
- e) contributions from the parties including details around assets, employees and equipment to be used under the joint working arrangements

**5.12.8** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.3 above.

**5.12.9** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

- 5.12.10** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.12.11** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make a quarterly written report to the Governing Body;
  - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
  - c) publish an annual report on progress made against objectives.
- 5.12.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

## **5.13 Joint Commissioning Arrangements with NHS England**

- 5.13.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2** The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part, to the CCG, should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.13.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4** The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority(ies).
- 5.13.5** Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

**5.13.6** Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

**5.13.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

- a) how the parties will work together to carry out their commissioning functions
- b) the duties and responsibilities of the parties, and the legal basis for such arrangements
- c) how risk will be managed and apportioned between the parties
- d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund
- e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements

**5.13.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

**5.13.9** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

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

**5.13.11** The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the lead Governing Body member for the joint arrangements:

- a) make a quarterly written report to the Governing Body
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements and

c) publish an annual report on progress made against objectives

**5.13.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

## **5.14 Role of the LMC**

**5.14.1** The CCG recognises the role of the Local Medical Committees (LMCs) in representing the professional interests of GPs in the boroughs. The LMCs and CCG share a common membership. The CCG shall aim to build and maintain a strong, open and collaborative relationship with the LMCs.

**5.14.2** In discharging its functions, the CCG shall, through its Governing Body, committees and sub-committees, engage the Local Medical Committees on proposals and decisions that impact on member practices in their delivery of primary care services and individual GPs in their professional roles; this will include regular attendance at meetings.

**5.14.3** The Borough Based Boards shall collaborate with LMCs at borough level to gain insights into the views of the local representative professional body and engage on matters relating to contractual obligations and/or income.

## **6 Provisions for Conflict of Interest Management and Standards of Business Conduct**

### **6.1 Conflicts of Interest**

- 6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees, sub-committees and joint committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4** The CCG has appointed the audit chair to be the conflicts of interest guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest
  - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest
  - c) Support the rigorous application of conflict of interest principles and policies
  - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
  - e) Provide advice on minimising the risk of conflicts of interest

### **6.2 Declaring and Registering Interests**

- 6.2.1** NHS South East London CCG will maintain registers of the interests of those individuals listed in the CCG's policy.
- 6.2.2** NHS South East London CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at

least annually on the CCG website and make them available at its headquarters upon request.

- 6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** NHS South East London CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 3<sup>rd</sup> parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

### **6.3 Training in Relation to Conflicts of Interest**

- 6.3.1** NHS South East London CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England mandatory training.

### **6.4 Standards of Business Conduct**

- 6.4.1** Employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees, sub committees and joint committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should:

- act in good faith and in the interests of the CCG

- follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles)
- comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
- comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

**6.4.2** Individuals contracted to work on behalf of NHS South East London CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring of conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

## Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <p>complies with its obligations under:</p> <p>sections 14Q and 14R of the 2006 Act</p> <p>sections 223H to 223J of the 2006 Act</p> <p>paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006and</p> <p>any other provision of the 2006 Act specified in a document published by the Board for that purpose</p> <p>exercises its functions in a way which provides good value for money.</p>
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the governing body and who is usually either a GP member or a lay member of the governing body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the governing body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Prime Committee	A committee created and appointed by the membership of the CCG or the governing body.
Sub-Committee	A committee created by and reporting to a committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, 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, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the governing body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A lay Member of the CCG governing body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Lay member for audit and governance	The lay member who has qualifications expertise or experience to enable them to lead on finance and audit matters
Lay member for patient and public involvement	The lay member who carries out the role as defined in the regulations as having knowledge about the CCG area enabling them to express a view about discharge of the CCG functions
Primary Care	A committee required by the terms of the delegation from

Commissioning Committee	NHS England in relation to primary care commissioning functions. The primary care commissioning committee reports to NHS England and the governing body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of:  the Members of the group  the Members of its CCG Governing Body  the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

## **Appendix 2: Committee Terms of Reference**

### **Appendix 2A - Audit Committee**

#### **NHS South East London Clinical Commissioning Group**

## **Audit Committee Terms of Reference**

### ***Approved:***

#### **Constitution**

The Governing Body of NHS South East London Clinical Commissioning Group has resolved to establish a committee of the governing body to be known as the Audit Committee (“the committee”). The committee has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference can only be amended by the governing body.

#### **Purpose**

The overall purpose of the committee is to provide assurance to the governing body on:

- Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control for both collaborative work and CCG activities.
- Support to the Integrated Governance and Performance Committee to Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control for both collaborative work and CCG activities.
- The integrity of the financial statements and accounts of the CCG and of the CCG’s Annual Report.
- Ensure that the systems for financial reporting, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG’s governing body and executive leadership team.

- Utilise the work of internal audit, external audit and other assurance functions, and seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness
- To ensure the CCG is compliant with its legal and regulatory requirements.

The audit committee will review the findings of other assurance functions such as external regulators and scrutiny bodies and other committees and sub-committees of the governing body.

## **Duties**

### **Risk management and Internal control**

The committee shall review the establishment and maintenance of an effective system of risk management and internal control, across the whole of the organisation's activities that supports the achievement of the organisation's objectives.

In particular, the committee will review the adequacy and effectiveness of:

- The assurance framework, risk management arrangements, and Annual Governance Statement, together with an accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to discussion by the governing body where possible or appropriate.
- The CCG's system for managing conflicts of interest including an annual report which will include the committee chair's own designated role in the conflicts of interest process.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State directives and as required by the NHS Counter Fraud Authority.
- The policies and procedures related to whistleblowing and arrangements for special investigations.
- The system for approving contract waivers.

- The committee shall report issues in relation to audit risk or internal control to the governing body on an exception basis. Decisions made by the audit committee will be reported at each governing body meeting via the prime and other committees report.
- The committee will put in place effective safeguards to ensure that its independence is not compromised. This includes maintaining independence of the chair.

In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from officers as appropriate. This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

### **Internal Audit**

The committee shall ensure that there is an effective internal audit function established by management that meets mandatory public sector internal audit standards, such as the Public Sector Internal Audit Standards 2017, and provides appropriate independent assurance to the committee, managing director, accountable officer and the governing body. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that it is consistent with the audit needs of the organisation as identified in the assurance framework.
- Review of the major findings of internal audit work, management's response and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- Monitoring implementation of audit recommendations.
- An annual review of the effectiveness of internal audit.

### **External audit**

The committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. The committee will also monitor the external auditors independence and objectivity and the effectiveness of the audit process. This will be achieved by:

- Consideration of the performance of the external auditor as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditor, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate with other external auditors in the local health economy.
- Discussion with the external auditors of the local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
- Review of all external audit reports and appropriateness of management responses and agreement of the annual audit letter before it is submitted to the governing body.
- Agreement of additional work required outside the annual audit plan and monitoring of implementation of audit recommendations.
- The Committee will act as the CCG's Auditor Panel and will act in accordance with the Auditor Panel Terms of Reference. It will formally record when it is acting as the Auditor Panel. The Auditor Panel is an advisory body that advises the CCG's Governing Body on the selection and appointment of external auditors and its functions are to:
  - Advise the CCG's governing body on the selection and appointment of the external auditor. This includes:
    - agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
    - making a recommendation to the governing body as to who should be appointed
    - ensuring that any conflicts of interest are dealt with effectively
  - Advise the CCG's governing body on the maintenance of an independent relationship with the appointed external auditor:
    - Advise (if asked) the CCG's governing body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable
    - Advise on (and approve) the contents of the CCG's policy on the purchase of non-audit services from the appointed external auditor

### **Other assurance functions**

The committee shall review the findings of other significant assurance functions, both internal and external to the organisation, in relation to risk, audit, internal control or fraud related matters and consider the implications for the governance of the organisation.

In addition, the committee will review the work of any other CCG committee or task and finish group established by the governing body, or any external body, whose work can provide relevant assurance to the audit committee's own scope of work, for example, clinical governance and quality audits.

### **Tendering and Contracting**

The committee will review and approve all changes to the provision or delivery of assurance services to the CCG including internal audit and counter fraud. The committee will also provide scrutiny of, and approval for, any contract waivers.

### **Counter Fraud and security management**

The committee should satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption and shall review and approve the CCG's counter fraud and security arrangements.

This work will be carried out in accordance with the NHS Counter Fraud Authority (NHSCFA) Fraud Commissioners Standards. The audit committee shall obtain assurance that the standard is being met via NHSCFA's quality assurance programme.

To ensure there is a suitable environment to support identification of potential counter fraud activity, the committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

### **Management**

The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for risk and internal control.

The committee may also request specific reports from individual functions within the organisation as they may be relevant to the overall arrangements.

### **Financial reporting**

The committee shall monitor the integrity of the CCG's financial statements. This will be supported by obtaining assurance on the robustness of the financial systems of the CCG and systems of financial control, and considering the integrity of any formal announcements relating to its financial performance.

The committee shall review the annual report and financial statements as delegated by the governing body, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee
- Changes in and compliance with accounting policies and practices and compliance with accounting standards
- The clarity and completeness of disclosures and qualitative aspects of financial reporting
- Significant judgments in preparation of the financial statements.
- The extent to which the financial statements are affected by any unusual transactions
- Significant adjustments resulting from the audit
- Unadjusted misstatements in the financial statements
- The assumption that the organisation is a going concern
- Compliance with other legal requirements
- Any losses and special payments
- The proposed Letter of Management Representation

The committee shall review the aged debts of the CCG and approve any bad debt provisions or write off of those debts.

### **Authority/Delegation**

The committee is authorised by the governing body to investigate any activity within its terms of reference and in line with the committee’s prime purpose of providing assurance to the governing body.

The committee is authorised by the governing body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

### **Membership and attendance**

<b>Independent Members</b>	<b>In attendance</b>
Lay Member for audit and governance - Chair	GP lead (one from each borough) – six in total
Lay Member for patient & public involvement - vice Chair	

Additional lay member	
GB Registered Nurse	

The CCG's administration team is responsible for ensuring that the meeting will be quorate before the specified date. In the event that it will not be, the chair has the authority to co-opt the CCG's secondary care specialist for the meeting.

At least once a year the committee should meet privately with the internal and external auditors but only if required. The committee chair may also ask the auditors if they would like a private conversation as an alternative.

The committee should agree and work to an annual programme that takes into account the need to contribute to the timely sign-off of statutory requirements such as the annual accounts.

The CCG executive directors and borough based directors shall be invited to attend particularly when the committee is discussing areas of operation that are the responsibility of that director.

The accountable officer shall be invited to attend, at least annually, to discuss with the committee the process of assurance that supports the Annual Governance Statement.

The accountable officer and chief financial officer shall attend meetings where the financial statements, annual report and annual governance statement are discussed.

### **Chair of meeting**

At any meeting of the committee, the chair if present shall preside. If the chair is absent, the vice chair shall preside or a person chosen by the committee members shall preside. If the chair is temporarily absent on the grounds of conflict of interest, the vice chair shall preside, or a person chosen by the committee members shall preside.

### **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the voting members of the committee, rounded up to the next whole number, to be present at the meeting (see above re co-opting arrangements).

The committee chair is responsible for managing conflicts of interest that arise in a meeting.

Where members are required to withdraw from a meeting due to a conflict of interest or for any other reason that does not affect the meeting quoracy, then a decision or vote can proceed as normal.

Where more than 50% of the voting members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason, the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions.

Where a conflict is identified, the conflict and the action will be recorded in the minutes of the meeting and, where appropriate, the register of interests updated accordingly.

In respect of the committee acting as the auditor panel, independent members must be in the majority.

### **Decision Making**

Where a vote is required to decide a matter, each member may cast a single vote. In the event of a tie the chair of the meeting may cast a second vote. A decision will be made on a simple majority.

It may on occasion be necessary for the audit committee members to make decisions outside of formal meetings. The committee chair will decide whether this procedure should be used.

### **Procedure of decisions made outside of formal meetings**

The committee chair will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a response to be sent to the committee chair by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.

The committee chair, or other individual, as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of this meeting.

### **Frequency**

Meetings shall be held not less than four times a year and at such other times as the chair of the committee shall require. The external auditor, the chair or head of internal audit may request a meeting if they consider that one is necessary.

## **Reporting**

The proceedings of each meeting of the committee shall be reported to the next meeting of the governing body.

The minutes of the committee should be formally recorded by the admin team. The chair shall draw to the attention of the governing body any issues that require disclosure or require executive action.

The committee shall be supported administratively by the governance & admin team, whose duties in this respect will include:

- Compilation of the annual workplan
- Agreement of agenda with the chair and attendees
- Collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Arranging the training and development of committee members as required
- Taking steps to ensure quoracy

## **Review of Arrangements**

The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

In addition, the committee chair will submit a report to the governing body at least annually to describe how the committee has fulfilled its terms of reference obligations and how it has obtained assurance on the annual governance statement, particularly in relation to the items detailed in the Audit Handbook. This report should include details of any significant issues that the committee have considered in relation to the financial statements and how they were addressed.

These terms of reference shall be reviewed by the Audit Chair and CCG Chair on an annual basis, with changes proposed for approval to the CCG governing body and membership.

## Appendix 2B - Remuneration Committee

# NHS South East London Clinical Commissioning Group

## Remuneration Committee

### Terms of Reference

#### **Approved:**

#### **Constitution**

The governing body of NHS South East London CCG has resolved to establish a committee of the governing body to be known as the remuneration committee. The committee is in place to make recommendations to the governing body on remuneration matters as directed in the CCG's constitution and standing orders.

These terms of reference can only be amended by the governing body. They will be reviewed on an annual basis.

The committee is authorised by the governing body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the committee.

#### **Purpose**

The committee shall operate with the following delegated responsibilities to:

- Make recommendations to the Governing Body on *the remuneration, fees and allowances payable to the employees of the clinical commissioning group or to other persons providing services to it, and the function of determining the allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A of the 2012 Act.*
- *Make recommendations to the Governing Body regarding adopting standard NHS pay and remuneration frameworks and advise the Governing Body about appropriate remuneration, the appointment, termination and terms and conditions of the Accountable Officer, Executive Directors, Clinical Leads and other senior managers with locally determined contracts described by the NHS Very Senior Managers Pay Framework.*

The committee will act to consider items of business related to the above responsibilities and make any recommendations arising to a private session of the CCG governing body to make a decision. The committee is not permitted to undertake decision-making on behalf of the governing body for any item of business.

Members of the remuneration committee shall not undertake the remit and responsibilities outlined above in respect of their own remuneration and conditions of service.

Consideration and determination of the remuneration and conditions of service for members of the remuneration committee shall be delegated to the accountable officer, in discussion with the CCG chair, who shall seek the ratification of the governing body for decisions made in this respect. Members of the committee shall receive no additional remuneration in respect of their service on the committee, where the accountable officer and chair agree their participation in the committee forms part of their agreed duties as members of the CCG's governing body.

### **Policy and best practice**

The committee is authorised by the governing body to instruct professional advisors and request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

### **Membership of the Remuneration Committee**

The committee shall be appointed by the CCG from amongst its governing body members.

The membership of the committee shall consist of:

<b>Non-Clinical Members*</b>	<b>Clinical Members*</b>
Lay member for patient & public involvement – Chair	CCG GP lead
Third lay member – Vice chair	
GB Secondary Care Specialist	

\* all members of the governing body, other than lay members, are disqualified from being the chair of the Committee

The accountable officer, CCG senior executives or any other member of the governing body may be invited to attend as required in an advisory role only.

The committee may require the following staff to attend:

- an HR representative who will be responsible for drawing the committee's attention to any applicable legislation, national guidance, best practice, and other relevant documents as appropriate.
- the chief finance officer to advise on matters that have significant financial implications.
- other parties may only attend at the request of the committee and only to provide advice and information.

The chief operating officer (equivalent or nominated deputy) shall be the secretary to the committee and will provide advice. The duties of the secretary in this regard include but are not limited to:

- agreement of the agenda with the chair of the committee and attendees together with the collation of connected papers
- advising the committee as appropriate on best practice, national guidance and other relevant documents

The corporate services team will take the minutes and keep a record of matters arising and issues to be carried forward.

### **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the voting members of the committee rounded up to the next whole number present at the meeting.

There must be transparency and clear accountability of the committee. Members must declare any interests and / or conflicts of interest at the start of the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the voting members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions.

Where a conflict is identified, the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **Procedure for decisions outside of formal meetings**

The committee chair or vice chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the committee chair or vice chair by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response states that they are in favour.

The chief operating officer (or nominated deputy) as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting where they will be described fully and recorded in the meeting minutes.

## **Frequency and notice of meetings**

Meetings shall be held as required to conduct business.

Notice of any committee meeting must indicate:

- Its proposed date and time, which must be at least seven (7) days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given)
- where it is to take place
- an agenda of the items to be discussed at the meeting and any supporting papers and
- if it is anticipated that members of the committee participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

Notice of a committee meeting must be given to each member of the committee in writing. Failure to effectively serve notice on all members of the committee does not affect the validity of the meeting, or of any business conducted at it.

## **Reporting**

The minutes of the committee meeting should be formally recorded and any recommendations or items to note will be reported at the governing body meeting.

Items for governing body decision should be explicitly highlighted as part of the regular committee reports to the CCG governing body. Governing body decisions on recommendations made by the remuneration committee should be recorded in the minutes of the governing body meeting.

## **Review of Arrangements**

These Terms of Reference shall be reviewed on an annual basis by the committee chair. Proposed changes will be referred to the CCG governing body and membership for approval.

## Appendix 2C - Primary Care Commissioning Committee

# NHS South East London Clinical Commissioning Group

## Primary Care Commissioning Committee

### Terms of Reference

#### Introduction

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

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

The delegation agreement for south east London is attached at Appendix 6.

The CCG has established the NHS South East London CCG Primary Care Commissioning Committee ("Committee"). The committee will function as a corporate decision-making body for the management of the delegated primary care functions and the exercise of the delegated powers as set out in NHS South East London CCG's Constitution and Scheme of Delegation.

- It is a committee comprising representatives from NHS South East London CCG, and includes non-voting representatives from Londonwide LMCs, Healthwatch and local authorities (on a first among equals basis) and the Head of Primary Care for south east London CCG.
- It is also important to acknowledge that this committee will be supported by Primary Care fora operating within boroughs, which will make recommendations to this committee.

#### Statutory Framework

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

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS England Board and the CCG.

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

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

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act:

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

The committee is established as a committee of the CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

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

### **Role of the Committee**

The committee has been established in accordance with the above statutory provisions to enable the membership of the committee to make collective decisions related to primary care services in south east London, under delegated authority from NHS England.

In performing its role the committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS South East London CCG, which will sit alongside the delegation and terms of reference.

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

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

This includes taking decision related to:

- GMS, PMS and APMS contracts (including the commissioning of PMS and APMS contracts, the procurement of APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Enhanced Services and newly designed enhanced services ( Local Improvement Schemes (LIS) or Local Commissioned Services (LCS) and “Directed Enhanced Services”);
- Design of Local Improvement Schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payments (e.g., returner/retainer schemes).

The CCG will also carry out other activities as detailed in Schedule 1 of the Delegation Agreement between NHS South East London CCG and NHS England.

### **Geographical Coverage**

The committee is responsible for decisions relating to all GP contracts held by south east London CCG, covering the boroughs of Bexley, Bromley, Lambeth, Lewisham, Greenwich and Southwark.

### **Membership**

The committee shall consist of:

#### **Voting Members**

- 2 Lay Members (excluding the lay member for governance who cannot chair or vice chair the committee)
- CCG GP Chair
- Registered Nurse or Secondary Care Specialist (single member)
- Accountable Officer
- Chief Finance Officer
- Executive Director for Commissioning and Planning
- 6 Borough Based Directors

All members may agree a deputy, who can vote on their behalf; however this must be a named individual and agreed with the Primary Care Commissioning Committee Chair.

### **In attendance<sup>1</sup>**

- 6 Governing Body GP leads (1 from each borough)
- Local Medical Committee Representative
- Healthwatch Representative
- 6 (1 per borough) Local Authority Representatives of the Health and Wellbeing Board (Elected Member or Mandated Officer)
- Officers as required to undertake business of the committee

Those in attendance will get the papers and minutes and are permitted to contribute to the discussion at meetings.

The chair of the committee shall be a lay member of NHS South East London CCG. This will not be the lay member responsible for Audit & Governance.

The vice chair of the committee shall be a lay member of NHS South East London CCG. This will not be the lay member responsible for Audit & Governance.

### **Meetings and Voting**

As a committee of the governing body, the committee will operate in accordance with the CCG's Standing Orders (in line with NHS England Standard Operating Procedures). This includes the capacity to manage urgent matters outside the normal arrangements. All urgent decision taken between committees, that would otherwise have been taken in a Part 1 committee, shall be reported to the next committee, including full papers and minutes for transparency.

The aim of the committee will be to achieve consensus decision-making wherever possible. In the event that a vote is required, each member of the committee shall have one vote. The committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.

### **Quorum**

The quorum shall be 50% of the voting members. Where a decision is to be taken regarding a specific borough, that decision cannot be taken without a representative from that borough attending the meeting.

### **Frequency of meetings**

The committee will meet regularly at least 6 times per year. After 6 months the frequency will be reviewed

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<sup>1</sup> Representatives to be agreed by the relevant organisations to operate as a 'first among equals'

## Procedure

Meetings of the committee shall:

- a) be held in public, subject to the application of b) below;
- b) the committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time;
- c) the closed confidential part of the meeting (as provided for at b) above) shall be referred to as Part 2 of the meeting and shall have a separate agenda and minutes;
- d) the committee may invite the representatives of the local authority (Health and Wellbeing Board), Local Medical Committees and Healthwatch to Part 2 of any meeting where it considers it is appropriate for such representatives to attend all or part of Part 2 of the meeting.

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

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. It is expected that each borough discusses Primary Care in a local fora (adhering to the requirements above) and makes recommendations into the Primary Care Commissioning Committee to be agreed.

The committee may agree certain decisions can be taken outside of the committee where this is in line with a policy which the Primary Care Commissioning Committee has formally agreed and ratified with NHS England (to ensure this is appropriate to the delegation agreement)<sup>2</sup>. Borough based directors are responsible for ensuring this policy is properly followed in their boroughs, and the Primary Care Commissioning Committee will review all decisions taken outside of the committee at the next meeting.

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<sup>2</sup> Policies agreed as part of the London Operating Model are already agreed

The committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the committee shall respect confidentiality in attending and undertaking the business of the committee.

The committee will present its minutes to the governing body of NHS South East London CCG and the London region of NHS England following each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 25 above.

The CCG will also comply with any reporting requirements set out in its Constitution.

### **Accountability of the Committee**

The committee will be accountable for the expenditure of the primary care budget delegated from NHS England to the CCG. Responsibility for authorising expenditure against this budget may be further delegated only as set out in the Operational Scheme of Delegation ratified by the governing body.

For the avoidance of doubt, in the event of any conflict between the terms of the CCG's Operational Scheme of Delegation, the committee's terms of reference and the CCG's Standing Financial Instructions, the Operational Scheme of Delegation will prevail.

### **Decisions**

The committee will make decisions within the bounds of its remit.

The committee will ensure that any conflicts of interest are dealt with in accordance with the CCG's Constitution and Standards of Business Conduct Policies which for the avoidance of doubt may include members (voting or otherwise) being excluded from a decision and/or the discussions leading thereto. The committee will enact its responsibilities as set out in these terms of reference in accordance with the Nolan Principles for Standards in Public Life.

The decisions of the committee shall be binding on NHS South East London CCG and NHS England.

### **Review**

These terms of reference will be reviewed on an annual basis by the committee chair. Proposed changes will be referred to the CCG governing body and membership for approval.

## Appendix 3: Standing Orders

### 1. STATUTORY FRAMEWORK AND STATUS

#### 1.1. Introduction

- 1.1.1. Standing orders and other related documents are key components of the arrangements that an organisation has in place to conduct its business. This document reflects the requirements of relevant regulations regarding procedures for governing bodies, their audit and remuneration committees.
- 1.1.2. These standing orders have been drawn up to regulate the proceedings of the NHS South East London Clinical Commissioning Group so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the CCG is established.
- 1.1.3. The standing orders, together with the CCG's scheme of reservation and delegation and the CCG's standing financial instructions, provide a procedural framework within which the CCG discharges its business. They set out:
  - 1.1.3.1. the arrangements for conducting the business of the CCG
  - 1.1.3.2. the appointment of member practice representatives and other members of the Governing Body
  - 1.1.3.3. the procedure to be followed at meetings of the CCG, the governing body and any committees or sub committees of the CCG or the governing body
  - 1.1.3.4. the process to delegate powers
  - 1.1.3.5. the declaration of interests and standards of business conduct
- 1.1.4. The standing orders and the table of levels of financial authorisation extracted from the schedule of matters delegated to officers are appended to and have effect as if incorporated into the CCG's constitution.
- 1.1.5. These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate of any relevant guidance.
- 1.1.6. The standing orders, scheme of reservation and delegation and standing financial instructions have effect as if incorporated into the CCG's constitution. CCG members, employees, members of the governing body, members of the governing body's committees and sub committees,

members of the CCG's committees and sub committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions.

- 1.1.7. These standing orders apply to the governing body and any committees of the governing body unless it is stated that they do not.

## **1.2. Scheme of Reservation and Delegation**

- 1.2.1. The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the governing body to certain bodies (such as committees) and certain persons.
- 1.2.2. The CCG has decided that certain decisions may only be exercised by the membership of the CCG in formal session. Members will transact matters reserved to the membership at meetings of the members known as The Council of Members. A list of reserved matters is detailed in the constitution at section 3.3.2.
- 1.2.3. All other matters are delegated to the governing body, its committees or sub-committees or individuals. Full details relating to matters reserved and delegated are to be found in the CCG's scheme of reservation and delegation (Appendix 5).

## **2. THE CLINICAL COMMISSIONING GROUP (CCG): COMPOSITION OF MEMBERSHIP, ROLE, APPLICATION & TERMINATION PROCESS**

### **2.1. Composition of membership of NHS South East London CCG**

- 2.1.1. The CCG is a membership body comprised GP practices in south east London. Full details of the area covered and a list member practices is included in the constitution.
- 2.1.2. NHS South East London CCG has been developed to enable effective participation of each member to exercise its functions.
- 2.1.3. Full meetings of the membership are to be known as The Council of Members.
- 2.1.4. Members are represented at the Council of Members by the healthcare professional that they nominate to deal with the CCG on their behalf. This individual must be a healthcare professional as defined in the legislation. Each practice is free to determine how they select an individual who fulfils the requirements.

## **2.2. Application to become a Member**

- 2.2.1. Any eligible person or entity may apply to become a member of the CCG by making a written application to the governing body. Such written application must:
- 2.2.1.1. specify the name and address of the eligible person or entity
  - 2.2.1.2. confirm that the eligible person or entity is a provider of primary medical services pursuant to clause 3.1.2 of this constitution and
  - 2.2.1.3. confirm that it provides primary medical services from and is situated within the geographic area
- 2.2.2. Upon receipt by the governing body, of the application, the governing body shall notify NHS England of the application and request NHS England's acknowledgment that the eligible person is to become a member.
- 2.2.3. Upon receipt by the governing body of the acknowledgment by NHS England pursuant to clause 2.2.2 above (or, if no such acknowledgment is received, within 28 days of the governing body's request for acknowledgment), the governing body will make a recommendation to the next scheduled meeting of the Council of Members with a recommendation as to whether the eligible person or entity is to become a member.
- 2.2.4. Before becoming a member, the eligible person must:
- 2.2.4.1 sign a copy of this constitution (as may be varied or amended from time to time pursuant to clause 1.4 of the constitution); and
  - 2.2.4.2 make a written declaration that it will act consistently with the provisions of this constitution including, without limitation, the responsibilities of members set out at section 2.4 of these Standing Orders
- 2.2.5. An eligible person or entity shall be deemed to become a member on the first day of the month after it has been voted into membership by the Council of Members and complied with clause 2.2.4 above.
- 2.2.6. Upon any eligible person becoming a member the governing body shall, within 28 days, publish an updated list of members and this constitution on its website.

## **2.3 Recommendation to NHS England for a Termination of Membership**

- 2.3.1. Any member's membership may be terminated in accordance with a decision of NHS England and more particularly if that member should cease to be a primary medical services provider in the geographic location defined in section 2 of the constitution.

## **2.4 Role of the Practice Representatives of members**

- 2.4.1. Chapter 3 of the CCG's constitution provides details of the membership of the CCG.
- 2.4.2. Each member must nominate one healthcare professional who will attend borough membership divisional meetings and council of members meetings, who can contribute to strategic discussions and who is authorised to make decisions on behalf of the practice. The member can also nominate up to two deputies who will substitute for the nominated representative when they are unable to attend. Deputies must also be in a position to contribute to strategic discussions and make decisions. Details of the named representatives are included in the Governance handbook.
- 2.4.3. Practice representatives will be expected to engage in the commissioning work of NHS South East London CCG. For the CCG to prosper, it is essential that all practice representatives engage with each other and with the CCG's governing body.
- 2.4.4. The nominated practice representatives represent the member's (practice's) views and act on behalf of the member (practice) in matters relating to the CCG. The role of each practice representative is to:
  - 2.4.4.1 brief the CCG on issues raised by practice colleagues
  - 2.4.4.2 attend and fully participate in borough membership divisional meetings
  - 2.4.4.3 attend and participate in NHS South East London CCG Council of Members meetings and vote on matters reserved to the membership in person or electronically
  - 2.4.4.4 brief practice colleagues on borough and CCG developments
  - 2.4.4.5 inform practice colleagues on measures proposed to reduce variation in clinical practices
  - 2.4.4.6 encourage their practice colleagues to innovate and develop ideas for improved services at practice/borough/CCG/ levels
  - 2.4.4.7 ensure their practice is encouraging patient involvement in planning
  - 2.4.4.8 ensure their practice is promoting involvement of patients, their carers and representatives in decisions about their healthcare
  - 2.4.4.9 ensure their practice acts with a view to enabling patients to make choices
- 2.4.5. Practice representatives shall comply with the code of conduct adopted by the CCG.
- 2.4.6. Together practice representatives will oversee the arrangements for members to be represented on the governing body through the election of borough GP leads.

### **3. THE CLINICAL COMMISSIONING GROUP (CCG): GOVERNING BODY KEY ROLES AND APPOINTMENT PROCESS**

3.1 The outlined job roles for the NHS South East London Clinical Commissioning Group governing body are available on the website. Other ways of accessing these documents include:

3.1.1.1. by email at xxxx

3.1.1.2. by post to Civic Offices, 160 Tooley St, London SE1 2TZ

3.2 Chapter 5 of the CCG's constitution provides details of the governing body structure used in the CCG's decision making processes. Key roles and responsibilities within the CCG and its governing body, including the role of practice representatives, are included within these standing orders.

3.3 All governing body members must ensure that they are not excluded by the statutory exclusions set out in the CCG Regulations 2012, which will be considered as part of the eligibility process outlined below for each role.

#### **3.4 Borough GP Leads on the Governing Body**

3.4.1 The governing body will have two GP leads from each south east London borough; these will be elected by the practice member representatives from the borough they represent.

3.4.2 The borough lead GPs must be a GP working within member practices.

3.4.3 Borough lead GPs have an active role in the management and operation of the CCG. As members of the CCG's governing body, they bring their unique understanding of the CCG's member practices to the discussion and decision making of the governing body. GP leads represent the voice of the borough and its member practices to the governing body, and act on behalf of the borough in matters relating to the CCG. They also provide the link between the clinical leadership and borough to support implementation of strategic plans.

3.4.4 Their role includes leading on a portfolio of agreed responsibilities across areas potentially including: finance, quality & safety, contracting (acute/community/mental health), Quality, Innovation, Productivity and Prevention (QIPP), communications/engagement/patient and public involvement, lead on pathway developments and service redesign, effective governance and assurance.

3.4.5 The roles and responsibilities of CCG lead GPs on the governing body are defined in the job descriptions for these roles, which is available on the CCG's website.

3.4.6 The Governing Body will continue to seek feedback from key stakeholders including member practices. If through this process concerns regarding the effectiveness of an elected GP Lead are raised these will be investigated, and if it is demonstrated that a GP Lead has failed to fulfil their responsibilities as an elected representative of local practices, the Governing Body shall put the matter to the GPs in the relevant member practices in the form of a vote of confidence in the GP Lead. Should this relate to the CCG Chair the matter would be put to all members of the CCG.

**Nominations:** Any GP working within the practices in the relevant borough may nominate themselves; no seconder is required. A nominated GP must apply to the CCG's Returning Officer (Chief Operating Officer or equivalent role) for the role.

**Eligibility:** Individuals will be eligible for application for selection and election if they meet the following criteria:

- a. that they work in the relevant borough as a GP principal or salaried GP (a minimum of one session per week in that borough) and are **not** members of another CCG.
- b. an individual shall not be eligible if they are, or subsequently are, retired from the practice or a primary care services provider, suspended by either the GMC or NHS England or any other successor body
- c. If the individual is a sessional GP, they shall not be eligible in the event that they are suspended from their employment or subject to grievance or disciplinary proceedings and
- d. For those individuals (including those stated at (a) above) who are not party to direct contractual arrangements for the provision of primary medical services, they must be on a performers list.

**Appointment process:** See section 3.3.7

**Term of office:** Maximum of 3 years

**Eligibility for reappointment:** Re-elected for a maximum of 2 consecutive terms or 6 years whichever is the longer

**Grounds for removal from office:** Material failure to comply with the terms of this constitution and/or the passing of a vote of no-confidence by the relevant borough's GP membership

**Notice period:** 6 months

### **3.4.7 Election Process for all directly elected members of the Governing Body (Borough GP Leads)**

The election process has three stages:

#### **3.4.7.1 Nomination**

3.4.7.1.1 Any eligible person may nominate themselves, no seconder is required.

3.4.7.1.2A nominated person must then apply to the CCG for the role.

#### **3.4.7.2 Selection**

3.4.7.2.1 Applications will be assessed by a panel, convened by the governing body, to assess them against the essential criteria within the person specification. The panel will normally comprise three members (2 members of the governing body and an independent member [who shall not work for the CCG or a member of the CCG]).

3.4.7.2.2 The panel will decide whether or not a person's candidature will be put to the electorate, all notes from the panel pertaining to the interview will be securely stored for 2 weeks before being destroyed unless an appeal has been lodged within 5 working days.

3.4.7.2.3 If the panel decides that a person will not be put to the electorate then:

- All members of the panel must be in agreement.
- The unsuccessful candidate will be given the opportunity to have a full debrief from the chair of the panel as to why they have been unsuccessful. If there are development areas the CCG will offer a support package to assist the candidate in the future.
- The unsuccessful candidate may appeal the decision of the panel or the process of the interview within 5 working days, in writing, stating the full reasons for the appeal and the basis of the appeal to:
  - The chair of the CCG, or if conflicted
  - The Assistant clinical chair of the CCG, or if conflicted
  - The deputy chair of the CCG, or if conflicted
  - The chief operating officer of the CCG (or equivalent post)
- The CCG will make available a process of appeal

#### **3.4.7.3 Election**

3.4.7.3.1 To ensure a proper mandate for all elected members an election will be held no matter the number of candidates.

- 3.4.7.3.2 Each GP employed within a member practice, from the applicant's borough is entitled to one vote.
- 3.4.7.3.3 A person will be elected provided that they receive a simple majority of the votes cast.
- 3.4.7.3.4 The LMC will have the right to observe any part of the appointment process to ensure objectivity.
- 3.4.7.3.5 Ballots may be held electronically, by post, or in person at a Borough membership divisional meeting.
- 3.4.7.3.6 Where there is only one candidate:
- The ballot paper is to include yes/no/abstain options (or equivalent)
  - To be successful the candidate must receive a simple yes majority of the votes cast
- 3.4.7.3.7 Where there are two candidates:
- The ballot paper is to include yes/none of the above options
  - To be successful a candidate must receive a simple yes majority of the votes cast
  - Where the candidates both receive 50% of the votes cast, the election will be decided by a method agreed by the candidates, and carried out in the presence of the candidates.
- 3.4.7.3.8 Where there are three or more candidates:
- The ballot paper is to include yes/none of the above options
  - Voting: 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.electoralreform.org.uk/article.php?id=48> for details of this voting system).
  - The successful candidate will be the first to receive a simple majority of the yes votes cast.

### **3.5 Matters relevant to all elected members**

- 3.5.1 Elected members of the governing body will serve a maximum three year term from the date of appointment.
- 3.5.2 Roles will be funded via an agreed remuneration / backfill based on the number of sessions worked. Job descriptions for each elected role are available on the website and specify the minimum number of sessions / days required.
- 3.5.3 Remuneration will be reviewed periodically by the remuneration committee.

- 3.5.4 Elected members may give 6 months' notice to retire but are expected to serve full terms.
- 3.5.5 Where a member leaves office part way through a term, the governing body may convene an election or co-opt a member to the governing body for the remainder of the year. Any such co-option to be reported to the Council of Members.
- 3.5.6 Elected members of the governing body may serve a maximum of two consecutive terms of office. In exceptional circumstances, with agreement from the chair and Governing Body, this may continue for a third term.
- 3.6 Elected members of the governing body shall vacate their office:**
- 3.6.1 if any insolvency event or action is made against her or him or s/he makes any arrangement with her/his creditors.
- 3.6.1 if in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) s/he becomes or is deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- 3.6.2 if s/he ceases to be a provider of primary medical services, or engaged in or employed to deliver primary care (excluding lay members of the governing body who have been duly appointed by the governing body).
- 3.6.3 if s/he is suspended from providing primary medical services in which case the removal or suspension from the governing body shall be at the discretion of the governing body. The governing body shall take into account the circumstances of any individual before a decision is made.
- 3.6.4 if s/he shall for a period of 5 consecutive meetings of the governing body have been absent and shall at the discretion of the governing body be vacated from her/his office.
- 3.6.5 If s/he shall be convicted of a criminal offence whereby the sentence imposed shall be for a minimum of 6 months imprisonment (whether such sentence is held to be suspended or conditional). The governing body shall take into account the circumstances of the offence in relation to the individual before a decision is made.
- 3.6.6 if s/he shall have behaved in a manner or exhibited conduct which in the opinion of the governing body has or is likely to be detrimental to the honour and interest of the governing body or the CCG and is likely to bring the governing body and/or CCG into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body (being slander or libel), abuse of position, non-declaration of a known conflicts of interest, seeking to lead or manipulate a decision of the governing body in

a manner that would ultimately be in favour of that member whether financially or otherwise.

- 3.6.7 where s/he has become ineligible to stand for a position as a result of the declaration of any conflicts of interest under section 8 of the constitution; or
- 3.6.8 they die.
- 3.6.9 These are in addition to the disqualification criteria set out in schedule 4 and 5 of the CCG regulations 2012<sup>3</sup>

### **3.7 The Chair of the Governing Body**

- 3.7.1 The chair of the governing body is responsible for:
  - 3.7.1.1 leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution
  - 3.7.1.2 building and developing the CCG's governing body and its individual members
  - 3.7.1.3 ensuring that the CCG has proper constitutional and governance arrangements in place
  - 3.7.1.4 ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties
  - 3.7.1.5 supporting the accountable officer in discharging the responsibilities of the organisation
  - 3.7.1.6 contributing to building a shared vision of the aims, values and culture of the organisation
  - 3.7.1.7 leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities
  - 3.7.1.8 overseeing governance and particularly ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times
  - 3.7.1.9 ensuring that public and patients' views are heard and their expectations understood and, where appropriate, as far as possible, met
  - 3.7.1.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England
  - 3.7.1.11 ensuring that the CCG builds and maintains effective relationships, particularly with, amongst others, the boroughs' Health and Wellbeing Boards and the individuals involved in overview and scrutiny from the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

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<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

3.7.2 Where the chair of the governing body is also the lead clinician of the CCG they will:

- 3.7.2.1 lead the CCG ensuring it is able to discharge its functions
- 3.7.2.2 be the senior clinical voice of the CCG in interactions with stakeholders including NHS England.

3.7.3 The chair of the governing body is subject to the following appointment process:

- Nominations:** Any governing body GP member may nominate themselves; no seconder is required.
- Eligibility:** An elected GP lead of the governing body
- Appointment process:** By a vote of the governing body elected GP clinician members
- Term of office:** Maximum of 3 years
- Eligibility for reappointment:** Re-elected for a maximum of 2 consecutive terms or 6 years whichever is the longer
- Grounds for removal from office:** Material failure to comply with the terms of this constitution and/or the passing of a vote of no-confidence by simple majority of those eligible to vote on the governing body
- Notice period:** 6 months

### 3.8 The Assistant Clinical-Chair of the Governing Body

The Assistant Clinical-Chair:

- 3.8.1 will stand in for the chair of the governing body, as the CCG's clinical leader, where the chair is unable to act due to absence.
- 3.8.2 shall be an elected GP member of the governing body.
- 3.8.3 The Assistant Clinical Chair of the governing body is subject to the following appointment process:

- Nominations:** Any governing body GP member may nominate themselves; no seconder is required.
- Eligibility:** An elected GP lead of the governing body
- Appointment process:** By a vote of the governing body elected GP clinicians
- Term of office:** 3 years
- Eligibility for** Re-elected for a maximum of 2 consecutive terms or 6 years

**reappointment:** whichever is the longer

**Grounds for removal from office:** Material failure to comply with the terms of this constitution and/or the passing of a vote of no-confidence by simple majority of those eligible to vote on governing body

**Notice period:** 6 months

### **3.9 The Deputy Chair of the Governing Body**

3.9.1 The Deputy Chair will assume responsibility for the chair when the chair is absent or cannot participate in discussions due to a declared conflict of interest.

**Nominations:** Self-nomination

**Eligibility:** A lay member of the governing body

**Appointment process:** By a vote of the governing body members

**Term of office:** 3 years maximum, based on governing body tenure

**Eligibility for reappointment:** Re-appointment for a maximum of 2 consecutive terms or 6 years whichever is the longer

**Grounds for removal from office:** Material failure to comply with the terms of this constitution and/or as reasonably determined by the chair of the governing body

**Notice period:** 6 months

### **3.10 Accountable Officer**

3.10.1 The governing body shall nominate an accountable officer, who shall be assessed for suitability and appointed by NHS England.

3.10.2 in addition to the functions set out nationally, the role of the accountable officer for the CCG includes:

3.10.2.1 executing the strategic direction set by the governing body

3.10.2.2 leading the CCG's relationships with strategic partners, including commissioning support organisations, the local authority and healthcare providers.

3.10.3 The accountable officer shall report to NHS England, and the governing body via the CCG chair and is subject to the following appointment process:

**Nominations:** not applicable – appointment by application, shortlist, interview and assessment centre (if required)

**Eligibility:** meet job specification, and assessment centre  
**Appointment process:** interview subject to successful competency assessment; nominated by the governing body on the recommendation of the chair and approved by NHS England & Improvement  
**Term of office:** for as long as the post holder remains an employee of the CCG  
**Grounds for removal from office:** material failure to comply with the terms of this constitution and/or as reasonably determined by the CCG chair and in accordance with the CCG's disciplinary procedure and contract of employment.  
**Notice period:** 6 months' written notice by the post holder to the CCG chair.

### **3.11 Borough Based Director (or equivalent)**

- 3.11.1 The accountable officer shall appoint a borough based director in each borough.
- 3.11.2 Where the director is a CCG appointment only, then the appointment will be made by the accountable officer only. Where the appointment is joint with the local authority, the appointment will be jointly made between the accountable officer and local authority chief executive.
- 3.11.3 The borough based director will report to the accountable officer (and the local authority chief executive where a joint appointment) and will be responsible for all aspects of local commissioning activities of the CCG as delegated by the governing body. Their predominant focus is on borough based local delivery, integrated working and importantly the transformation that will support the achievement of local care partnerships.
- 3.11.4. The borough based director shall report directly to the accountable officer (local authority chief executive) and be subject to the following appointment process:

**Nominations:** not applicable – appointment by application, shortlist and interview  
**Eligibility:** meeting the job description and person specification  
**Appointment process:** interview  
**Term of office:** for as long as the post holder remains employed in this role  
**Grounds for removal from office:** material failure to comply with the terms of this constitution and/or as reasonably determined by the accountable officer (LA)

chief executive) (as their line manager(s)) and in accordance with the CCG's disciplinary procedure and contract of employment

**Notice period:** 6 months' written notice by the post holder to the accountable officer (and LA chief executive).

### **3.12 Chief Finance Officer**

3.12.1 The accountable officer shall appoint a chief finance officer.

3.12.2 The chief finance 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.

3.12.3 The chief finance officer is responsible for the financial strategy, financial management and financial governance of the CCG.

3.12.4 The chief finance officer shall report directly to the accountable officer and be subject to the following appointment process:

**Nominations:** not applicable – appointment by application, shortlist, interview and assessment centre (if required)

**Eligibility:** recognised professional accounting qualification

**Appointment process:** interview subject to successful competency assessment

**Term of office:** for as long as the post holder remains an employee of the CCG in this role

**Grounds for removal from office:** material failure to comply with the terms of this constitution and/or as reasonably determined by the accountable officer (as their line manager) and in accordance with the CCG's disciplinary procedure and contract of employment

**Notice period:** 6 months' written notice by the post holder to the accountable officer.

### **3.13 Lay Members**

3.13.1 This section applies to the two statutory lay members and the extra lay member required to comply with NHS England guidance regarding primary care commissioning.

3.13.2 The lay members are subject to the following appointment process:

**Nominations:** not applicable – appointment by application, shortlist and interview

**Eligibility:**

- In accordance with the CCG regulations 2012
- local knowledge of the south east London healthcare system
- be required to meet the role descriptions, specific attributes and competencies as set out in the CCG regulations 2012<sup>4</sup>
- For the lay member for audit & governance there is an additional requirement that the individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. Within south east London there is an expectation that this will be a CCAB / CIMA qualification.

**Appointment process:** appointment by the governing body following open advertisement and successful interview on the recommendation of the chair

**Term of office:** 3 years

**Eligibility for reappointment:** Eligible for renewal for two further terms of the appointment subject to demonstration of continuing competence (maximum of 9 years)

**Grounds for removal from office:** material failure to comply with the terms of this constitution and/or as reasonably determined by the chair of the governing body

**Notice period:** 6 months' written notice by the role holder to the chair

### 3.14 The Registered Nurse

3.14.1 The registered nurse is subject to the following appointment process:

**Nominations:** not applicable – appointment by application shortlist and interview

**Eligibility:** In accordance with the CCG regulations 2012<sup>5</sup>

**Appointment process:** appointment by the governing body following open advertisement and successful interview on the recommendation of the chair

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<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

<b>Term of office:</b>	3 years
<b>Eligibility for reappointment:</b>	Eligible for renewal for two further terms of the appointment subject to demonstration of continuing competence (maximum of 9 years)
<b>Grounds for removal from office:</b>	material failure to comply with the terms of this constitution and/or as reasonably determined by the chair of the governing body
<b>Notice period:</b>	6 months' written notice by the role holder to the chair

### **3.15 The secondary care specialist doctor**

3.15.1 The secondary care specialist doctor is subject to the following appointment process:

**Nominations :** not applicable – appointment by application, shortlist and interview

**Eligibility:**

Must be a consultant – either currently employed, or in employment at some time in the period of 10 years ending with the date of the individual's appointment to the governing body but cannot be an employee or member (including shareholder) of, or a partner in, any of the following: a person who is a "provider of primary medical services" for the purposes of Chapter A2 of the 2006 Act; or a body which provides any "relevant service" to a person for whom the CCG has responsibility (regulation 12(1) CCG Regulations 2012)

**Appointment process:** appointment by the governing body following open advertisement and successful interview on the recommendation of the chair

**Term of office:** 3 years

**Eligibility for reappointment:** Eligible for renewal for two further terms of the appointment subject to demonstration of continuing competence (maximum of 9 years)

**Grounds for removal from office:** material failure to comply with the terms of this constitution and/or as reasonably determined by the chair of the governing body

**Notice period:** 6 months' written notice by the role holder to the chair.

### **3.16 Disqualification criteria for members of the Governing Body**

- 3.16.1 All Governing Body members must comply with the requirement set out in the CCG regulations 2012<sup>6</sup>

### **3.17 Other attendees of governing body meetings**

- 3.17.1 Other directors of the CCG will be in attendance at governing body meetings, as required, in order to provide specialist knowledge and opinion to the discussions.

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<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

## **4 THE CLINICAL COMMISSIONING GROUP (CCG): OTHER KEY ROLES AND APPOINTMENT PROCESS**

### **4.1 Other Clinical leads**

- 4.1.1 The CCG may identify other clinical leads to support the work of the CCG and / or represent the CCG rather than represent their own organisation.
- 4.1.2 Nominations / volunteers will be sought for individuals, as required, and eligibility will be based on demonstrated expertise in the specific area required.
- 4.1.3 Should there be more than one nomination / volunteer, the governing body / borough based board will assess the applications and appoint based on their consideration of the applicant most likely to be in a position to best fulfil the role.
- 4.1.4 These roles will be time limited to the length of the project / task.
- 4.1.5 Grounds for removal from the role will be considered to be material failure to comply with the terms of this constitution and/or as reasonably determined by the chair of the governing body.
- 4.1.6 Notice period – this will be determined in light of the need to ensure continuous representation.

### **4.2 Joint Appointments with other organisations**

- 4.2.1 The CCG may enter into joint appointments with other organisations at such time as it is deemed appropriate taking due consideration of the CCG regulations 2012<sup>7</sup>
- 4.2.2 Any future joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

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<sup>7</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

## **5 MEETINGS AND DECISION MAKING OF THE CLINICAL COMMISSIONING GROUP (CCG), GOVERNING BODY, COMMITTEES AND SUB-COMMITTEES**

### **5.1 Meetings of the Council of Members and Borough Membership Divisions**

#### **5.1.1 Calling Meetings**

5.1.1.1 Council of Members meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.

5.1.1.2 One third or more members of the Council of Members may requisition a Council of Members meeting in writing. If the chair refuses or fails to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

5.1.1.3 Borough membership divisional meetings will be arranged by the Borough Based Director and held in the relevant borough at times and venues they determine is appropriate and will operate within determined terms of reference.

#### **5.1.2 Agenda, supporting papers and business to be transacted**

5.1.2.1 Agenda for all meetings will be sent to members at least seven calendar days before the meeting and supporting papers, whenever possible, shall accompany the agenda but will certainly be despatched no later than two clear days before the meeting, saving in emergency. The governing body may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. Such matters may be identified within this constitution or following subsequent resolution shall be listed in an appendix to the constitution.

5.1.2.2 The agenda shall be deemed to be a formal notice specifying the business proposed to be transacted and shall be e-mailed or delivered to every member of the council or sent by post to the usual place of residence or work of each member of the council before the meeting. Want of service of such a notice on any member of the council shall not affect the validity of a meeting.

5.1.2.3 In the case of a meeting called by members, in default of the chair calling the meeting, the notice shall be signed by those members.

5.1.2.4 No business shall be transacted at a council of members' meeting other than that specified on the agenda or emergency motions.

5.1.2.5 A Council of Members' member desiring a matter to be included on an agenda shall make his/her request in writing to the meeting chair at least 15 clear working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 working days before a meeting may be included on the agenda at the discretion of the meeting chair.

5.1.2.6 The CCG will arrange for adequate time to be allocated to each agenda item to allow for appropriate discussion within the planned meeting schedule. Where members require greater time to discuss a matter, they may vote to have an additional meeting or to extend the current meeting to discuss the matter further, provided that enough members commit to the new or extended meeting to allow that meeting to be quorate.

### **5.1.3 Membership and attendance**

5.1.3.1 All practice healthcare professionals and practice managers are eligible to attend Borough Membership Divisional Meetings which will be used as a mechanism of engaging with and updating practices on CCG business.

5.1.3.2 Only nominated healthcare professionals from each practice (or their nominated deputies if they are unable to attend), i.e. CCG members, are members of the Council of Members and therefore eligible to attend such meetings.

### **5.1.4 Petitions**

5.1.4.1 Where a petition has been received by the CCG the meeting chair shall include the petition as an item on the agenda of the next meeting.

### **5.1.5 Chair of meeting**

5.1.5.1. Chairs of the Borough Membership divisions will be chosen from the relevant borough's nominated practice healthcare professional representatives who will also decide the method for choosing their chair.

5.1.5.2 At any meeting of Borough membership divisional meetings the elected chair of the borough division shall preside. If the chair is absent from the meeting a person chosen by the members present, or by a majority of them shall preside.

5.1.5.3 At meetings of the council of members, the Borough chairs will elect one of themselves to preside.

## **5.1.6 Chair's ruling**

5.1.6.1 The decision of the chair of the meeting on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and standing financial instructions at the meeting shall be final.

## **5.1.7 Quorum**

5.1.7.1 No business shall be transacted at a council of members meeting unless at least 50% of voting members rounded up to the next whole number are represented.

5.1.7.2 Where a quorum cannot be convened from the council's membership, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair of the meeting shall defer the discussion and/or the passing of a resolution. The meeting must then proceed to the next business item.

5.1.7.3 Quoracy does not apply to Borough membership Divisional Meetings (see 5.1.8.2.1).

## **5.1.8 Decision making**

### **5.1.8.1 Council of Members**

5.1.8.1.1 (Save as provided in these standing orders 5.3 – application for variation and amendment of the Constitution), every question put to a vote at a meeting (or electronically) shall be determined by the votes of the members present (or electronically) and voting on the question.

5.1.8.1.2 All matters put to the vote shall be by paper ballot or electronic means.

5.1.8.1.3 Votes will be weighted 1:10,000 patients, per contract, to the nearest 10,000 (after the first vote) as follows:

1-14,999 patients = 1 vote  
15,000-24,999 patients = 2 votes  
25,000-34,999 patients = 3 votes  
35,000-44,999 patients = 4 votes  
45,000-54,999 patients = 5 votes etc

5.1.8.1.4 All votes cast: for, against and no vote/abstain will be weighted equally by borough (i.e. by 16,667%)

5.1.8.1.5 The total weighted 'for' votes cast are totalled across south east London

5.1.8.1.6 The required percentage to pass a vote is 60%

#### **5.1.8.2 Borough Membership Division Meetings**

5.1.8.2.1 Borough membership Division meetings are not decision making fora.

### **5.1.9 Voting mechanisms at Council of Members meetings**

5.1.9.1 Generally it is expected that at all of the CCG's meetings decisions will be reached by consensus.

5.1.9.2 Should it not be possible to reach consensus in any matter reserved to the Member Practices, then a vote of the Council of Members will be required.

5.1.9.3 All votes must be cast when present at a Council of Members meeting or by electronic voting as agreed.

5.1.9.4 Absence is normally defined as being absent at the time of the vote. Only in exceptional circumstances may an absent member vote by proxy. In exceptional circumstances the member may request that the chair of the Council of Members casts a specified vote or votes on behalf of the member. Where the chair is unable to cast the proxy vote, due to absence or conflict, the chair shall arrange for the chair of the meeting, or the relevant part of the meeting to cast the specified vote(s) on behalf of the member.

## **5.2 Meetings of the Governing Body, Committees and Sub-Committees**

### **5.2.1 Introduction and scope**

5.2.1.1 The following applies to all meetings of the CCG, including the Governing Body and all Governing Body committees.

### **5.2.2. Calling Meetings**

5.2.2.1 The CCG shall set out a calendar of meetings at the start of each business cycle which will include, but not be limited to, meetings of the governing body, audit committee, remuneration committee and all meetings that provide assurance to the governing body.

- 5.2.2.2 Meetings shall be held at such times and places as the CCG may determine.
- 5.2.2.3. The Chair of the CCG or the relevant meeting or committee may call an additional meeting at any time.
- 5.2.2.4 An annual general meeting of the CCG (AGM) will be held in public by the Governing Body once a year.
- 5.2.2.5 Advance notice will be given for all meetings of the governing body. Dates of public meetings will be advertised on the CCG's website.
- 5.2.2.6 Constituent members are able to call a general meeting (GM) of the governing body, where due process has been followed. In the first instance, constituent members should indicate their reasons for calling a meeting to the borough's members, and if supported, the request must be put in writing to the CCG chair, which must include details of the business to be transacted at that meeting; on receipt of which a meeting will be convened.
- 5.2.2.7 A GM shall take place within 14 calendar days of the governing body receiving the request for the meeting to be held.

### **5.2.3 Agenda, supporting papers and business to be transacted**

- 5.2.3.1 The meeting chair is responsible for drawing up the agenda for the CCG meetings, but will be aided by CCG staff.
- 5.2.3.2 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the governance & admin team at least 15 working days before the meeting takes place. The exception to this is where a meeting is required to be called at short notice.
- 5.2.3.3 Except in cases of urgency or where circumstances make it impracticable to do so, the agenda and papers will be issued a minimum of five working days before the meeting. At the discretion of the chair, papers may be tabled where appropriate.
- 5.2.3.4 Agendas and certain papers for the public meetings of the CCG's governing body, including minutes and details about meeting dates, times and venues will be published on the CCG's website.
- 5.2.3.5 Items may be added to the agenda through agreed channels. In the first instance, if constituent members require an agenda item, they should propose it to the Borough Based Director. If

supported, it will be proposed to the CCG chair for inclusion as a future agenda item.

#### **5.2.4 Petitions**

5.2.4.1 Where a petition has been received from the public, by the CCG, the chair shall include the petition as an item for the agenda of the next meeting of the governing body.

#### **5.2.5 Chair of meeting**

5.2.5.1 If the nominated chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

5.2.5.2 If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside.

5.2.5.3 If both the chair and deputy chair are absent, or are disqualified from participating, another participating member of the relevant committee shall be chosen by the members present, or by a majority of them, and shall preside.

#### **5.2.6 Chair's ruling**

5.2.6.1 The decision of the chair of the meeting on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and standing financial instructions at the meeting, shall be final.

#### **5.2.7 Remote meetings**

5.2.7.1 Use of video, telephone or other communication facilities to conduct meetings are permissible in exceptional circumstances with the agreement of the prior agreement of the chair.

#### **5.2.8 Quorum**

##### **5.2.8.1 The Governing Body**

5.2.8.1.1 No business shall be transacted at a meeting unless at least 50% of voting members, rounded up to the next whole number are represented, this to include at least one member from each borough and three elected (GP) members.

5.2.8.1.2 If the chair or any member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a

declaration of a conflict of interest (see section 6 of this constitution), that person shall no longer count towards the quorum.

5.2.8.1.3 A quorum must be present at a governing body meeting for any decision-making business to be attended to. Where a quorum is not present, any decision-making business will be deferred until such time in the meeting that a quorum is in attendance, or held over until the next meeting, unless an urgent meeting is called in the meantime for the transaction of that business.

5.2.8.1.4 Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair of the meeting shall consult with the governing body on the action to be taken. This may include (such a position shall be recorded in the minutes of the meeting):

5.2.8.1.4.1 deferring the discussion and/or the passing of a resolution. The meeting must then proceed to the next business item.

5.2.8.1.4.2 requiring another of the CCG's committees or sub-committees (as appropriate) to progress the item of business, or if this is not possible:

5.2.8.1.4.3 As a last resort, reducing the quorum to 40% of members present at the meeting, to include one clinical member.

## **5.2.8.2 Committees and Sub-Committees**

5.2.8.2.1 For committees and sub-committees of the Governing Body, the details of the quorum for these meetings are set out in the appropriate terms of reference.

5.2.8.2.2 An employee of the CCG, who has been formally appointed to act up for the accountable officer, chief finance officer or borough based director during a period of temporary absence, incapacity or temporarily to fill a vacancy, shall count towards the quoracy of the meeting.

5.2.8.2.3 An employee attending the governing body meeting to represent a governing body member during a period of incapacity or temporary absence without formal

acting up status will not count towards the quoracy of the meeting. An employee's status when attending the meeting shall be recorded in the minutes.

## **5.2.9 Decision making**

- 5.2.9.1 Generally it is expected that decisions at meetings will be reached by consensus. Should this not be possible then a vote of members by show of hands will be required, the process for which is set out below:
- 5.2.9.2 Only members of the relevant committee or meeting may vote.
- 5.2.9.3 Eligibility to attend a meeting, or have speaking rights at a meeting, does not in itself confer a right to vote (also see section 5.2.7).
- 5.2.9.4 The vote will be determined by a show of hands of those present in the room or via ballot using electronic means subject to the agreement of the chair.
- 5.2.9.5 All eligible members have a single vote. A majority vote will be taken as decisive. In the event of a tie, the chair has the casting vote.
- 5.2.9.6 In specific respect of decisions upon significant service changes, of the kind that would require public consultation, the decisions must attract the support of all clinical voting members of the Governing Body in order to progress. Each borough will be equally represented on the Governing Body.
- 5.2.9.7 Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

## **5.2.10 Emergency powers and urgent decisions**

- 5.2.10.1 It is recognised that there will be times when urgent decisions are required. The chair has the discretion to define urgent decisions.
- 5.2.10.2 In an emergency, where a decision must be made by the governing body before its next meeting, the powers and duties of the governing body may be exercised by the chair (emergency action).
- 5.2.10.3 For this purpose "emergency" means circumstances in which the governing body will be unable to discharge its statutory functions or be exposed to a significant level of risk if urgent

action is not taken; or urgent action must be taken to prevent loss, damage or significant disadvantage to the CCG.

- 5.2.10.4 To ensure transparency, any urgent decisions will be recorded and notified in the minutes of the next regular meeting of the CCG governing body, and a log maintained for inspection by the audit committee.
- 5.2.10.5 If decisions have an immediate impact on the wider CCG and constituent members, the lead GPs will be informed at the earliest convenience, so information can be shared with borough based boards.
- 5.2.10.6 The CCG chair and/or the accountable officer have the authority to make an urgent decision without consultation with the boroughs or governing body. However, where possible, the accountable officer will always discuss decisions with the CCG chair or CCG deputy chair and in their absence will notify a governing body GP lead.
- 5.2.10.7 If chair's action is required, the chair will where possible consult with the accountable officer and at least two other governing body representatives, including at least one lay member, before confirming the action.
- 5.2.10.8 The emergency action functions of the chair and accountable officer may be exercised by such other persons as the chair and accountable officer may respectively nominate in writing.

## **5.2.11 Suspension of Standing Orders**

- 5.2.11.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these standing orders may be suspended at any meeting of the CCG, provided 50% of CCG members are in agreement.
- 5.2.11.1 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 5.2.11.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

## **5.2.12 Record of attendance**

- 5.2.12.1 All minutes of meetings will include the full names of members present and, their title or role

### **5.2.13 Minutes**

- 5.2.13.1 For each meeting, an officer will be nominated to draft minutes. These will be reviewed by the chair of the meeting, prior to distribution and publication.
- 5.2.13.2 The minutes of the proceedings of a meeting shall be drawn up within 5 working days and a draft agreed with the chair.
- 5.2.13.3 The draft minutes will be circulated within 10 working days to all members and regular attendees (as specified in the constitution or relevant terms of reference) along with a log of agreed actions
- 5.2.13.4 Draft minutes will be submitted for agreement at the next meeting where they shall be signed by the chair of the meeting.
- 5.2.13.5 Minutes will be confirmed as a true record through formal acknowledgment at the succeeding meeting that they are indeed a true reflection. Any amendments will be acknowledged and the minutes updated accordingly.
- 5.2.13.6 The signed minutes of a meeting shall, unless the contrary is proved, be conclusive proof of the proceedings of that meeting.
- 5.2.13.7 Where appropriate, Governing Body & Committee minutes will be made available to constituent members through appropriate electronic means or accessible to the public on the website.

### **5.2.14 Conduct of meetings**

- 5.2.14.1 The order of business at a meeting shall follow that set out in the agenda unless it is varied by the chair with the consent of the meeting.
- 5.2.14.2 A member may only initiate a debate or move a motion on a matter which is not on the agenda with the consent of the meeting.
- 5.2.14.3 All motions must relate to matters that are within or related to the functions of the CCG.
- 5.2.14.4 Members shall not make derogatory personal references or use offensive expressions or improper language to any other member or any employee of the CCG.
- 5.2.14.5 A member must speak to the subject under discussion. The chair may call attention to any irrelevance, repetition, unbecoming language or other improper conduct on the part of a member and

where the member persists in that conduct, may direct that member to cease speaking.

- 5.2.14.6 A ruling by the chair on any question of order, whether or not provided for by the standing orders, shall be final and shall not be open to debate.
- 5.2.14.7 In the event of a disturbance which, in the opinion of the chair, prevents the orderly conduct of business, the chair may adjourn the meeting for such period as the chair considers appropriate.
- 5.2.14.8 If a member of the public interrupts the proceedings at any meeting, the chair may order that person to be removed from the meeting or may order the part of the room which is open to the public to be cleared.

### **5.2.15 Admission of the public and the press**

- 5.2.15.1 Some meetings of the CCG (including but not necessarily limited to the Governing Body, Primary Care Commissioning Committee and Borough Based Board) are held in public and as such members of the public and representatives of the press may attend to observe meetings.
- 5.2.15.2 No-one other than the members of the relevant committee may address the committee or attendees unless specifically invited by the chair to do so.
- 5.2.15.3 All persons other than those that are members (as specified in the constitution or relevant terms of reference) will be excluded from any meeting or part of a meeting where it is deemed that it is not in the public interest. Such circumstances will be limited to discussions relating to a matter of a confidential nature regarding an individual, or small group of individuals, where their identity could be revealed or to a matter which may be commercially sensitive. In such circumstances the governing body will resolve that  
  
'representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.'
- 5.2.15.4 The minutes, following exclusions, will be kept separately from the public meeting and only distributed to those individuals with whom the matter concerns.

5.2.15.5 Where the press or public are excluded, members, employees and committee members will not be permitted to disclose confidential contents of papers or minutes, or content of any discussion at meetings on these topics, outside the CCG, without express permission of the CCG's governing body.

**5.2.16 Appointment of committees and sub-committees (see sections 5.8 and 5.9 of the constitution)**

5.2.16.1 The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State. The governing body may also appoint committees and subcommittees

5.2.16.2 Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the governing body 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 governing body meetings.

5.2.16.3 The provisions of these standing orders shall apply where relevant to the operation of NHS South East London CCG, the governing body, the governing body's committees and sub-committees and all other committees and sub-committees, unless stated otherwise in the committee or sub-committee's terms of reference.

**5.2.17 Terms of reference**

5.2.17.1 The terms of reference for any committee or sub-committee of the CCG or governing body will be agreed by the governing body or relevant committee from time to time.

**5.2.18 Delegation of powers by committees to sub-committees**

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

**5.2.19 Approval of appointments to committees and sub-committees**

5.2.19.1 The governing body shall approve the members of each of the committees it has formally constituted including those of the governing body. Members of sub-committees shall be approved by the committee to which it reports. Where the governing body determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee, the terms of such appointment shall be within the powers of the governing body. The governing body shall

define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

### **5.3 Application for variation and amendment of the Constitution**

5.3.1 Requests by NHS South East London CCG members to vary this constitution may only be made in the following manner:

5.3.1.1 Formal proposals for amendment shall be sent to the chair of the governing body via a borough's membership divisional meeting, who shall place them before the governing body members for consideration at the earliest opportunity. The governing body shall not consider the proposal unless members have received at least ten calendar days clear notice of such proposals in advance of the next scheduled meeting.

5.3.1.2 Amendments supported by the governing body shall be put to the next meeting of the Council of Members for decision by vote.

5.3.1.3 A governing body member may invoke an extraordinary meeting of the council of members to propose an amendment to the constitution at any time.

5.3.1.4 A constituent practice may invoke an extraordinary governing body meeting to propose an amendment to the constitution by taking concerns to the borough membership divisional forum for referral to discuss at the next meeting of the Council of Members. Where 50% of practices are in support, a formal request can be submitted to the governing body.

5.3.2 This constitution can only be varied in two circumstances:

5.3.2.1 where the CCG formally applies in writing to NHS England and that application is granted.

5.3.2.2 where in the circumstances set out in legislation NHS England varies the CCG's constitution other than on application by the CCG.

5.3.3 Variations to the constitution will be given to all practice members through accepted communication methods, and more formally through borough membership divisional events and Council of Members meetings.

## **6 DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**

- 6.1 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 CCG and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

## **7 USE OF SEAL AND AUTHORISATION OF DOCUMENTS**

### **7.1 Clinical Commissioning Group's (CCG) seal**

- 7.1.1 The CCG may have a seal for executing documents where necessary. The seal shall be kept in safe custody by the accountable officer or a person appointed by the accountable officer.
- 7.1.2 The following individuals or officers can authenticate the seal's use by their signature. Two of the following are required to seal documents:
  - 7.1.2.1 The accountable officer
  - 7.1.2.2 The chief finance officer
  - 7.1.2.3 The chief operating officer

### **7.2 Execution of a document by signature**

- 7.2.1 The following individuals are authorised to execute a document on behalf of the CCG by their signature:
  - 7.2.1.1 The accountable officer
  - 7.2.1.2 The chair of the governing body
  - 7.2.1.3 The deputy chair of the governing body
  - 7.2.1.4 The borough based directors
  - 7.2.1.5 The chief finance officer
  - 7.2.1.6 The chief nurse
  - 7.2.1.7 The chief operating officer
  - 7.2.1.8 The executive director of commissioning and planning
  - 7.2.1.9 The chief information officer
  - 7.2.1.10 Other individuals may be mandated by the governing body for this particular purpose

## **8 OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS**

### **8.1 Policy statements: general principles**

- 8.1.1 The governing body, or its relevant committee which has delegated authority to do so, will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in appropriate governing body or committee minutes and will be deemed where appropriate to be an integral part of the CCG's standing orders.

## **Appendix 4: Standing Financial Instructions (Prime Financial Policies)**

### **1. INTRODUCTION**

#### **1.1. General**

- 1.1.1.** These standing financial instructions and supporting detailed financial policies shall have effect as if incorporated into the CCG's constitution.

The standing financial instructions are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the accountable officer, chief finance officer and other executive directors to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation adopted by the CCG, and the detailed schedule of matters delegated to officers. These will be agreed by the integrated governance and performance committee (or equivalent committee) and approved by the governing body.

In support of these standing financial instructions, the CCG has prepared more detailed policies, approved by the chief finance officer, known as detailed financial policies. The CCG refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.

- 1.1.2.** These standing financial instructions identify the financial responsibilities which apply to everyone working for the CCG 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. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website. They will also be available upon request for inspection at the CCG's head office.
- 1.1.3.** Should any difficulties arise regarding the interpretation or application of any of the standing financial instructions then the advice of the chief finance officer must be sought before acting. The user of these standing financial instructions should also be familiar with and comply with the provisions of the CCG's constitution, standing orders, scheme of reservation and delegation and schedule of matters delegated to officers.

**1.1.4.** Failure to comply with standing financial instructions and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

## **1.2. Overriding Standing Financial Instructions**

**1.2.1.** If for any reason these standing financial instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or ratification. All of the CCG's members and employees have a duty to disclose any non-compliance with these standing financial instructions to the chief finance officer as soon as possible.

## **1.3. Responsibilities and delegation**

**1.3.1.** The roles and responsibilities of the CCG's members, employees, members of the governing body, its committees and sub-committees and the committees and sub committees of its governing body and persons working on behalf of the CCG are set out in the main body of this constitution and the CCG's scheme of reservation and delegation.

**1.3.2.** The financial decisions delegated by members of the CCG are set out in the CCG's scheme of reservation and delegation and the CCG's detailed schedule of matters delegated to officers.

## **1.4. Contractors and their employees**

**1.4.1.** Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG 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 Standing Financial Instructions**

**1.5.1.** To ensure that these standing financial instructions remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the accountable officer and scrutiny by the governing body's audit committee, the chief finance officer will recommend amendments, as fitting, to the governing body for approval. As these standing financial instructions are an integral part of the CCG's constitution, any amendment will not come into force until the CCG applies to NHS England and that application is granted.

## **2. INTERNAL CONTROL**

### **2.1. POLICY**

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

- 2.1.1.** The governing body will set up an audit committee with terms of reference agreed by the governing body (see paragraph 5.9 of the CCG's constitution).
- 2.1.2.** The accountable officer has overall responsibility for the CCG's systems of internal control.
- 2.1.3.** The chief finance officer will ensure that:
  - 2.1.3.1. financial policies are considered for review and updated annually
  - 2.1.3.2. a system is in place for proper checking and reporting of all breaches of financial policies and
  - 2.1.3.3. a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

## **3. AUDIT**

### **3.1. POLICY**

- 3.1.1.** The CCG will have an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

In accordance with the governing body's audit committee terms of reference, the head of internal audit and the appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer, chief finance officer, borough based directors and other executive directors for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

The head of internal audit and the external auditor will have access to the audit committee, the accountable officer, the chief finance officer, the borough based directors and other executive directors to review audit issues as appropriate. All audit committee members, the chair of the governing body, the accountable officer, the chief finance officer, the borough based directors and other executive directors will have direct and unrestricted access to the head of internal audit and the external auditors.

- 3.1.2.** The chief finance officer will ensure that:
- 3.1.2.1. the CCG has a professional and technically competent Internal Audit function and
  - 3.1.2.2. the audit committee approves any changes to the provision or delivery of assurance services to the CCG.

## **4. FRAUD AND CORRUPTION**

### **4.1. POLICY**

- 4.1.1.** The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud or corruption perpetrated against it and will actively chase any loss suffered.
- 4.1.2.** The governing body's audit committee will satisfy itself that the CCG 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.
  - The governing body's audit committee will ensure that the CCG has arrangements in place to work effectively with the NHS Counter Fraud Authority.
- 4.1.3.** The governing body's audit committee will ensure compliance with the provisions of the Bribery Act 2010 (where relevant).

## **5. EXPENDITURE CONTROL**

### **5.1 Policy**

- 5.1.1** The CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.1.2** The accountable officer has overall executive responsibility for ensuring that the CCG 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.
- 5.1.3** The chief finance officer will:
  - 5.1.3.1 provide reports in the form required by NHS England, ensure money drawn from NHS England is required for approved expenditure only and is drawn down only at the time of need and follows best practice

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

## **6. ALLOTMENTS**

- 6.1 The CCG's chief finance officer will:
  - 6.1.1 periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds
  - 6.1.2 prior to the start of each financial year submit to the CCG governing body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve and
  - 6.1.3 regularly update the governing body on significant changes to the initial allocation and the uses of such funds

## **7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING POLICY**

- 7.1 The CCG will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.
- 7.2 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.
- 7.3 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.
- 7.4 The chief finance officer shall monitor financial performance against budget and plan, periodically review them, and report to the governing body. This report should include explanations for variances over 5%. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.5 The accountable officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.6 The governing body will approve consultation arrangements for the CCG's commissioning plan.

## **8 ANNUAL ACCOUNTS AND REPORTS**

### **8.1 POLICY**

- 8.1.1** The CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.
- 8.1.2** The chief finance officer will ensure the CCG:
- 8.1.2.1 prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the audit committee
  - 8.1.2.2 prepares the accounts according to the timetable approved by the audit committee
  - 8.1.2.3 complies with statutory requirements and relevant directions for the publication of the annual report
  - 8.1.2.4 considers the external auditor's management letter and fully addresses all issues within agreed timescales; and
  - 8.1.2.5 publishes the external auditor's management letter on the CCG's website. It will also be available upon request for inspection at the CCG's head office.

## **9 INFORMATION TECHNOLOGY**

### **9.1 POLICY**

- 9.1.1** The CCG will ensure the accuracy and security of the CCG's computerised financial data.
- 9.1.2** The chief finance officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:
- 9.1.2.1 devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for General Data Protection Regulations
  - 9.1.2.2 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

- 9.1.2.3 ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment
- 9.1.2.4 ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the accountable officer may consider necessary are being carried out.

**9.1.3** 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 POLICY**

**10.1.1** The CCG will run an accounting system that creates management and financial accounts.

**10.1.2** The chief finance officer will ensure that:

10.1.2.1 The CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England.

10.1.2.2 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.

**10.1.3** 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 POLICY**

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

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

### **12.1 POLICY**

12.1.1 The CCG will:

12.1.1.1 operate a sound system for prompt recording, invoicing and collection of all monies due

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

12.1.1.3 ensure its power to make grants and loans is used to discharge its functions effectively

12.1.2 The chief finance officer is responsible for:

12.1.2.1 designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due

12.1.2.2 establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments

12.1.2.3 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

12.1.2.4 for developing effective arrangements for making grants or loans

## **13. TENDERING AND CONTRACTING PROCEDURE**

### **13.1 POLICY**

13.1.1 the CCG:

13.1.1.1 will ensure proper competition, that is legally compliant, within all purchasing to ensure it incurs only budgeted, approved and necessary spending

13.1.1.2 will seek value for money for all goods and services

13.1.1.3 shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles
- the tendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health) and
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

- 13.1.2** The Public Contracts Regulations 2006 which transpose European Directives place legal requirement and procedures for awarding contracts above a certain threshold amount. The Department of Health has provided guidance on how these regulations may be interpreted but this guidance is not binding on CCGs; ultimately it is for CCGs to ensure that they comply with applicable law.
- 13.1.3** The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the accountable officer or the CCG's audit committee.
- 13.1.4** The governing body may only negotiate contracts on behalf of the CCG, and the CCG enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- 13.1.4.1 the CCG's Standing Orders
  - 13.1.4.2 the Public Contracts Regulation 2006, any successor legislation and any other applicable law and
  - 13.1.4.3 take into account as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with 13.1.4.2 above.
- 13.1.5** In all contracts entered into, the CCG 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 CCG.
- 13.1.6** The CCG, governing body, and appointed representatives, will work in collaboration with other CCGs, NHS England and the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark to commission and contract for services, with joint providers, where it would be beneficial to the local health economy and promote economy, efficiency and effectiveness. With the exception of arrangements involving local authority funding, where joint arrangements are in place, the CCG will take joint responsibility for commissioning and contracts with partners.

## **14. COMMISSIONING**

### **14.1 POLICY**

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

- 14.1.2 The CCG will coordinate its work with NHS England, local NHS trusts, other local providers of services, the south east London local authorities, including through Health & Wellbeing Boards, users, carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.1.3 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.
- 14.1.4 Where the CCG makes arrangements for the provision of services by non-NHS providers, it is the accountable officer who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided. Before making any agreement with non-NHS providers, the CCG should explore fully the scope to make maximum cost-effective use of NHS facilities.
- 14.1.5 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 POLICY**

- 15.1.1 The CCG will put arrangements in place for evaluation and management of its risks.
- 15.1.2 The accountable officer will ensure that appropriate risk management and assurance framework processes are in place. Risk management policies and assurance framework processes will be evaluated by the governing body's integrated governance and performance committee.

## **16 NON-PAY EXPENDITURE**

### **16.1 POLICY**

- 16.1.1 The CCG will seek to obtain the best value for money goods and services received.
- 16.1.2 The chief finance officer 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.
- 16.1.3 The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

16.1.4 The chief finance officer will:

16.1.4.1 be responsible for the prompt payment of all properly authorised accounts and claims

16.1.4.2 be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

## **17 CAPITAL INVESTMENT, NON-CURRENT ASSET REGISTERS AND SECURITY OF ASSETS**

### **17.1 POLICY**

17.1.1 the CCG will put arrangements in place to manage capital investment, maintain an asset register recording non-current assets and put in place policies to secure the safe storage of the CCG's non-current assets.

17.1.2 The accountable officer will:

17.1.2.1 ensure that there is an adequate appraisal and approval processes in place for determining capital expenditure priorities and the effect of each proposal upon plans

17.1.2.2 be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

17.1.2.3 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

17.1.2.4 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 RETENTION OF RECORDS**

### **18.1 POLICY**

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

18.2.1 The accountable officer shall:

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

18.2.1.2 ensure that arrangements are in place for effective responses to Freedom of Information requests

18.2.1.3 publish and maintain a Freedom of Information Publication Scheme

**Table of levels of financial authorisation extracted from the schedule of matters delegated to officers**

<b>Table 1 Delegated Limits (Within Existing Approved Budget Resource or as a result of additional allocations received in-year)</b>							
<b>Sign Off Level</b>	<b>Requisition/ Ordering</b>	<b>Invoice Approval</b>	<b>Credit Memos (credit notes to other organisations)</b>	<b>Sales Orders (raising invoices to other organisations)</b>	<b>Tendering &amp; Signing (Contracts NHS SLAs, Section 75 agreements, GP contracts and other major non NHS contracts)</b>	<b>Tendering &amp; Signing (Local Contracts – Vol Sector and minor SLAs)</b>	<b>Signing local contracts - placements for CHC, LD, MH</b>
Accountable Officer and Chief Finance Officer	Nil – separation of duties if signing contracts	Unlimited	Unlimited	Nil – separation of duties if signing contracts	Unlimited	Unlimited	Unlimited
Deputy Accountable Officer	£500m	£10m	£1m	£5m	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs
SE London Executive Directors and Director of	£250m	£5m	£0.5m	£2.5m	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs

Corporate Finance							
Borough Based Directors or equivalent (VSM)	Nil – separation of duties if signing contracts	£2.5m	£1m	£1m	None	£5m	£100k

<b>Table 1 Delegated Limits (Within Existing Approved Budget Resource or as a result of additional allocations received in-year)</b>							
<b>Sign Off Level</b>	<b>Requisition/ Ordering</b>	<b>Credit Memos (credit notes to other organisations)</b>	<b>Sales Orders (raising invoices to other organisations)</b>	<b>Tendering &amp; Signing (Contracts NHS SLAs, Section 75 agreements, GP contracts and other major non NHS contracts)</b>	<b>Tendering &amp; Signing (Local Contracts – Vol Sector and minor SLAs)</b>	<b>Signing local contracts - placements for CHC, LD, MH</b>	
Other Borough Directors (Band 9)	£5m	£1m	£0.25m	£0.5m	None	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs
Associate Directors Band 8d/8c	£2.5m	£0.25m	£100k	£0.25m	None	No	No
Budget Managers at Bands 8a and 8b	£1m	£50k	£25k	£100k	No	No	No
Budget Managers at Bands 6 and 7	£10k	£10k	£5k	£10k	No	No	No
System Administration responsibility no delegated budget	£0.01	£0.01	£0.01	£0.01	No	£0.01	£0.01

**Table 2**  
**Delegated Limits (NOT Within Existing Budget Resource or as a result of additional allocations received in-year, when the delegated limits within table 1 would apply )**

**ALL APPROVALS TO BE REPORTED TO THE IGP/FINANCE COMMITTEE**

<b>Sign Off Level</b>	<b>Requisition/ Ordering</b>	<b>Invoice Approval</b>	<b>Credit Memos (credit notes to other organisations)</b>	<b>Sales Orders (raising invoices to other organisations)</b>	<b>Tendering &amp; Signing (Contracts NHS SLAs, Section 75 agreements, GP contracts and other major non NHS contracts)</b>	<b>Tendering &amp; Signing (Local Contracts – Vol Sector and minor SLAs)</b>	<b>Signing local contracts and placements for CHC, LD, MH</b>
Accountable Officer and Chief Finance Officer	Nil – separation of duties if signing contracts	£500k	£500k	Nil – separation of duties if signing contracts	£500k	£500k	£500k
All expenditure between £501k and £1m needs approval by the Integrated Governance & Performance Committee All expenditure over £1m needs approval by the Governing Body							
Deputy Accountable Officer – with knowledge and approval of the above	Unlimited	Nil	Nil	Unlimited	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs	Nil – separation of duties if approving POs
Director of Corporate Finance	Nil – separation of duties if signing contracts	£250k	£250k	Nil – separation of duties if signing contracts	£250k	£250k	£250k

<b>Table 3 Delegated Limits for Business Cases relating to awarding contracts and service developments</b>	
<b>Sign Off Level</b>	<b>Amount</b>
Accountable Officer, Chief Finance Officer, Deputy Accountable Officer or Director of Corporate Finance (for business cases relating to urgent clinical need)	£10K
Borough Based Board (for locally delegated areas)	£250k
Commissioning Strategy Committee (on recommendation of the Borough Based Board for locally delegates areas)	£250k-£1m
Governing Body (on recommendation of the Commissioning Strategy Committee)	Over £1m

## Appendix 5: Scheme of Reservation & Delegation

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
REGULATION AND CONTROL	<p>Prepare the CCG's overarching Scheme of Reservation and Delegation, which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> <li>○ Governing Body</li> <li>○ committees and sub-committees of the CCG, or</li> <li>○ its members or employees</li> </ul> <p>and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> <li>○ Governing Body's committees and sub-committees,</li> <li>○ members of the Governing Body,</li> </ul> <p>an individual who is member of the CCG but not the Governing Body or a specified person for inclusion in the CCG's constitution.</p>			√		
REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation	√				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's constitution.			√		
REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's 'Overarching Scheme of Reservation and Delegation' as set out in its Constitution.					Integrated Governance & Performance Committee
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution, including terms of reference for the Governing Body, Audit Committee, Remuneration Committee and Primary Care Commissioning Committee, GB membership, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and standing financial instructions.	√				
REGULATION AND CONTROL	Agree new additions to membership or removals from the membership of the CCG / Expanding the area covered by the CCG	√				
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's standing financial instructions.				√	
REGULATION AND CONTROL	Approve detailed financial policies.					Integrated

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
CONTROL						Governance & Performance Committee
REGULATION AND CONTROL	Approve any changes to the CCG's prime committee structure as defined in the constitution	√				
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.					Commissioning Strategy Committee
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the CCG, delegated to the governing body or other committee or sub-committee or [specified] member or employee			√		
PRACTICE MEMBER REPRESENTATIVES AND GOVERNING BODY MEMBERS	Approve the arrangements for <ul style="list-style-type: none"> <li>○ identifying Practice Representatives to represent Member Practices in matters concerning the work of the CCG; and</li> <li>○ appointing GP leaders to represent the CCG's membership on the Governing Body through selection/election.</li> </ul>	√				
PRACTICE MEMBER REPRESENTATIVES AND GOVERNING BODY MEMBERS	Approve the appointment of Governing Body members (other than GP elected and executive members) and the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and			√		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
	succession planning.					
PRACTICE MEMBER REPRESENTATIVES AND GOVERNING BODY MEMBERS	Approve arrangements for identifying the CCG's proposed Accountable Officer.		√			
PRACTICE MEMBER REPRESENTATIVES AND GOVERNING BODY MEMBERS	Any other business wished to be discussed by the members, at governing body meetings, provided such agenda item is supported in writing by not less than one third of the members	√				
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.	√				
STRATEGY AND PLANNING	Approval of any changes to the CCG's operating structure that require sharing across STP / ICS boundaries	√				
STRATEGY AND PLANNING	Receive the annual operating plan, confirming its adherence to national and local mandates and operating frameworks	√				
STRATEGY AND PLANNING	Confirm the annual commissioning plan is consistent with: - SEL and Borough commissioning intentions - Nationally mandated requirements of the CCG	√				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
	- The budget available for the CCG and NHS business rules					
STRATEGY AND PLANNING	Approval of the CCG's annual corporate budgets		√			
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 CCG's ability to achieve its agreed strategic aims.		√			
ANNUAL REPORTS AND ACCOUNTS	Approval of the CCG's annual report and annual accounts					Audit committee
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		√			
HUMAN RESOURCES	Approval of the CCG's operating structure (in relation to organisational structures within the CCG)			√		
HUMAN RESOURCES	Recommend terms and conditions, pensions, remuneration, fees and allowances payable to governing body members, employees and to other persons providing services to the CCG outside of agenda for change					Remuneration committee
HUMAN	Approve terms and conditions, pensions,		√			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
RESOURCES	remuneration, fees and allowances payable to governing body members, employees and to other persons providing services to the CCG outside of agenda for change arrangements.					
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.		√			
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.					Integrated Governance and Performance Committee
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG					Integrated Governance and Performance Committee
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.					Integrated Governance and Performance committee
QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.					Primary Care Commissioning Committee

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements					Audit committee
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.					Integrated Governance and Performance committee
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 underpin the effective, efficient and economic operation of the CCG					Audit committee
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation and claims handling against or on behalf of the CCG.					Integrated Governance and Performance Committee
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.					Integrated Governance and Performance

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
						Committee
GOVERNANCE	Approve the CCG's arrangements for handling complaints.					Integrated Governance and Performance Committee
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.					Integrated Governance and Performance Committee
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support.			√		
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision).			√		
TENDERING AND CONTRACTING	Approval of changes to the provision or delivery of assurance services to the groups including internal audit and counter fraud					Audit Committee
TENDERING AND CONTRACTING	Approve the appointment (and where necessary dismissal) of External Auditors (and where necessary change/removal) of External Audit					Auditor Panel
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be formally		√			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
	recorded.					
PARTNERSHIP WORKING	Where the CCG considers that a new pooled budget with a local authority would be in the best interests of the local population in a borough of south east London, the CCG will engage with the relevant part of its membership prior to finalising such an arrangement		√			
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		√			
PRIMARY CARE COMMISSIONING	Approve primary care commissioning arrangements in south east London (Bexley, Bromley, Greenwich, Lambeth, Southwark, Lewisham)		√			
PRIMARY CARE COMMISSIONING	Approval of the arrangements for discharging the CCG's responsibilities and duties associated with its primary care commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.					Primary Care Commissioning Committee
PARTNERSHIP WORKING	Approve the arrangements for promoting integration and co-ordinating the commissioning of		√			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committees and Sub-committees
	services with other groups and/or with the local authority/ies, where appropriate					
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice, public engagement and consultation.					Integrated Governance and Performance Committee
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other clinical commissioning groups and or with the local authority(ies), where appropriate		√			
DELEGATED COMMISSIONING ARRANGEMENTS	Decisions delegated by formal resolution of the governing body					√

## **Appendix 6: South East London delegation agreement for primary medical services**